PREVALENCE OF AND FACTORS ASSOCIATED WITH DISCLOSURE OF EXPERIENCE OF INTIMATE PARTNER VIOLENCE AMONG WOMEN IN HIGH MIGRATION COMMUNITIES IN SIX SOUTHERN AFRICAN COUNTRIES

By

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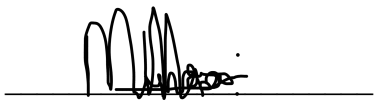
DECLARATION

I, Munachimso Vincentia Dim, declare that this Research Report is my work. It is being submitted for the Degree of Master of Science in Epidemiology in the field of Epidemiology and Biostatistics at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.



19th day of February 2021.

DEDICATION

To all the women and girls that have been abused or have experienced some form of violence in their lives.

WORKING DEFINITION

Intimate partner: this is defined as "a person with whom one has a close personal relationship that may be characterised by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behaviour, identity as a couple, and familiarity and knowledge about each other's lives." This relationship need not involve all of these dimensions. Intimate partner relationships include current or former; spouses, boyfriends/girlfriends, dating partners, ongoing sexual partners. The intimate partners may be cohabiting or not (1).

Intimate Partner Violence: is defined in this study as any conduct that could inflict harm physically, psychologically or sexually to individuals involved in an intimate relationship. This behaviour includes slapping, kicking, beating, forced sexual intercourse, insults, constant humiliation, intimidation and controlling behaviours (2).

Disclosure of violence: is defined in the study as a victim's decision to report their experience of violence to a third-party including family, neighbour, friend, community/religious leader, police, doctor, lawyer, or social worker to prevent future occurrence (3,4).

The words "reporting" and "help-seeking" have been used in past studies to refer to a woman's decision to report their experience of violence, particularly to formal sources (5–9). In this study, if a woman talked to someone about her experience of IPV or sought help regardless of whether it was to a formal or an informal source, it was considered disclosure.

Migration communities: These are communities densely populated with migrants and migration activities. These communities serve as transport routes through which people engage in economic activities (10).

ABSTRACT

Background: Intimate Partner Violence (IPV) is a prevalent problem with devastating health consequences for women worldwide, yet many still fail to disclose their experience. Few studies address disclosure of experience of IPV among women in high migration communities. Thus, this study examines the prevalence of, and factors associated with disclosure of experience of intimate partner violence among women aged 15-49 years in high migration communities in six southern African countries.

Methods: The study used data from the Sexual and Reproductive Health Rights-HIV Knows No Border Project's baseline survey. The baseline survey was conducted between May 2018 to June 2019. Data analysis was conducted using statistical software for data management and analysis (STATA) version 15. The prevalence of IPV and the disclosure of experience of IPV along with the factors associated with disclosure of experience of IPV were determined using descriptive statistics, univariable and multivariable logistic regression analysis at a 5% level of significance. A total of 1644 women were sampled for the analysis on the prevalence of experience of IPV while 514 women were used for the analysis on the prevalence of disclosure of experience of IPV.

Results: Approximately one-third (514; 31%) of the women had experienced IPV in the past 12 months preceding the survey. Less than half (42%) of the women who were abused by their intimate partner disclosed their experience. Most women sought help from informal sources, especially their own families (52%). The odds of disclosure of experience of IPV were significantly higher among women that; experienced severe forms of violence (Adjusted Odds Ratio (AOR)) =2.46, 95% CI: 1.47; 4.13); sustained injuries due to IPV (AOR=2.92, 95% CI: 1.74; 4.88); witnessed inter-parental violence (AOR=0.57, 95% CI: 0.35; 0.92); had a partner with controlling behaviour(s) (AOR=3.05, 95% CI: 1.10, 8.48) and being in an older age group (AOR=1.8, 95% CI: 1.01, 3.23).

Conclusion: Despite the high prevalence of IPV, majority of the women were silent about their experience of abuse. The factors associated with disclosure of experience of IPV were the age of the women, the severity of violence, history of inter-parental violence, controlling behaviour of their partner and having sustained injury as a result of IPV. Thus, strategies must be put in place to encourage disclosure, particularly to formal sources and to eliminate violence against women in society in all its forms. Future research should explore why women are not disclosing their experiences of IPV, specifically in high migration communities.

Keywords: Intimate Partner Violence, Disclosure, Migration, Southern Africa

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ABBREVIATIONS

ACDC – Africa Centres for Disease Control

AUDU – African Union Development Agency

AYP – Adolescents and Young People

DHS – Demographic and Health Survey

GBV – Gender-based Violence

HIV – Human Immunodeficiency Virus

IOM – International Organization for Migration

IPV – Intimate Partner Violence

SADC – Southern African Development Council

SAMRC – South African Medical Research Council

SCNL – Save the Children Netherlands

SDG – Sustainable Development Goals

SADHS – South African Demographic and Health Survey

SRHR – Sexual and Reproductive Health and Rights

SW – Sexual Workers

UN – United Nations

VAW – Violence Against Women

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CHAPTER 1

1. Introduction

This introductory chapter begins with a brief background of intimate partner violence and the findings from past studies. In this chapter, the gaps and the significance of the study are explained. Finally, the overall aim and the specific objectives which the study was intended to achieve are highlighted.

1.1 Background of the Study

Violence against women (VAW) is a severe human rights violation and public health problem that has gained global recognition (11). The World Health Organization (2012) defines intimate partner violence (IPV) as any conduct that could physically, psychologically or sexually harm individuals involved in an intimate relationship. This behaviour includes slapping, kicking, beating, forced sexual intercourse, insults, constant humiliation, intimidation and controlling behaviours (2). Intimate partner violence has been documented over time as the most pervasive type of violence against women compared to others, including rape, forced abortion, forced marriage, female genital mutilation, dowry-related violence and forced prostitution (2,12,13). IPV affects women regardless of their cultural background, social status, or religious beliefs (11).

Globally the prevalence of IPV is estimated to be 35% with Africa's rate being higher at about 37% (12,14). In Southern Africa, IPV is widely documented as a violation of human rights and a significant health and development problem (15–19). The lifetime prevalence rates of IPV in some southern African countries according to United Nations (UN) Women Global Database on Violence against women reports are; 46% in Zambia, 38% in Malawi and Zimbabwe, 35% in Angola, 27% in Namibia, 22% in Mozambique and 21% in South Africa (20). IPV has also been explored among migrants and migrant communities in past studies, and it is a common problem (21–24). For instance, a study among women in migrant communities in Nigeria showed that 87% of the women had experienced IPV in their lifetime while 20% in the preceding 12 months (24). These prevalence rates are found to be higher than in non-migrant communities (19,25–27). Despite these figures, disclosure of experience of IPV is noted to be low globally, and these statistics are likely to be an underestimation of the true IPV burden among women (5).

Intimate partner violence has been linked to several adverse health outcomes that impact the victims, their families, communities, and the world, both socially and economically (28–31).

Increased health risk behaviours like substance abuse, smoking and alcohol use have also been reported among women exposed to IPV (32). In a study in Tanzania, there was a strong association between HIV infection among women and their experience of IPV (31). Furthermore, in South Africa, child behavioural problems have been linked with their caregiver's experience of IPV (33). Women who have experienced IPV are also more likely to suffer a number of the following: physical injuries, depression, anxiety, suicidality, and negative perinatal health outcomes (14,34). In some cases, IPV extends beyond poor health outcomes and results in the victim's death (34). About thirty-eight percent (38%) of homicide victims worldwide were reported killed by their intimate partner (14).

As a result of the vast range of adverse health impacts resulting from IPV, there are global commitments and funds from various organisations for programs and interventions to curb the problem. For example, the World Bank supports development projects targeted at solving violence against women with over $250 million (35). Goal 5 and 16 of the sustainable development goals (SDGs) are focused on preventing VAW and girls by 2030. Through these two goals and four targets (5.2, 5.3, 16.1 and 16.2) prevention of IPV and other forms of VAW and girls have become pivotal and have enabled government commitment to achieving these goals at various levels of society (36). Furthermore, IPV has become an essential area to research over the years. This is evidenced in the growing volume of studies in the area (4,9,12,19,37–40).

IPV remains a hidden problem because many victims are not willing to disclose violence for several reasons. The common barriers to disclosing experience of IPV are stigma (11), culture of gender disparity and acceptance of gender violence (41), belief that IPV is normal or not serious enough to report (11), and the fear of retribution (24). Women who are migrants are according to reports more vulnerable to IPV and are unlikely to disclose their experience because of the absence of legal immigration status, language barrier, lack of economic independence and lack of information about available resources in their host country (22,38,42). Disclosing experience of IPV is beneficial to the victims, as it will help to stop further occurrence of violence, and it is crucial for organising interventions to support women who were exposed to IPV. It can also contribute to the formulation and implementation of policies addressing IPV issues (4,5). If women are willing to disclose IPV experience and use the services available, the screening for and management of IPV will be achievable (43).

1.2 Problem Statement

Intimate partner violence is a prevalent problem in southern Africa (16,18,32,44–47). The Demographic and Health Survey (DHS) reports the prevalence of IPV as 40% among women in Mozambique (2011), 34% in Angola (2015-16), 33% in Malawi (2015-16), 32% in Zambia (2018), 30% in Zimbabwe (2015), 28% in Namibia (2013) and 16% of women in South Africa (2016) in the last 12 months preceding the survey (48–55). However, these rates could even be higher as these reports only focused on spousal violence. The data collection method employed (self-reporting) could have also underestimated the prevalence rates. Despite the ample evidence of the high prevalence of IPV and its negative consequences, disclosure of experience of IPV is still low and capturing of its prevalence is not widespread (3–5). Across Zambia (52%), Malawi (49%), Mozambique (48%), Zimbabwe (42%), South Africa (35%) and Namibia (15%) which had DHS reports on disclosure of experience of IPV in southern Africa, about 15% to 52% of the women neither told anyone about their experience nor sought help to stop the violence (48–52,54,55).

Further, in a multi-country study, the global rate of disclosure of experience of IPV was estimated as 40% across the 24 countries investigated, which included Zambia (52%), Malawi (45%) and Zimbabwe (42%) (5). The number of women disclosing their experience of IPV to formal sources is even lower (17). A WHO's multi-country study on IPV reported that 55% to 95% of women exposed to IPV had never disclosed their experience to a formal institution (34). This is even worse among migrant women because of a lack of legal status and language barrier that forces them to live in isolation (21,22,56,57).

There has been a significant amount of research on IPV in Africa and the southern African countries (11,19,40,41,43,45,47,58,59). However, there are limited studies on the disclosure of women's experience of IPV, particularly in high migration communities. Most of the current literature is focused on the non-migrant populations (3,4,43,60). Migrants are a vulnerable group in many health and social issues, including IPV (57). These challenges make it harder for them to handle their experiences of abuse (61). More evidence is required to provide insights into the disclosure of experience of IPV among women from high migration communities.

Failure to disclose experience of IPV causes women to remain in abusive relationships and suffer a host of consequences associated with it. Women that experience IPV are at a higher risk of adverse physical, mental and reproductive health outcomes (28,29,34). It also has adverse health and behavioural consequences for their children. Furthermore, IPV victims and

their respective governments incur enormous costs through annual expenditures allocated to address the challenges resulting from IPV (30,33).

The lack of disclosure of IPV by the victims and the limited capturing of its prevalence make the efforts made by countries and organisations to prevent and control IPV futile and limits the progress that could be made (17). There is a need to document the prevalence of the disclosure of experience of IPV and factors associated with it among women, particularly in Southern Africa where the prevalence of IPV is high and in migration communities where it is even higher majorly because of their lack of legal status.

1.3 Research Question, Aim, and Objectives

1.3.1 Research question

What is the prevalence of, and what factors are associated with disclosure of experience of intimate partner violence among women aged 15-49 years in high migration communities in six southern African countries?

1.3.2 Aim

The study aims to determine the prevalence of, and factors associated with disclosure of experience of intimate partner violence among women aged 15-49 years in high migration communities in six southern African countries.

1.3.3 Objectives

1) To determine the prevalence of IPV among women aged 15-49 years in high migration communities in six southern African countries.
2) To determine the prevalence of disclosure of experience of IPV among women aged 15-49 years that experienced IPV in high migration communities in six southern African countries.
3) To determine factors associated with disclosure among women aged 15-49 years that experienced IPV in high migration communities in six southern African countries.

1.4 Justification

Several interventions exist to combat IPV from the global and down to the local communities (35,36). In the African context, policies and programs are in place to end all forms of gender-based violence (GBV), protect the victims and help them reintegrate back into society (46,62–68). For instance, part of these interventions is a project by the African Union Development

Agency (AUDA) in collaboration with the South African Medical Research Council (SAMRC). This project aims to reduce GBV in a peri-urban setting in South Africa perpetrated against young women aged 16-24 through community participation (66). The Southern African Development Community (SADC) has also developed a Regional Strategy and Framework of Action for Addressing GBV from 2018 to 2030. This strategy aims to provide a harmonised and holistic approach to effectively prevent and respond effectively to GBV in all member states (67). There are other efforts by various governments and local organisations to support the response to GBV issues in society (46,62,63,65,68). Despite the continuous effort to deal with IPV and other forms of GBV, this epidemic remains a big problem in our society.

In addition, existing literature has contributed to the limited knowledge on the disclosure of experience of IPV in developing countries, particularly in Africa very few studies have explored the disclosure of experience of IPV among specific subgroups. This study seeks to provide more insights into the experience of IPV among women in high migrant communities, which is usually a minority group that is often neglected. Findings from this study will contribute to the existing literature on the prevalence and factors associated with their disclosure of experience IPV among women in high migration communities.

Although policies that address IPV and VAW exist, this study will provide more evidence for policymakers and legislators to establish and enforce a course of action. This study's findings will help develop tailored interventions that encourage disclosure of experience of IPV among women from high migration communities. It will contribute to the conversations on IPV and raise more awareness about the problem.

1.5 Literature Review

1.5.1. Prevalence of intimate partner violence

Several studies provide evidence of a high prevalence of IPV across the globe and in Africa (4,12,19,39,40,43,69,70). The prevalence of IPV differs in frequency and forms across countries (34). According to a WHO's global and regional estimates of IPV prevalence in 2013, 30% of women worldwide had experienced IPV in their lifetime. Reports show that the African, Eastern Mediterranean and South-East Asia regions have the highest prevalence rates of about 37% for ever-partnered women (14). This figure is similar to the results of studies in Ethiopia (30%), Turkey (30%), South Africa (31%) and Ivory Coast (32%) that employed the same type of data source, i.e. self-reported data (25,26,44,71). There has been reports of higher rates by

studies in countries like in Pakistan (51%) (72), Bolivia (47%) (73), Portugal (43%) (74) and Angola (41%) (19) with similar data sources (self-reported data).

Evidence reveals that IPV is a prevalent problem in Africa (24–26,75,76). A systematic review of 58 cross-sectional studies in sub-Saharan Africa (SSA) in 2020 revealed that 44% of women had experienced IPV in their lifetime, while approximately 35% of the women had been exposed to IPV in the past year. The authors highlighted these figures could even be higher in reality due to under-reporting (77). Other studies have observed lower prevalence rates for IPV like the 2016 DHS reports for South Africa (SADHS) (26%) and a study in Malawi (22%) (18,55). However, a study in Lesotho (62%) reported higher rates of IPV (46). There is ample evidence that IPV exists in all societies, although the prevalence rates vary across studies and regions.

Women experience different forms of IPV, some of which include physical violence, psychological violence, emotional violence, verbal abuse, sexual violence, and economic abuse (2). Literature has shown a difference in prevalence rates for the various forms of IPV explored. For example, a study using DHS data showed that physical violence (32.3%) followed by emotional violence (27%) were the most experienced forms of IPV in Angola (19). A similar study which used DHS data from ten developing countries reported higher rates of physical violence (71%) compared to sexual violence (26%) (78). Contrary to these findings, several other authors have found psychological/emotional IPV to be the most common form of IPV experienced (11,24,39,46,59,73,77,79–81). These inconsistencies can be attributed to IPV forms the authors explored and differences in operational definitions in each study. DHS studies only focus on sexual, physical and emotional violence. Whereas, in some other studies that also used self-reported data, up to four types of IPV were explored (26,61,82). For instance, a study in Ghana explored the experience of sexual, emotional, physical and economic IPV among the study participants (82).

IPV is a developing area of research; hence many countries still lack prevalence data. As a result, it is difficult to review the trend of IPV over the years. However, reports from nationally representative data have shown that there has been a changing trend in the prevalence rates of IPV in Africa over time (48). In some countries such as Zambia, Uganda, Democratic Republic of Congo and Tanzania, there has been a decline in IPV prevalence. For instance, in Zambia, there was a 15% decrease in the prevalence rate of IPV between 2007 to 2014 and a further 2% decrease by 2018 (48). Whereas, for countries like Malawi, there has been a slight increase over time (from 20% in 2010 to 24% in 2015) (48). A study in Zimbabwe observed an inconsistent trend in IPV prevalence for over ten years (75). The percentage of women that experienced IPV declined from 45% in 2005 to 41% in 2010 and then increased to 43% in 2015 (75). The

decrease in number of cases may be attributed to efforts by the government and other organisations in these countries to address this problem (36). On the other hand, the rise in cases may be due to increased IPV awareness in recent times compared to the past decades. This awareness has resulted in an increased reporting of IPV cases (83).

Several factors that impact IPV prevalence have been documented in past studies (25,26,47,80,84). Marital status is a consistent factor found to influence the experience of IPV (24,26). A study in Ethiopia reported that divorced women had higher odds of IPV than married women (26). The authors suggested these women may be divorced because of their experience of IPV. Another study in southwest Nigeria found that a higher proportion (30%) of unmarried women or women cohabiting with their partner were at an increased risk of experiencing IPV (24). There have also been reports of higher prevalence rates of IPV among younger women compared to older women (24,27,85). One study suggested that the decline in the odds of exposure to IPV observed as age increased could be because older women may have been in the relationship for a longer time. Hence, they understand their partner better and can handle issues within the relationship (27). Contrarily, a study observed an increase in IPV prevalence as the partner's age increased (71). This finding could also be because of less or more stigma associated with reporting IPV in certain age groups.

The status of a woman which include: level of education, employment status, participation in household decision making, control of income and age at first marriage has been found to influence her experience of IPV (27). Studies have found that the higher the level of education attained, the less likely a woman will be exposed to IPV (25,71,86,87). The findings from a cluster randomised control trial in Ghana observed a 49% reduction in the odds of current IPV exposure among participants having at least senior secondary school education compared to those without no formal education (82). Thus, having attained higher levels of education is seen to be protective against IPV. Likewise, women who have higher education levels are more likely to be employable and, have a higher socio-economic status level (71). A study in the United States found that women who earned lower incomes had a higher likelihood of experiencing sexual abuse than their counterparts who earned higher incomes (88). These findings may suggest that economic power can influence the likelihood of her being exposed to IPV.

Migration has been found to increase the likelihood of women's exposure to IPV. In a study among migrants, most of the women had experienced IPV (61). Likewise, in Turkey, the prevalence of IPV was higher among women who were migrants than the locals (71). Some qualitative studies have also found that immigrant women's partners have become increasingly

abusive after migration because they depend on them (38,56). Further, another study reported that the abusive partners of migrant women took advantage of their immigration status to keep them in a subordinate position (23).

Studies have found that a woman's exposure to IPV differs with her place of residence (17,26,27). For example, a study in the south-eastern part of Nigeria reported that women from rural dwellings (97%) had a higher prevalence of IPV compared to women from urban dwellings (81%) (79). Consistent results were observed in a similar study in Ethiopia, where 31% of women in the rural areas had been abused by their intimate partner and 28% of women in urban areas (26). Contrarily, in Ivory Coast, more women from urban areas (34%) experienced IPV compared to those from rural areas (29%) (25). Nevertheless, a cross-sectional survey found a minor difference in the prevalence of IPV across the rural (18%), urban (17%) and capital areas (16%) (45). The difference in prevalence rates could be due to the level of acceptance and justification of wife-beating in these areas (11,17,27,78). A study observed that the percentage of women who believed IPV is pardonable was higher among rural dwellers compared to urban dwellers. The authors suggested that this finding could be attributed to the fact that urban women are more likely to be educationally and financially empowered than women from rural areas (79).

Having a history of violence in childhood or witnessing mother being abused by her partner was associated with women's experience of IPV in past studies (80,82,85,89). For example, a study reported that women who witnessed inter-parental violence in childhood were twice as likely to experience IPV (25). Studies also show higher rates (39%) of IPV among women with partners whose mothers were abused by their partners compared to women that had partners whose mothers were not abused (12%) (89).

Women have also been reported to experience IPV during pregnancy (11,44,59,72,74). A systematic review that explored the prevalence and risk factors of IPV highlighted IPV as very high in pregnancy (85). However, a study in Kenya observed a significant decrease (57% to 37%) in IPV prevalence during pregnancy. The study suggested that the pregnancy period provides some form of protection against IPV as it is a delicate time of a woman's life (80). Also, women who were HIV positive were found to be at a higher risk of IPV (85). In South Africa, women who knew their HIV status were three times more likely to experience IPV (44). On the contrary, other studies have found no significant relationship between HIV and the risk of experiencing IPV (59,80).

1.5.2 Prevalence of disclosure of experience of intimate partner violence

Failure to disclose experience of IPV is a major barrier to fully understanding the extent to which this problem exists in our society (5,34). In an effort to end the experience of violence, some women choose to disclose their IPV experiences (39). Literature suggests that the act disclosing experience of violence is the first step to help-seeking from either formal or informal sources (90). Help-seeking to informal sources entails disclosing/ talking to family, friends, neighbours, in-laws about the problem. Formal sources include the police, medical care, lawyers, religious/community leaders, social services like counsellors (91). Most studies report that a larger proportion of the women who are victims of IPV remain silent about it (3,4,6,61,92). For instance, in a WHO multi-country study, 21% to 66% of abused women across the study sites reported they had never disclosed their experience of IPV to anyone (34). The interviewers in the study were the first people most of the women disclosed their experience of IPV to (34). Similarly, the findings of a study in Turkey highlighted that almost half of the women in the study had never disclosed their experience of IPV, indicating that the interview was also the first time they had told anyone (90).

Studies in India and Pakistan reported the prevalence of disclosure of experience of IPV as 24% and 35% respectively (92,93). Furthermore, in Australia, about half of migrant women who specified that they needed help, did not speak to anyone about their experience of IPV (61). A study in Dhaka that explored disclosure of experience of IPV and help-seeking behaviour observed that out of the 60% of the married women who were physically abused by their partner, only 21% disclosed their experience (4). Likewise, in Mexico, more than half of the abused women failed to disclose their experience (39). In a multi-country study that reviewed the reporting of IPV experience in developing countries, the global rate of reporting was 40%. For the southern African countries included in the study, the figures ranged between 41% to 52% (5). In another African context study, 60% of the women who were abused did not disclose their experience (94). These literatures reveal that a significant percentage of abused women in the world still do not disclose their experience of IPV (5).

Most women disclosing their IPV experience have been found to use informal sources of support, including their family, friends, and neighbours rather than formal sources like the police (3,70,90,94,95). A study across 24 countries found that more women reported their experience of IPV to informal sources (37%) than formal sources (7.1%) (5). Similar to these findings, a study done in SSA countries found that women were more likely to disclose their experience of IPV to informal sources than formal institutions (17). Contrarily, a study in

Mexico reported that 65% of the women who experienced IPV sought help from other sources rather than their families. These women further disclosed that family is not always the best place to run to because of certain family norms which condone violence to keep the family together (39).

Past literature has explored several reasons women do not disclose their experience of IPV, some of which include; embarrassment/shame (4–6,17,42,56,61,84,90,96), fear of threat/escalation of abuse (6,9,90,92,97), belief that violence is normal and not a serious problem (5,6,90,96), acceptance of violence (4,96), cultural beliefs (22,42,56,92,93), language barrier (39,42), fear of jeopardizing family name and the fear of being blamed (4,17,22,92). Also, women failed to disclose their experience of IPV because they feared the threat of losing their children (9,22,61,92,96) or getting divorced (92) and some did not know where to seek help (70,90,96,97). IPV is a widespread problem in Africa. The true burden remains unknown because most women do not disclose their experience of IPV for several reasons, as discussed in the next section.

1.5.3 Factors associated with disclosure of experience of IPV

The disclosure of experience of IPV is influenced by individual, interpersonal and socio-cultural factors (98). Studies have shown these factors have been found to work together to either inhibit or facilitate a woman's decision to disclose her experience of violence (9). This section focuses on literature that has investigated the sociodemographic characteristics of a woman and partner characteristics that influence a woman's decision to disclose her IPV experience.

1.5.3.1 Age

Past quantitative studies have investigated the effect of age on a woman's decision to disclose her experience of IPV. However, these findings are inconsistent, some studies show that younger women were more likely to disclose their experience of IPV than older women (39,90). In line with these findings results from a national survey investigating the factors related to disclosure of experience of IPV in Pakistan (92). Contrarily, other studies have suggested that as a woman's age increases, she has higher odds of disclosing IPV and seeking help (37,70). Nevertheless, other studies have found no effect of age on a woman's decision to disclose her experience of IPV (43). A study in Canada revealed that the discrepancies in studies might be as a result of the type of help sought. For example, being older was strongly associated with the increased use of formal supports and less use of informal supports (95). Although the younger

populations highly dominate migrant communities, some studies have observed that both older and younger women are less likely to disclose their experience of IPV (37,39,70,90,99). Among older women, since they have been in the union for longer, they feel they can handle issues within their relationship, including violence. On the other hand, younger women may not disclose their experience of IPV because they are trying to establish their place in the family and ensure their union works out, hence they chose to accept their partner's behaviour (27).

1.5.3.2 Educational Level

Previous studies in Bangladesh, Turkey, and India have found a positive correlation between the women's level of education and the disclosure of IPV experience (4,6,90,93). The authors reported that as a woman's level of education increases, the likelihood of disclosing her experience of IPV also increases. However, this is contrary to the findings from studies in Canada, Australia and Sweden, where having higher education was associated with a lower likelihood of disclosure (7,95,100). Some studies have also reported differences in help sought by educational cadres. The findings of these studies show that having attained a higher level of education was associated with disclosure to formal sources, while they linked a lower level of education with disclosure to informal sources (5,43,95). Ultimately, literature shows that education plays a vital role in a woman's decision to disclose her IPV experience (101). Education is one factor that empowers women and causes them to make better decisions (17).

1.5.3.3 Religion

Studies have shown religion to influence a woman's decision to disclose her experience of IPV in several studies (43,93,102). A study in Nigeria found that Muslim or Catholic women were less willing to disclose their experience of IPV when compared to women from other denominations (43). Another study in India reported that Christians and women from other minority religions sought more help than those who practised Hinduism (93). Results from a systematic review highlighted that although going for religious programs could serve as a source of support to these abused women, it was associated with a decreased use of formal support services (9). Also, religious leaders are seen to have a different perspective on IPV. Some view it as trial a believer should conquer, thereby not encouraging victims to report to formal sources but to endure (9).

1.5.3.4 Migration status

The processes involved with migration expose women to several health risks, including intimate partner violence (57). The lack of legal status and language barrier forces most migrant women

to live in isolation, and this serves as a source of power and control for their perpetrators (21,22,42,56,57). Qualitative studies that have focused on the IPV among immigrant women identified several barriers to disclosure by the victims, which include: the desire to keep their marital status intact to avoid the shame of a failed marriage; fear of the repercussions of reporting; lack of financial security; lack of knowledge and access to available services; and the fear of losing the support of their host communities (21,22,56). Several studies also show that migrants are vulnerable to IPV, particularly those who lack legal immigration status and as a result, remain silent about their experience of IPV (21,22,103). For instance, a qualitative study among Latino immigrant women reported fear of deportation as their primary reason for not disclosing their experience of IPV (42). Besides, women who migrate with spousal visa depend financially on their spouse because it restricts them from getting employed with such status. Hence, these women are more or less left with the option of keeping silent about their experience of IPV (61).

1.5.3.5 Socio-economic status

A woman's socio-economic status has been observed to be one of the most consistent factors associated with disclosure of experience of IPV in previous studies (90,95,97,104). Findings from past studies reveal that women who are paid higher incomes and are financially stable were more likely to disclose experience of IPV compared to women who are paid lower incomes or have no source of income (90,95,97,104). A study among women experiencing spousal violence in India revealed that disclosure of experience of IPV was more likely among the women in the higher wealth quantiles than the poorest women (93). Contrary to this finding, some studies report that having lower incomes was significantly associated with disclosure of experience of IPV (70,100,101). Also, a woman's income level was found to influence whom she reports her experience of IPV to. Abused women with higher incomes use legal services: their poorer counterparts are likely to call the police and shelters because they are more affordable (9). A study has found women who have autonomy in decisions regarding household matters to be more willing to speak out when exposed to IPV than those who have no say in decision making (43).

1.5.3.6 Employment status

Employment that provides a source of income and economic independence has been found to predict if a woman will disclose her experience of IPV. In Tanzania, the likelihood of disclosure of experience of IPV was lower among women who were unemployed compared to those who were employed (3). These unemployed women were seen to depend on their partner for some

financial support; hence, to not jeopardise this benefit, they do not seek help when abused. Similarly, other past studies have found a woman's employment status to be associated with disclosure of experience of IPV (90,94). Further, a study in SSA found that women who were currently working had higher odds of disclosure than women who were not working (17). It highlighted financial dependency as one of the primary reasons African immigrant women failed to report their experience of IPV or leave their abusive relationship (22). Therefore, these findings suggest that for a woman to break free from her abusive relationship, financial/ economic autonomy is crucial.

1.5.3.7 Marital Status

Frais and Agoff (39) report that a woman's marital status is likely to affect how she handles IPV. Overall, the authors found married women had a lower likelihood of help-seeking: when they choose to seek help, they were more likely to disclose to their families (39). A study found that the formerly married women in 15 out of the 24 countries studied had higher odds of disclosing their experience of IPV to formal sources than married women (5). Some other studies also highlight that married and cohabiting women were less likely to seek help than divorced or separated women (39,96). Studies also suggested that the social value given to marriage and the emotional investment that comes with the relationship was the reason married women were less likely to disclose their IPV experience (70). Regarding the type of help sought, disclosing experience of IPVto formal sources, was found more among married women (100).

1.5.3.8 Characteristics of violence

The characteristics of violence, which include the type, severity and frequency of violence, have been found to affect a woman's decision to disclose her experience of IPV (70,90). Literature reveals that the likelihood of women disclosing of experience of IPV differs by the form of IPV experienced. For instance, studies have observed that women who suffer from physical violence have a higher chance of disclosing their experience compared to those who experience sexual or emotional violence (8,39,84,96). On the other hand, some studies have found a significant association between the experience of emotional/psychological violence and disclosure of experience of IPV: women who were emotionally or psychologically abused by their intimate partner were more likely to disclose their experience (17,61). Other studies showed that women who were only abused sexually by their partners were less likely to tell anyone about their experience (17,37,39,93,96). One study suggested that certain societal norms regarding sexual violence prevent these women from seeking help, especially that of the culture of silence (17).

Furthermore, in some other studies, the likelihood of help-seeking was higher among women who had experienced multiple types of IPV (60,93).

A dose-response relationship has been observed between the severity of violence and the likelihood of disclosing experience of IPV (4,6,8,70,96); studies show that as the severity of violence increased, women were more likely to disclose their experience of IPV (4,6,8,70,96). For instance, a study in Turkey revealed that 62% of women exposed to severe forms of physical IPV disclosed their experience compared with 44% who suffered moderate forms of violence (90). Having sustained a physical injury due to IPV has been found to increase the likelihood of disclosure (93). Also, the odds of disclosing experience of IPV was higher as the frequency of exposure to physical violence increased (4,8).

1.5.3.9 Partner's characteristics

Some characteristics of the partner, such as his controlling behaviour, have according to studies, influenced a woman's decision to disclose her experience of violence. Past studies have found that women with partners who have controlling behaviour had higher odds of disclosure and help-seeking (4,17). One of the studies suggested that they may associate these behaviours with disclosure because it causes the women to be unable to tolerate the violence (4). A study in Ethiopia found that the partner's educational attainment was associated with disclosure of experience of IPV. The odds of disclosing experience of IPV was higher among women whose partners had lower levels of education compared to those whose partners had attained higher levels of education (60). The study suggested that this could be the women's effort to preserve the dignity of the partner as an educated man in the society. However, there is a paucity of literature on the effect of the different partner's characteristics on a woman's decision to disclose her experience of intimate partner violence.

1.5.3.10 Inter-parental violence

Having a history of violence between parents can also predict if an abused woman will disclose her experience of IPV (93,94). A study in India found that women who had fathers that were violent towards their mothers were less likely to seek help among those that experienced emotional and physical violence IPV (93). Contrarily, in Nigeria, women who witnessed violence perpetrated by their father against mother were more likely to seek help (94). Literature examining the influence of inter-parental violence on a women's decision to disclose experience of IPV is sparse. However, based on the evidence available, a bidirectional relationship seems to exist.

1.6. Conceptual Framework

The conceptual framework used in this study is self-developed, and the concepts of two frameworks guided it; Liang et al.'s (98) theoretical framework for understanding the processes of help-seeking among survivors of IPV and Fidan's (17) conceptual model to explain women's help-seeking behaviour in SSA countries. Liang et al.'s (98) theory of help-seeking highlights three major processes women exposed to IPV go through before they can get help. These processes include the identification and definition of the problem; followed by the resolution to search for help and deciding from whom to seek help. Individual, interpersonal, and socio-cultural factors affect all these processes. Fidan's conceptual model highlights the role of resources, gender roles and types of violence experienced as determinant factors to women's help-seeking.

Possible moderators between these characteristics and the disclosure of experience of IPV are migration laws and government policies, policies on IPV and GBV, social groups, culture, availability of shelter homes and other formal institutions that handle IPV issues. For example, for the characteristic migration status, if the existing laws and policies on IPV in a country are favourable to the migrants to access services in the community, they are more likely to disclose their experience of IPV. On the other hand, if the laws are unfavorable to migrants, especially those that are illegal in the country, they will be less likely to disclose their experience of IPV to anyone, especially to formal sources. A woman's educational level, marital status or religion can expose her to certain groups in the community that do not condone any sort of VAW. Belonging to groups in the community particularly could also give women the extra push to disclose their experience of IPV because of the type of support they provide. Women that have cultures that are strongly against IPV and castigates anyone found guilty of such acts can moderate the effect of various characteristics women that influence their disclosure of experience of IPV. Having shelter homes and other formal institution available and visible to the community can also be a moderating factor between the various characteristics and the disclosure of experience of IPV.These moderating factors as well as interactions in this study are not considered .

The framework is displayed in Figure 1.1. This framework shows how women's decision to disclose their experience of IPV is influenced by their individual-level factors and other factors as detailed in the literature reviewed. The individual-level factors include age, educational level, employment status socio-economic status as well as migration status. Interpersonal-level factors include marital status, partner's age, partner's education, partner's controlling behaviour and the history of inter-parental violence. Sociocultural-level factor includes the religion of the

women. Finally, the characteristics of violence include the type of violence, the severity of violence and injury from IPV.

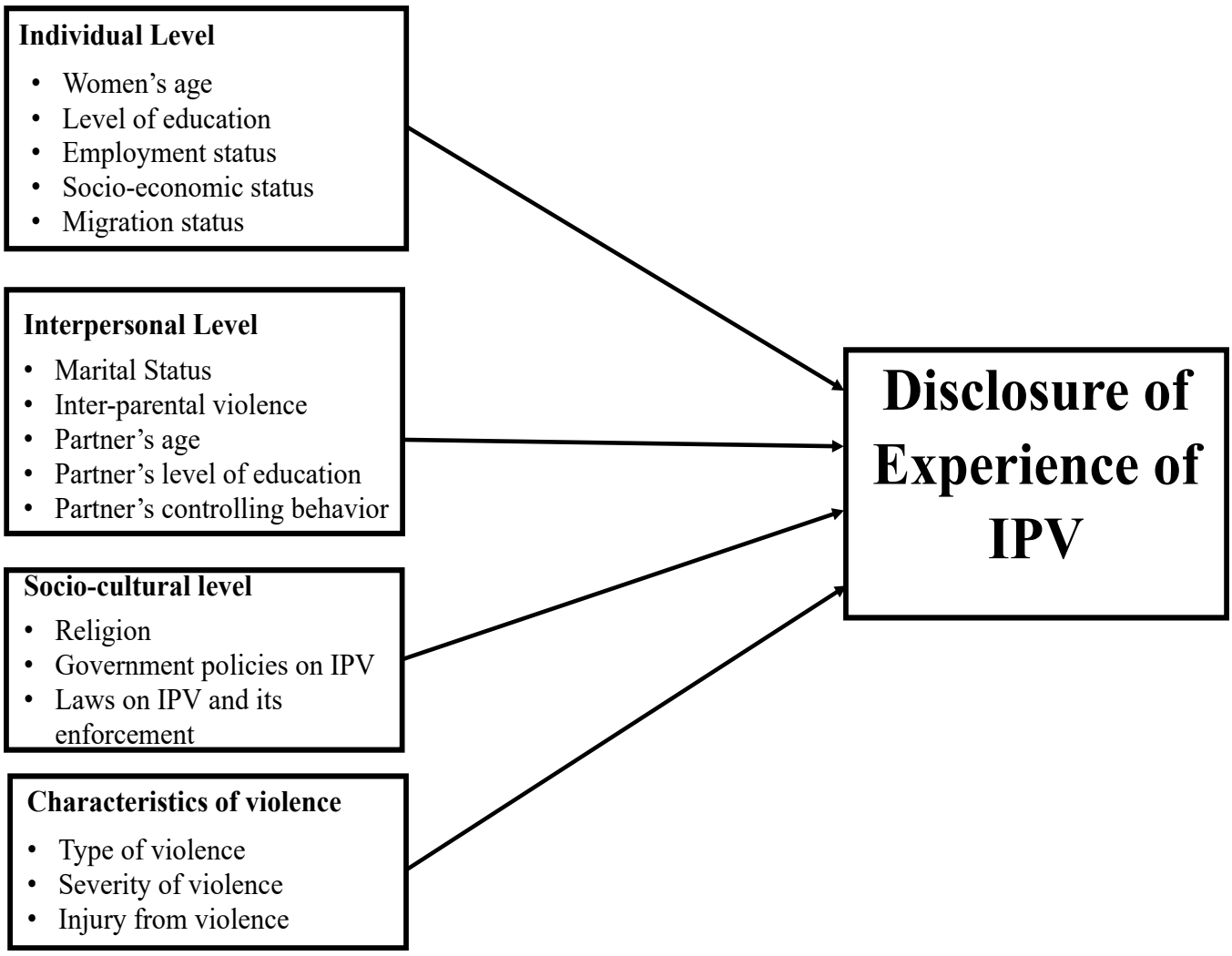

Figure 1.1: Conceptual framework showing factors associated with women disclosing their experience of IPV.

CHAPTER 2

2. Methodology

This chapter gives information about the study design employed in this study, a brief on the primary study, how the primary data was collected, the study population, how the data was obtained and managed, and the statistical analysis conducted to address the study objectives. The chapter concludes with the ethical considerations of the study.

2.1 Study design

This study was a cross-sectional study using data from the Sexual and Reproductive Health and Rights-HIV (SRHR-HIV) Knows No Borders project. The data was from a baseline cross-sectional survey conducted from 30th May 2018 to 4th June 2019.

2.2 Study site

2.2.1 Description of the primary study

The baseline survey was conducted by the Sexual and Reproductive Health and Rights-HIV (SRHR-HIV) Knows No Borders project in 10 high migrant communities in six southern African countries. The study sites were Hhohho (The Kingdom of Eswatini), Maputsoe (Lesotho), Mwanza and Mchinji (Malawi), Chifunde and Ressano Garcia (Mozambique), Ekurhuleni and Nkomazi (South Africa), Chipata and Katete (Zambia).

The project is a collaboration of the International Organization for Migration (IOM), Save the Children Netherlands (SCNL) and the University of the Witwatersrand's School of Public Health consortium. The project aims to improve the sexual and reproductive health and HIV (SRH-HIV) related outcomes among migrants including migrant adolescents & young people (AYP), sex workers (SW) as well as non-migrant adolescents & young people, sex workers and others living in high migration communities.

A multi-stage sampling technique was used in this survey to select participants from each site. The sample size for each sub-stratum was calculated using the proportional to the size of the settled population to the mobile population sampling technique. Therefore, there was variation in the size of each sub-stratum by country and site within the same country, 3057 people across all the countries were sampled.

Data collection was done using semi-structured questionnaires adapted from the DHS model questionnaires to generate information on project indicators. The questionnaire covered socio-demographic characteristics; migration history and future migration intention; food security; marital history; sexual history; contraception use history; pregnancy and reproduction; fertility preferences, HIV/AIDS and STIs; intimate partner violence, gender roles, tobacco, alcohol and substance use; use of referral services and satisfaction with services. The same information was collected from the male participants except for pregnancy & reproduction and intimate partner violence.

This study was restricted to only the women who participated in the survey.

2.3 Study Population

For this study's first objective, the study population was all women aged 15-49 years that responded to the questions on intimate partner violence. The introductory question was, "First, I am going to ask you questions about some situations which happen to some people. Tell me if these apply to your relationship with your intimate partner?" A string of questions followed this.

For the second and third objectives on disclosure of experience of IPV, the study population was limited to women aged 15-49 who had experienced IPV.

2.4 Sample Size

A total of 2072 women aged 15-49 years were enrolled in the baseline survey. Based on the objectives of the study, women were excluded for the following reasons:

For the first objective, 1644 women were included in the analysis for the prevalence of IPV, while 428 women were excluded because they did not respond to the questions on IPV. For the second and third objectives out of 1644 who were eligible for inclusion, 1199 women were excluded because they did not experience IPV or had missing responses on the disclosure of IPV experience. A total of 445 were included in the analysis for the factors associated with the disclosure of experience of IPV.

The flowchart in Figure 2.1 shows the number of women used at each stage of analysis.

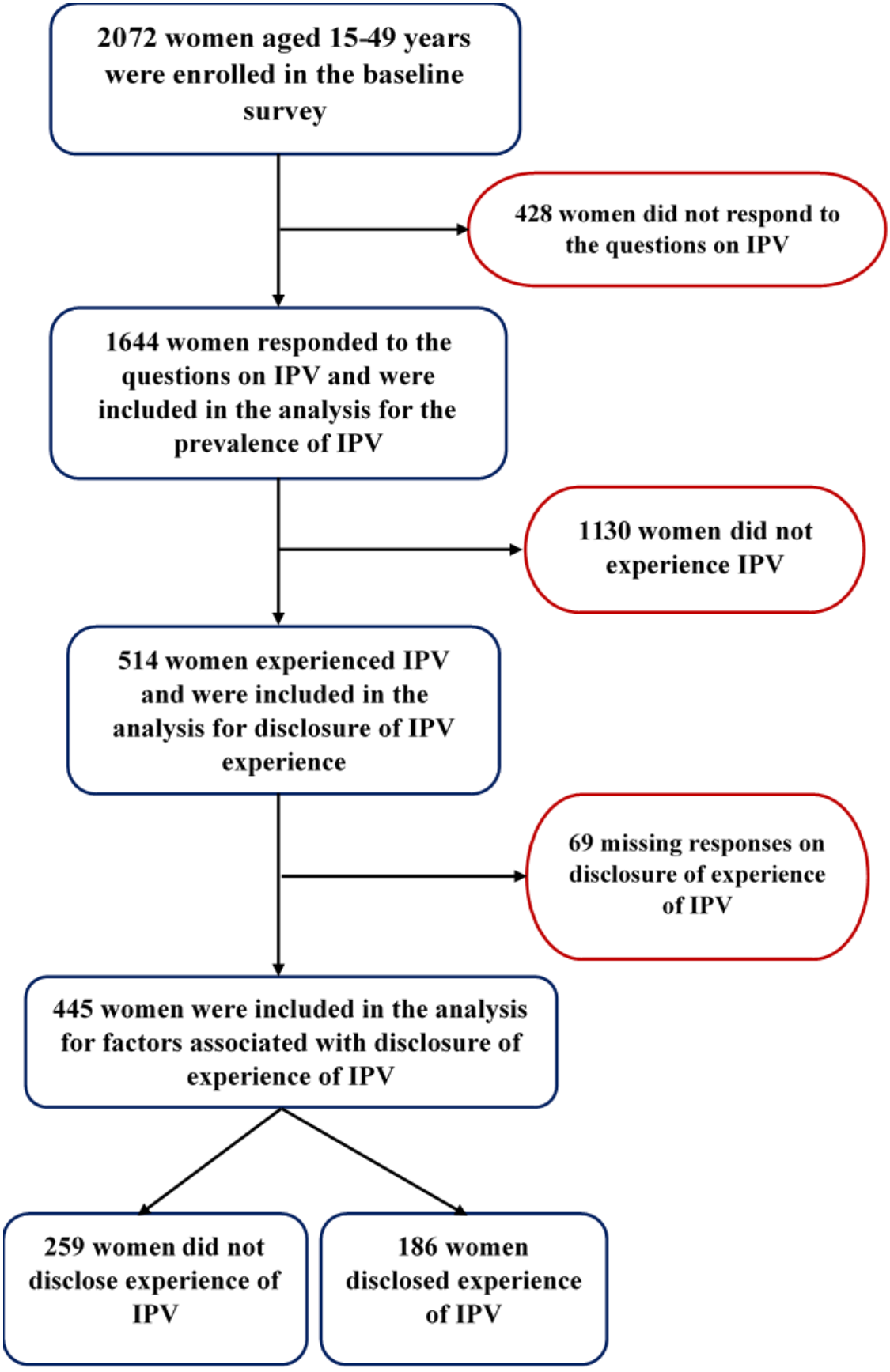

Figure 2.1: Flowchart showing the number of women used at each level of analysis

2.5 Data collection

The data for the study was obtained from the SRHR-HIV Knows No Border project consortium. In the baseline survey, a team of trained and experienced research assistants collected the data and were supervised by public health experts, child/psychosocial counsellors, biostatisticians and social scientists with vast experience in implementing social programs and research with vulnerable populations (105).

2.6 Description of variables

2.6.1 Outcome variables

2.6.1.1 Outcome 1: Experience of IPV

This is a dichotomous variable derived from several questions on physical violence and sexual violence in the last 12 months preceding the baseline survey. A single "Yes" response to any of the questions on each form of violence sufficed to denote IPV experience. The category "No" was coded as "0" and "Yes" coded as "1". See row 1 of Table 2.1 for details on how the variable was derived and operationalised in this study.

2.6.1.2 Outcome 2: Disclosure of experience of IPV

This is a dichotomous variable defined as told anyone about any of the abuse or sought help for violence experienced in the last 12 months preceding the baseline survey**.** Tthe variable was categorised as "Yes" to having disclosed experience of IPV and "No" to never disclosed experience IPV. The category "No" was coded as "0" and "Yes" coded as "1'.
Refer to row 2 of Table 2.1 for more details on how this variable was defined and how it was operationalised in this study. This study used a broad definition of disclosure to anyone rather than distinguishing between disclosure to either informal or formal sources as a result of a small sample size.

2.6.2. Explanatory variables

The explanatory variables explored in this study were respondents' age, level of education, socio-economic status, employment status, country, migration status, religion, inter-parental violence, partner's age, partner's level of education, partner's controlling behaviour, type of violence, the severity of violence, injury. See rows 3-18 of Table 2.1 on how these variables were operationalised in this study.

Table 2.1: Description of Variables

S/N	Variable Name	Definition	Application
		Outcome Variables	
1.	**Experience of IPV**	Defined as the experience of either physical or sexual violence in the last 12 months	**Step 1**: Create a dichotomous variable for physical violence coded as 0= no and 1= yes. This, we derived by combining variables that asked the following questions: "*Did your partner do any of the following to you in the last 12 months*": (1) push you or throw something at you (2) slap you (3) twist your arm or pull your hair (4) punch you with his fist or something that could hurt you (5) kick, beat or drag or beat you up (6) try to choke or burn you on purpose (7) attack you with a knife, gun or other weapons If a woman is affirmative to any of the following questions, then she was considered to have experienced intimate partner physical violence coded as 1= Yes and if otherwise coded as 0=No. **Step 2**: Create a dichotomous variable for sexual violence coded as 0= No and 1= Yes. This variable by combining variables that asked the following questions: "*Did your partner do any of the following to you in the last 12 months"*: (1) physically force you to have sexual intercourse when you did not want to (2) physically force you to perform any other sexual acts you did not want to (3) force you with threats or in any other way to perform sexual intercourse or perform other non-consensual sexual act(s) If a woman is affirmative to any of the following questions, then she was considered to have experienced intimate partner sexual violence coded as 1= Yes and if otherwise coded as 0=No. **Step 3**: Create a dichotomous variable for the experience of IPV where a single "yes" answer to either physical or sexual violence sufficed to denote violence. It was coded as 0= No and 1= Yes. A reference level for this variable was chosen to selected to be "No" =0 for the logistic regression analysis.

Table 2.1 Continued

S/N	Variable Name	Definition	Application
2.	**Disclosure of experience of IPV**	Defined as told anyone about any of the abuse or sought help in the last 12 months	This is a dichotomous variable categorised as "Yes" to have ever told anyone about abuse or seek help and "No" to never told anyone about abuse or sought help among those who experienced either physical or sexual violence. It was coded as 1=Yes and 0=No. The category "No" was chosen as the reference level for the logistic regression analysis, as this is a binary variable.
			Explanatory Variables
3.	**Respondent's Age**	Defined as age at last birthday	This is a continuous variable measured in years . It was categorised as: 1= <25 years 2= 25-34 years 3= ≥ 35 years This was further recoded for the multivariable analysis due to low frequencies in their original categories as: 1= < 30years 2= ≥ 30 years The category with the lowest level was used as the reference level i.e. <25 years and <30 respectively during logistic regression analysis as this variable is ordinal.
4.	**Marital Status**	This is a categorical variable defined as "are you currently married or living with a partner as if married?" The categories for this variable are: a) Never Married b) Married c) Living with a partner d) Widowed e) Divorced f) Separated	In this study, this variable was categorised as and coded as: 1= Never married 2= Currently married or living together with partner; was combined into one category 3= Formerly married; a combination of the divorced, widowed or separated as a category The category "Never married" was the reference level for logistic regression analysis.
5	**Employed in the last 12 months**	This is a binary variable defined as if the respondent had done any work in the last 12 months preceding the survey other than housework	This variable was coded as: 0= No 1= Yes The category "No" as the reference level for the logistic regression analysis, as this is a binary variable.

Table 2.1 Continued

S/N	Variable Name	Definition	Application
6	**Respondent's Level of Education**	This is a categorical, ordinal variable defined as what is/was the highest level of school the respondent attended. The categories are: None, Primary, Secondary and Higher.	This variable was coded in this study: 0= None 1= Primary 2= Secondary 3= Tertiary This was further recoded for the multivariable analysis due to low frequencies in their original categories as: 1= Below secondary 2= Secondary and above The categories with the lowest level were the reference level, i.e. None and Below secondary respectively, during logistic regression analysis as this variable is ordinal.
7	**Country**	This is a categorical variable used to identify the country where the respondents live. The categories are Malawi, Mozambique, Lesotho, South Africa, Swaziland and Zambia.	It was coded in alphabetical order in this study as: 1= Lesotho 2= Malawi 3= Mozambique 4= South Africa 5= The Kingdom of Eswatini 6= Zambia The category "The Kingdom Eswatini" was the reference because it reported the highest prevalence of IPV.
8	**Socio-economic Status**	This is a categorical, ordinal variable that we constructed using indicator variables which include ownership of household assets and utility services, e.g. television, radio, refrigerator, electricity, internet, type of toilet facility, car, truck, bicycle, etc. These indicators were used to create a wealth index by assigning weighting values to each category of the indicator variable. This variable was further classified into three equal tertiles. The categories are: low, middle and high.	This variable was coded as: 1= Low 2= Middle 3= High The category with the lowest level was the reference level, i.e. low during logistic regression analysis, as this variable is ordinal.

Table 2.1 Continued

S/N	Variable Name	Definition	Application
9	**Religion**	This is a categorical variable defined as "what is your religion?" The categories are: Catholic, Protestant, Orthodox, Other Christian, Muslim, Traditionalist, and Other religion	For this study, this variable was recategorised and coded as: 1= Christians which comprises Catholic, Protestant, Orthodox, and other Christians 2= Others which included Muslims, Traditionalists, and other religions The category "Others" which included Muslims, Traditionalists, and other religions were the reference level because it had a lower prevalence and frequency.
10	**Migration Status**	This is a categorical variable that was generated using other variables to determine if the respondents were non-migrants, internal migrants, or international migrants.	This is a categorical variable that was constructed using the following steps: **Step1**: To identify non-migrants, the following variables were used: a) "What is your country of origin?" b) "Country where the study was conducted" and c) "If a citizen of this country, what is your province of origin." If a woman reported that her country of origin was the same as the country and province where the study was conducted, she was coded as 1 to represent non-migrants. **Step 2:** To identify internal migrants; women who reported that their country of origin was the same as the country where the study was conducted and that they were from another province were coded as 2 to represent internal migrants **Step 3**: To identify international migrants; women whose country of origin was other than the country where the study was conducted were regarded as international migrants and coded as 3. In summary, the variable Migration status was represented and coded: 1= Non-migrants 2= Internal migrants 3= International migrants The category "Non-migrants" was used as the reference level because this study aimed to determine if being a migrant affects the women's decision to report IPV experience.
11	**Witnessed Inter-parental violence**	This is a categorical variable defined as having witnessed either their mother being abused by their father or their father being abused by their mother.	This is a binary variable derived from two variables: 1) "As far as you know did your father ever beat your mother and 2) "As far as you know, did your mother ever beat your father?" An affirmative answer to either of the questions above was considered as "Yes" to this variable and if otherwise as "No". It was coded as 0=No and 1=Yes. The category "No" was chosen as the reference level for the logistic regression analysis, as this is a binary variable.

Table 2.1 Continued

12	**Partner's Age**	Defined as "how old was your partner on his last birthday?"	This is a continuous variable measured in years and categorised as: 1= < 25 years 2= 25-34 years 3= ≥ 35 years This was further recoded for the multivariable analysis due to low frequencies in their original categories as: 1= < 30years 2= ≥ 30 years The categories with the lowest level were used as the reference level, i.e. <25 years and <30 respectively during logistic regression analysis, as this variable is ordinal.
13	**Partner's level of Education**	This is a categorical variable defined as the highest level of the school attended by the partner. The categories are none, primary, secondary and higher.	This variable was coded as follows: 0= None 1= Primary 2= Secondary 3= Tertiary This was further recoded for the multivariable analysis due to low frequencies in their original categories as: 1= Below secondary 2= Secondary and above The lowest level in the category remains the reference level, i.e. None and Below secondary, respectively, during logistic regression analysis as this variable is ordinal.
14	**Partner's Controlling Behaviour**	It was defined as "if current partner had control issues".	This is a dichotomous variable derived from the following for control questions: 1) He jealous or angry if you talk/talked to other partners? 2) He accuses/accused you of being unfaithful? 3) He does/ did not permit you to meet with your friends? 4) He insists/insisted on knowing where you are/were at all times? Women who responded "Yes "to any or several of the above questions were considered to have a controlling partner and was coded as 1=Yes. Women who responded no to all the questions were considered not to have a controlling partner coded as 0=No. The category "No" was chosen as the reference level for the logistic regression analysis, as this is a binary variable

Table 2.1 Continued

15	**Severity of Violence**	Defined as "the probability of the act of violence which the women had been subjected to cause physical injury".	This is a dichotomous variable derived from questions on physical violence categorised as 'moderate' and "severe' using the WHO criteria (11). This variable was coded : 1= Moderate violence, which includes if the women said yes to either being slapped or pushed/shook/having something thrown at her or arm was twisted/hair pulled in the past 12months by her partner 2= Severe violence which includes if the women said yes to either being punched with his fist or something that could hurt her, kicked/dragged/beaten up, threatened or attacked with a knife/gun/other weapons in the past 12months by her partner. The lowest level in the category was used as the reference level ie Moderate violence
16	**Injuries**	Defined as "if cuts, bruises, or aches, eye injuries, sprains, dislocations occurred as a result of violence by the partner".	This is a binary variable coded as: 0= No 1= Yes The category "No" was chosen as the reference level for the logistic regression analysis, as this is a binary variable
17	**Type of Violence**		This is a categorical variable that was derived through the following steps: **Step 1**: Create a dichotomous variable for physical violence coded as 0= No and 1= Yes. This was derived by combining variables that asked the following questions: "*Did your partner do any of the following to you in the last 12 months*": (1) push you or throw something at you (2) slap you, twist your arm or pull your hair (3) punch you with his fist or something that could hurt you (4) kick, beat or drag or beat you up (5) try to choke or burn you on purpose (6) attack you with a knife, gun or other weapons If a woman is affirmative to any following questions, then she was considered to have experienced intimate partner physical violence coded as 1= Yes and if otherwise coded as 0=No. **Step 2**: Create a dichotomous variable for sexual violence coded as 0= no and 1= yes. This variable was derived by combining variables that asked the following questions: "*Did your partner do any of the following to you in the last 12 months"*:

			(1) physically force you to have sexual intercourse when you did not want to (2) physically force you to perform any other sexual acts you did not want to (3) force you with threats or in any other way to perform sexual intercourse or perform other non-consensual sexual act(s) If a woman was affirmative to any following questions, then she was considered to have experienced intimate partner sexual violence coded as 1= Yes and if otherwise coded as 0=No. **Step 3**: Create a dichotomous variable for the experience of physical and sexual violence coded as 0=no and 1=yes. This variable was derived by combining the variable physical and sexual violence created above where "Yes" was used to represent the experience of both physical and sexual violence and "No" for otherwise. **Step 4:** Create a categorical variable for the type of violence by combining the experience of physical violence, experience of sexual violence and the experience of both physical and sexual violence. It was coded as: 1= Physical violence 2= Sexual Violence 3=Physical and sexual violence
18	**Source of help**	Defined as from whom / where was help sought? The options were: a) Own family b) Partner's family c) Neighbour d) Religious/ community leader e) Doctor/ Medical personnel f) Friend g) Police h) Lawyer i) Social worker j) Others Respondents could choose over one source of help; hence the options were not considered as mutually exclusive..	Each option of who or where help was sought was generated as an independent binary variable that was coded as: 0= No 1= Yes For example, respondents who sought help from police were coded as 1=Yes while those who did not seek help from the police were coded as 0=No

2.7 Data Management

Dataset was analysed using Stata 15. Before statistical analysis was done duplicates were checked for; one duplicate was found and dropped from the dataset. Variables were examined for inconsistent values that were corrected according to the survey questionnaire or regarded as missing. For instance, partner's age which was initially a string variable had some observations where the age numbers were accompanied by characters which were removed. It also had 'don't know' as part of its observations which was set as missing. Variables that had no response as one of the categories were set as missing. Missing observations were reported in the descriptive analysis, after which they were excluded from further analysis; they ranged between 0.1-6.4% for most of the variables. Regarding variables that had up to 30% of its observations missing, the category 'missing' were included as part of the categories. Here, socio-economic and partners' age variables had 'missing' as one its categories. The variables migration status, inter-parental violence, type of violence, severity of violence, partner's controlling behaviour and IPV were generated while existing variables were renamed and recoded to suit the study objectives as detailed in Table 2.1.

2.8. Statistical Analysis

2.8.1. Descriptive analysis

Descriptive statistics were carried out on all variables using frequency distribution tables. Continuous variables which include the women's age and partner's age were summarized as means and standard deviations. At the same time, frequency and percentages were used to describe the distribution of the categorical variables.

2.8.2 Objective 1: Prevalence of Intimate Partner Violence

Cross-tabulation of the experience of IPV was done by the various explanatory variables. The prevalence of IPV was reported with percentages, frequency tables and p-values of Pearson's chi-squared test to determine if there was a significant difference in the prevalence of IPV across various categories of the explanatory variables explored. Also, bar graphs were used to show the prevalence of IPV by country and migration status.

2.8.3 Objective 2: Prevalence of Disclosure of Experience of Intimate Partner Violence

Cross-tabulation of the disclosure of experience of IPV by the various explanatory variables was done. It was reported with percentages, frequency tables and p-values of Pearson's chi-squared test to determine if the prevalence of disclosure of experience of IPV significantly differed across the various categories of the explanatory variables. Further, bar graphs were used to describe the prevalence of disclosure of experience of IPV by country and source of help.

2.8.4 Objective 3: Factors associated with Disclosure of Experience of Intimate Partner Violence

Multivariable binary logistic regression was fitted to determine the factors associated with disclosure of experience of IPV among women. The variables representing the age of the respondent, age of partner, educational level of the respondents and partner were recoded into two categories because of the low frequencies in their original categories.

Firstly, a univariable logistic regression analysis was done regressing each predictor variable on the outcome variable, which is the disclosure of experience of IPV. This allowed for the investigation of the effect of each explanatory variable on the outcome variable, i.e., disclosure of experience of IPV. The odds ratio (OR), 95% confidence interval and p-value at a 5% level of significance were obtained. The p-value reported represents the significance level for "Yes" to having disclosed experience of IPV, which was coded as "1" during analysis.

The logistic regression equation below was used:

$$\log\left\{\frac{\pi}{1-\pi}\right\} = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots \beta_m X_m$$

Where π in the equation above represents the probability of an event happening i.e. the probability that women disclosed their experience of IPV, β_i are the regression coefficients associated with the reference group of each explanatory variable and X_i represents the explanatory variables.

Following the univariable analysis, all the variables were fitted in a multivariable model. This allowed for the investigation of the effect of each explanatory variable on women's decision to disclose their experience of IPV adjusting for all other variables.

Associations between the predictors and the outcome variable were assessed using adjusted odds ratios (AOR), 95% confidence intervals and a p-value at a 5% level of significance. The AOR was used since the multivariable model controlled for other predictor variables in the model. Hence the interpretation of adjusted odds ratios ended with the clause “while adjusting/ controlling for other variables in the model”.

2.9 Ethical Considerations

The University of the Witwatersrand Human Research Ethics Committee (Medical) granted ethics clearance, Johannesburg, South Africa (Clearance certificate number: M200135). Permission to use anonymised baseline data was obtained from the SRHR-HIV project (SRHR-HIV Knows No Borders) consortium (Ref no: ZAF/CPMF/CV0012/2019). See copies of ethics certificate and letter of permission to use data in Appendix C and Appendix D, respectively. Access to the data was restricted to the principal investigator and the supervisor to ensure that the study participants' confidentiality is protected.

CHAPTER 3

3. Results

This chapter shows the results of the data analysis that was performed using the analysis techniques indicated in chapter 2. The descriptive statistics of the sample were summarized using frequency tables and graphs: these results are displayed in tables based on the objectives of the study in chronological order. This chapter concludes with a table displaying odds ratios and 95% confidence intervals from the univariable and multivariable binary logistic regression analysis, which investigates the factors associated with disclosure of experience of intimate partner violence.

3.1 Sample Characteristics

In this study, 1644 women 15-49 years who responded to questions on intimate partner violence were used for analysis across the six southern African countries. Table 3.1 shows the characteristics of women by their experience of IPV. Of the 1644 respondents, over two-thirds (1130; 68.7%) did not experience IPV. Of the 514 respondents who experienced IPV; 46.1% experienced physical violence, and 6.6% experienced sexual violence, while 47.3% experienced physical and sexual violence.

Overall, the sample has a fairly young age distribution. A little more than half (54.7%) of the respondents were less than 25 years, and this age group had the highest percentage of women who experienced IPV. Of the women who experienced IPV, 55.1% were less than 25 years, 28.4% were between 25 and 34 years, while 16.5% were 35 years and older.

Majority (67.8%) of the women in the sample were non-migrants. Among those who experienced IPV, 69.5% were non-migrants, 17.9% were internal migrants, and 12.5% were international migrants. Forty-five percent of the women were never married, 38.2% were married or currently living with a partner, and 15.5% were formerly married. Of the women who experienced IPV, the highest percentage (43.0%) was among women who were never married.

Only 8.3% of the women were uneducated. Of those who experienced IPV, 9.3% had no education, 37.2% had primary education, 44% had secondary education, while 9.5% had attained tertiary education. Majority of women were Christians (90.7%), and they also made

up the highest percentage (91.1%) of women who experienced IPV. Regarding employment status, over 50 percent were employed. Of the women exposed to IPV, 48.8% were unemployed while 51.2% were employed.

Most of the women had partners who had attained secondary education. They constituted the highest percentage (34.1%) of women who experienced IPV. Sixty-three percent of the entire sample of women had a partner with controlling behaviour. It made up the highest percentage (87.2%) of women who experienced IPV. Less than one-third of the women had witnessed inter-parental violence.

Table 3.1: Characteristics of women in high migration communities in six southern African countries by the experience of intimate partner violence

Variable	Category	Intimate Partner Violence		
		No	Yes	Total
		n=1130 (%)	n=514 (%)	n=1644 (%)
Type of violence	Physical violence only	0 (0.00)	237 (46.11)	237 (46.11)
	Sexual Violence only	0 (0.00)	34 (6.61)	34 (6.61)
	Physical & Sexual violence	0 (0.00)	243 (47.28)	243 (47.28)
Migration status	Non-migrants	758 (67.07)	357 (69.46)	1115 (67.82)
	Internal Migrant	245 (21.68)	92 (17.89)	337 (20.50)
	International Migrant	123 (10.89)	64 (12.45)	187 (11.38)
	Missing	4 (0.35)	1 (0.19)	5 (0.30)
Respondent's age in years	< 25	617 (54.60)	283 (55.06)	900 (54.74)
	25-34	299 (29.46)	146 (28.40)	445 (27.07)
	≥ 35	214 (18.94)	85 (16.54)	299 (18.19)
Marital status	Never married	532 (47.08)	221 (43.00)	753 (45.80)
	Married/ living together with a partner	430 (38.05)	198 (38.52)	628 (38.20)
	Formerly married	167 (14.78)	95 (18.48)	262 (15.94)
	Missing	1 (0.09)	0 (0.00)	1 (0.06)
Respondent's level of education	None	88 (7.79)	48 (9.34)	136 (8.27)
	Primary	331 (29.29)	191 (37.16)	522 (31.75)
	Secondary	551 (48.76)	226 (43.97)	777 (47.27)
	Tertiary	154 (13.63)	49 (9.53)	203 (12.35)
	Missing	6 (0.53)	0 (0.00)	6 (0.36)
Religion	Christians	1023 (90.53)	468 (91.05)	1491 (90.69)
	Others	107 (9.47)	46 (8.95)	153 (9.31)
Country	Lesotho	188 (16.64)	24 (4.67)	212 (12.90)
	Malawi	249 (22.04)	168 (32.68)	417 (25.36)
	Mozambique	234 (20.71)	55 (10.70)	289 (17.58)
	South Africa	194 (17.17)	42 (8.17)	236 (14.36)
	The Kingdom of Eswatini	69 (6.11)	103 (20.04)	172 (10.46)
	Zambia	196 (17.35)	122 (23.74)	318 (19.34)

Table 3.1 Continued

Variable	Category	Intimate Partner Violence		
		No	Yes	Total
		n=1130 (%)	n=514 (%)	n=1644 (%)
Employed in the last 12 months	No	558 (49.38)	251 (48.83)	809 (49.21)
	Yes	572 (50.62)	263 (51.17)	835 (50.79)
Socio-economic status	Low	250 (22.12)	113 (21.98)	363 (22.08)
	Middle	239 (21.15)	115 (22.37)	354 (21.53)
	High	241 (21.33)	65 (12.65)	306 (18.62)
	Missing	400 (35.40)	221 (43.00)	621 (37.77)
Partner's level of education	None	232 (20.53)	147 (28.60)	379 (23.05)
	Primary	179 (15.84)	101 (19.65)	280 (17.03)
	Secondary	458 (40.53)	175 (34.05)	633 (38.50)
	Tertiary	223 (19.74)	79 (15.17)	301 (18.31)
	Missing	38 (3.36)	13 (2.53)	51 (3.10)
Partner's age in years	< 25	272 (24.07)	104 (20.23)	376 (22.87)
	25-34	303 (26.81)	165 (32.10)	468 (28.47)
	≥ 35	214 (18.94)	100 (19.46)	314 (19.10)
	Missing	341 (30.18)	145 (28.21)	486 (29.56)
Partner has controlling behaviour	No	510 (45.13)	55 (10.70)	565 (34.37)
	Yes	590 (52.22)	448 (87.16)	1038 (63.14)
	Missing	30 (2.65)	11 (2.14)	41 (2.49)
Inter-parental violence	No	789 (69.82)	292 (56.81)	1081 (65.75)
	Yes	263 (23.28)	195 (37.94)	458 (27.86)
	Missing	78 (6.90)	27 (5.25)	105 (6.39)

3.2. Prevalence of Intimate Partner Violence

Table 3.2 shows the percentage of partnered women who reported having experienced physical or sexual violence in the past 12 months stratified by various characteristics. Approximately 32% of the study participants had experienced IPV. There was a significant difference in the proportion of women who experienced IPV by respondent's level of education, country, socioeconomic status, partner's level of education, if their partner had controlling behaviour and if they had witnessed inter-parental violence. Across the six countries, the highest prevalence of IPV was observed in The Kingdom of Eswatini (59.9%) followed by Malawi (40.3%) while the lowest prevalence (11.32%) was observed in Lesotho as presented in Figure 3.2. IPV was least prevalent among women who had attained tertiary education (24.1%). Less than one-third (21.2%) of the women with high socioeconomic status were victims of IPV, while 32.5% and 31.1% of the women in middle and lower categories experienced IPV, respectively. Women who had partners that never attended school were noted to have a higher prevalence of IPV (38.8%) than women whose partner had tertiary education (25.9%).

A higher proportion of women who had a partner with controlling behaviour experienced IPV compared to those who did not have a partner with controlling behaviour (42.2% vs 9.7%). Regarding the history of violence, a significantly higher proportion of IPV was observed among women who witnessed inter-parental violence (42.6%) compared with those who did not witness inter-parental violence (27.0%).

Table 3.2: Prevalence of intimate partner violence among women in high migration communities and various characteristics

Variable	Category	Intimate Partner Violence		P-value
		No	Yes	
		n (%) 1130 (68.7)	n (%) 514 (31.3)	
Migration Status	Non-migrant	758 (67.98)	357 (32.02)	0.172
	Internal Migrant	245 (72.70)	92 (27.30)	
	International Migrant	123 (65.78)	64 (34.22)	
Respondent's age in years	< 25	617 (68.56)	283 (31.44)	0.443
	25-34	299 (67.19)	146 (32.81)	
	≥ 35	214 (71.57)	85 (28.43)	
Marital status	Never married	532 (70.65)	221 (29.35)	0.114
	Married/ living together with a partner	430 (68.47)	198 (31.53)	
	Formerly married	167 (63.74)	95 (36.26)	
Respondent's level of education	None	88 (64.71)	48 (35.29)	0.002**
	Primary	331 (63.41)	191 (36.59)	
	Secondary	551 (70.91)	226 (29.09)	
	Tertiary	154 (75.86)	49 (24.14)	
Religion	Christians	1023 (68.61)	468 (31.39)	0.737
	Others	107 (69.93)	46 (30.07)	
Country	Lesotho	188 (88.68)	24 (11.32)	<0.001***
	Malawi	249 (59.71)	168 (40.29)	
	Mozambique	234 (80.97)	55 (19.03)	
	South Africa	194 (82.20)	42 (17.80)	
	The Kingdom of Eswatini	69 (40.12)	103 (59.88)	
	Zambia	196 (61.64)	122 (39.36)	
Employed in the last 12 months	No	558 (68.97)	251 (31.03)	0.837
	Yes	572 (68.50)	263 (31.50)	
Socio-economic status	Low	250 (68.87)	113 (31.13)	<0.001***
	Middle	239 (67.51)	115 (32.49)	
	High	241 (78.76)	65 (21.24)	
	Missing	400 (64.41)	221 (35.59)	

Table 3.2 Continued

Variable	Category	Intimate Partner Violence		P-value
		No	Yes	
		n (%) 1130 (68.7)	n (%) 514 (31.3)	
Partner's level of education	None	232 (61.21)	147 (38.79)	<0.001***
	Primary	179 (63.93)	101 (36.07)	
	Secondary	458 (72.35)	175 (27.65)	
	Tertiary	223 (74.09)	78 (25.91)	
Partner's age in years	< 25	272 (72.34)	104 (27.66)	0.100
	25-34	303 (64.74)	165 (35.26)	
	≥ 35	214 (68.15)	100 (31.85)	
	Missing	341 (70.16)	145 (29.84)	
Partner has controlling behaviour	No	510 (90.27)	55 (9.73)	<0.001***
	Yes	590 (56.84)	448 (43.16)	
Inter-parental violence	No	789 (72.99)	292 (27.01)	<0.001***
	Yes	263 (57.42)	195 (42.58)	
***p = <.05, **p = <.01, ***p = <.001**				

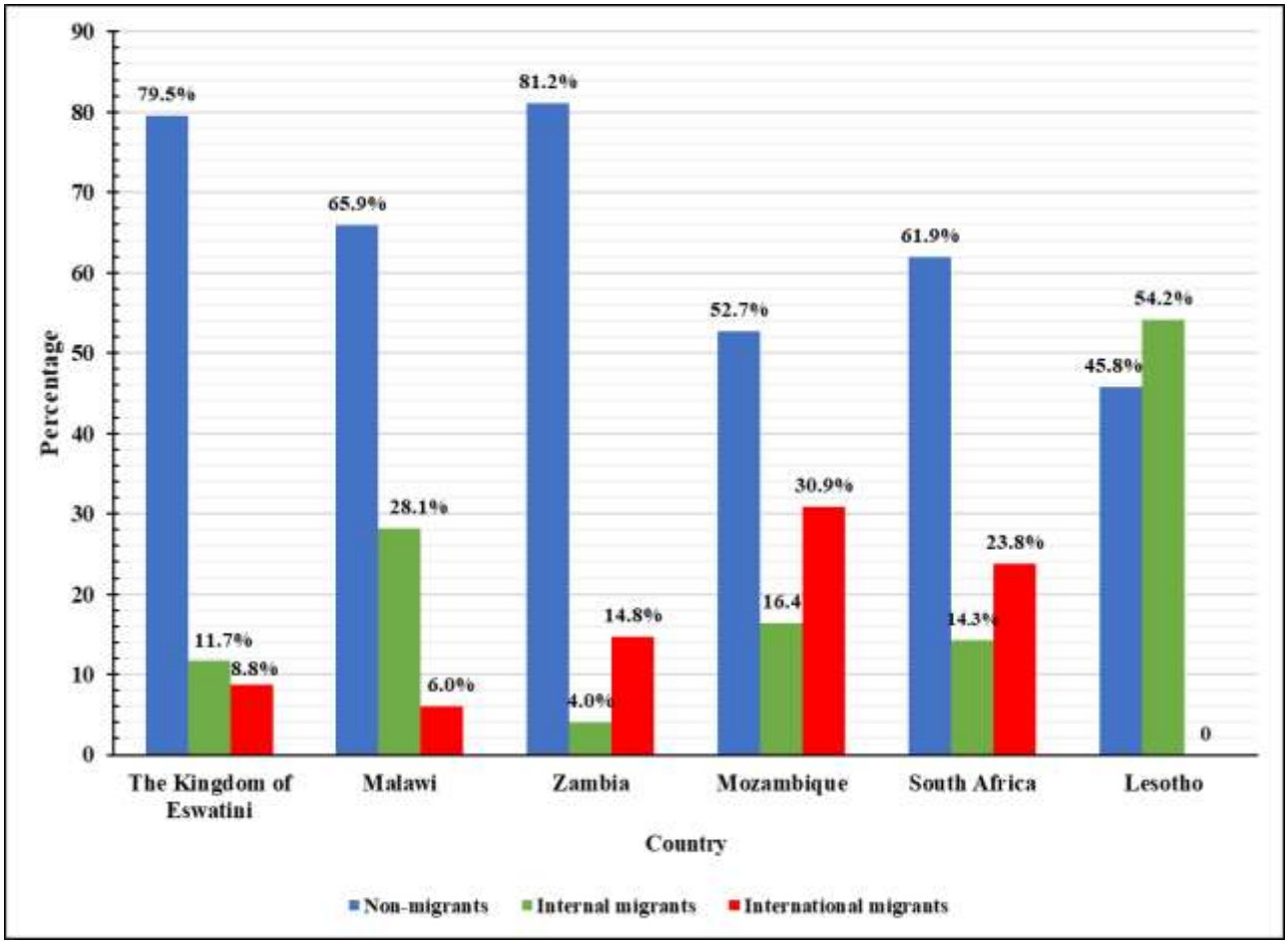

Figure 3.1: The prevalence of IPV among women in high migration communities across countries, by migration status

3.3. Prevalence of Disclosure of Experience of Intimate Partner Violence

Table 3.3 shows the distribution of women who had experienced IPV by disclosure status. Of the 186 respondents who disclosed their experience of IPV, 46.7% experienced physical violence, 4.8% experienced sexual violence, and 48.4% experienced physical and sexual violence. Majority (90.3%) of the respondents were Christians, and they also made up the highest percentage (91.9%) of women that disclosed their experience of IPV.

Forty-five percent of the women who disclosed their experience of IPV were less than 25 years, 31.7% were between 25 and 34 years, while 23.1% were 35 years and older. Majority (59.7%) of the women that disclosed their experience of IPV were employed. Regarding marital status, 41.8% of women were never married, 38.7% were married or living with a partner while 19.6% were formerly married. Among those who disclosed their experience of IPV the highest percentage (44.1%) of the women were married or living with their partner.

Majority (70.3%) of the women in the sample were non-migrants. Among those who disclosed their experience of IPV, 73.7% were non-migrants, 16.7% were internal migrants, and 9.7% were international migrants. Approximately 10% of the total sample of women were uneducated. Of those that disclosed their experience of IPV, 7.5% had no education, 41.9% had attained primary education, 44.1% had attained secondary education while 6.5% of the women had attained tertiary education.

Over 50 percent were currently employed. Of the women who disclosed their experience of IPV, 40.3% were unemployed while 59.7% of the women were currently employed. Most of the women had partners who had attained secondary education. They constituted the highest percentage (37.6%) of women disclosed their experience of IPV. Eighty-eight percent of the entire sample of women who had a partner with controlling behaviour made up the highest percentage (95.2%) of women who experienced IPV. A little above one-third of the women in the sample witnessed inter-parental violence.

Table 3.3: Distribution of women in high migration communities that experienced IPV by disclosure status by various characteristics

Variable	Category	Disclosed experience of IPV		
		No	Yes	Total
		n=259 (%)	n=186 (%)	n=445 (%)
	Physical violence only	122 (47.10)	87 (46.77)	209 (46.97)
	Sexual Violence only	22 (8.50)	9 (4.84)	31 (6.96)
	Physical & Sexual violence	115 (44.40)	90 (48.39)	205 (46.07)
Migration status	Non-migrants	176 (67.95)	137 (73.66)	313 (70.34)
	Internal Migrant	44 (16.99)	31 (16.66)	75 (16.85)
	International Migrant	38 (14.67)	18 (9.68)	56 (12.59)
	Missing	1 (0.39)	0 (0.0)	1 (0.22)
Respondent's age in years	< 25	163 (62.93)	84 (45.16)	247 (55.51)
	25-34	65 (25.10)	59 (31.72)	124 (27.86)
	≥ 35	31 (11.97)	43 (23.12)	74 (16.63)
Marital status	Never married	128 (49.42)	58 (31.18)	186 (41.80)
	Married/ living together with a partner	90 (34.75)	82 (44.09)	172 (38.65)
	Formerly married	41 (15.83)	46 (24.73	87 (19.55)
Respondent's level of education	None	29 (11.20)	14 (7.53)	43 (9.66)
	Primary	92 (35.52)	78 (41.93)	170 (38.20)
	Secondary	110 (42.47)	82 (44.09)	192 (43.15)
	Tertiary	28 (10.81)	12 (6.45)	40 (8.99)
Religion	Christians	231 (89.19)	171 (91.94)	402 (90.34)
	Others	28 (10.81)	15 (8.06)	15 (8.06)
Country	Lesotho	10 (3.86)	11 (5.91)	21 (4.72)
	Malawi	70 (27.03)	71 (38.18)	141 (31.68)
	Mozambique	41 (15.83)	12 (6.45)	53 (11.91)
	South Africa	23 (8.88)	12 (6.45	35 (7.87)
	The Kingdom of Eswatini	53 (20.46)	29 (15.59)	82 (18.43)
	Zambia	62 (23.94)	51 (27.42)	113 (25.39)
Employed in the last 12 months	No	133 (51.35)	75 (40.32)	208 (46.74)
	Yes	126 (48.65)	111 (59.68)	237 (53.26)
Socio-economic Status	Low	58 (22.39)	40 (21.51)	98 (22.02)
	Middle	56 (21.62)	45 (24.19)	101 (22.70)
	High	24 (13.13)	16 (8.60)	50 (11.24)
	Missing	111 (42.86)	85 (45.70)	196 (44.0)
Partner's level of education	None	88 (33.98)	37 (19.89)	125 (28.09)
	Primary	38 (14.67)	50 (26.88)	88 (19.78)
	Secondary	84 (32.43)	70 (37.64)	154 (34.60)
	Tertiary	42 (16.22)	25 (13.44)	67 (15.06)
	Missing	7 (2.70)	4 (2.15)	11 (2.47)
Partner's age in years	< 25	55 (21.24)	36 (19.35)	91 (20.45)
	25-34	82 (31.66)	61 (32.80)	143 (32.13)
	≥ 35	36 (13.90)	47 (25.27)	83 (18.66)
	Missing	86 (33.20)	42 (22.58)	128 (28.76)

Table 3.3 Continued

Variable	Category	Disclosed experience of IPV		
		No	Yes	Total
		n=259 (%)	n=186 (%)	n=445 (%)
Partner has controlling behaviour	No	36 (13.90)	9 (4.84)	45 (10.11)
	Yes	213 (82.24)	177 (95.16)	390 (87.64)
	Missing	10 (3.86)	0 (0.00)	10 (2.25)
Inter-parental violence	No	133 (51.35)	111 (59.68)	244 (54.83)
	Yes	107 (41.31)	70 (37.63)	177 (39.78)
	Missing	19 (7.34)	5 (2.69)	24 (5.39)
Severity of violence	Moderate	122 (47.10)	41 (22.04)	163 (36.63)
	Severe	115 (44.41)	136 (73.12)	251 (56.40)
	Missing	22 (8.49)	9 (4.84)	31 (6.97)
Injury	No	182 (70.27)	78 (41.94)	260 (58.43)
	Yes	58 (22.39)	104 (55.91)	162 (36.40)
	Missing	19 (7.34)	4 (2.15)	23 (5.17)

Table 3.4 shows the percentage of partnered women who disclosed their experience of intimate partner violence stratified by various characteristics. Out of the 514 women who experienced IPV, 69 (13.4%) women had missing responses on disclosure of IPV. Hence, only 445 women were used for analysis in this stage; 41.8% of women who were abused disclosed their experience of IPV. There was a significant difference in the prevalence of disclosure of experience IPV by respondent's age, marital status, country, employment status, partner's level of education, partner's age, controlling behaviour by the partner, severity of violence and whether injuries were sustained as a result of violence.

The prevalence of disclosure of IPV experience was higher among women who were 35 years and above (58.1%), formerly married (52.9%), employed in the last 12 months (46.8%) or had partners with controlling behaviours (45.4%). A higher proportion of women who disclosed their IPV experience had partners with controlling behaviours (45.5%) and partners who had attained primary education (56.8%). There was a significant difference in the prevalence of disclosure by country; higher figures were observed in Lesotho and Malawi (52.4% and 50.4% respectively) while the lowest was in Mozambique (22.6%). Women who experienced severe physical violence (54.2%) were more likely to disclose IPV than those who experienced moderate violence (25.2%). The prevalence of disclosure was higher among women with partners aged 35 years and above. A higher proportion of women who sustained physical injuries resulting from IPV disclosed their experience of IPV compared to those who did not have injuries resulting from IPV (64.2% and 30.0% respectively).

Table 3.5 shows the distribution of the sources of help sought by the partnered women who disclosed their experience of IPV. Among the 186 women who disclosed IPV, most sought help from informal sources such as their own family (51.6%) and friends (25.8%). On the other hand, very few women sought help from formal sources like religious/ community leaders (3.2%) and lawyers (1.1%).

Table 3.4: Prevalence of disclosure of experience of intimate partner violence among women in high migration communities by various characteristics

Variable	Category	Disclosed experience of IPV		P-value
		No	Yes	
		n (%) 259 (58.2)	n (%) 186 (41.8)	
Type of Violence	Physical violence only	122 (58.4)	87 (41.6)	0.293
	Sexual violence only	22 (71.0)	9 (29.0)	
	Physical & sexual violence	115 (56.1)	90 (43.9)	
Migration status	Non-migrant	176 (56.2)	137 (43.8)	0.266
	Internal Migrant	44 (58.7)	31 (41.3)	
	International Migrant	38 (67.9)	18 (32.1)	
Respondent's age in years	< 25	163 (66.0)	84 (34.01)	<0.001***
	25-34	65 (52.4)	59 (47.6)	
	≥ 35	31 (41.9)	43 (58.1)	
Marital status	Never married	128 (68.8)	58 (31.2)	<0.001***
	Married/ living together with a partner	90 (52.3)	82 (47.7)	
	Formerly married	41 (47.1)	46 (52.9)	
Respondent's level of education	None	29 (67.4)	14 (32.6)	0.170
	Primary	92 (54.1)	78 (45.9)	
	Secondary	110 (57.3)	82 (42.7)	
	Tertiary	28 (70.0)	12 (30.0)	
Religion	Christians	231 (57.46)	171 (42.54)	0.333
	Others	28 (65.12)	15 (34.88)	
Country	Lesotho	10 (47.6)	11 (52.4)	0.007**
	Malawi	70 (49.7)	71 (50.4)	
	Mozambique	41 (77.4)	12 (22.6)	
	South Africa	23 (65.7)	12 (34.3)	
	The Kingdom of Eswatini	53 (64.6)	29 (35.4)	
	Zambia	62 (54.9)	51 (45.1)	
Employed in the last 12 months	No	133 (63.9)	75 (36.1)	0.021*
	Yes	126 (53.2)	111 (46.8)	

Variable	Category	Disclosed experience of IPV		P-value
		No	Yes	
		n (%) 259 (58.2)	n (%) 186 (41.8)	
Socio-economic status	Low	58 (59.2)	40 (40.8)	0.471
	Middle	56 (55.4)	45 (44.6)	
	High	34 (68.0)	16 (32.0)	
	Missing	111 (56.6)	85 (43.4)	
Partner's level of education	None	88 (70.4)	37 (29.6)	0.001**
	Primary	38 (43.2)	50 (56.8)	
	Secondary	84 (54.6)	70 (45.4)	
	Higher	42 (62.7)	25 (37.3)	
Partner's age in years	< 25	55 (60.4)	36 (39.6)	0.007**
	25-34	82 (57.3)	61 (42.7)	
	≥ 35	36 (43.4)	47 (56.6)	
	Missing	86 (67.2)	42 (32.8	
Partner has controlling behaviour	No	36 (80.0)	9 (20.0)	0.001**
	Yes	213 (54.6)	177 (45.4)	
Intra-parental violence	No	133 (54.5)	111 (45.5)	0.224
	Yes	107 (60.4)	70 (39.6)	
Severity of violence	Moderate	122 (74.8)	41 (25.2)	<0.001***
	Severe	115 (45.8)	136 (54.2)	
Injury	No	182 (70.0)	78 (30.0)	<0.001***
	Yes	58 (35.8)	104 (64.2)	
***p = <.05, **p = <.01, ***p = <.001**				

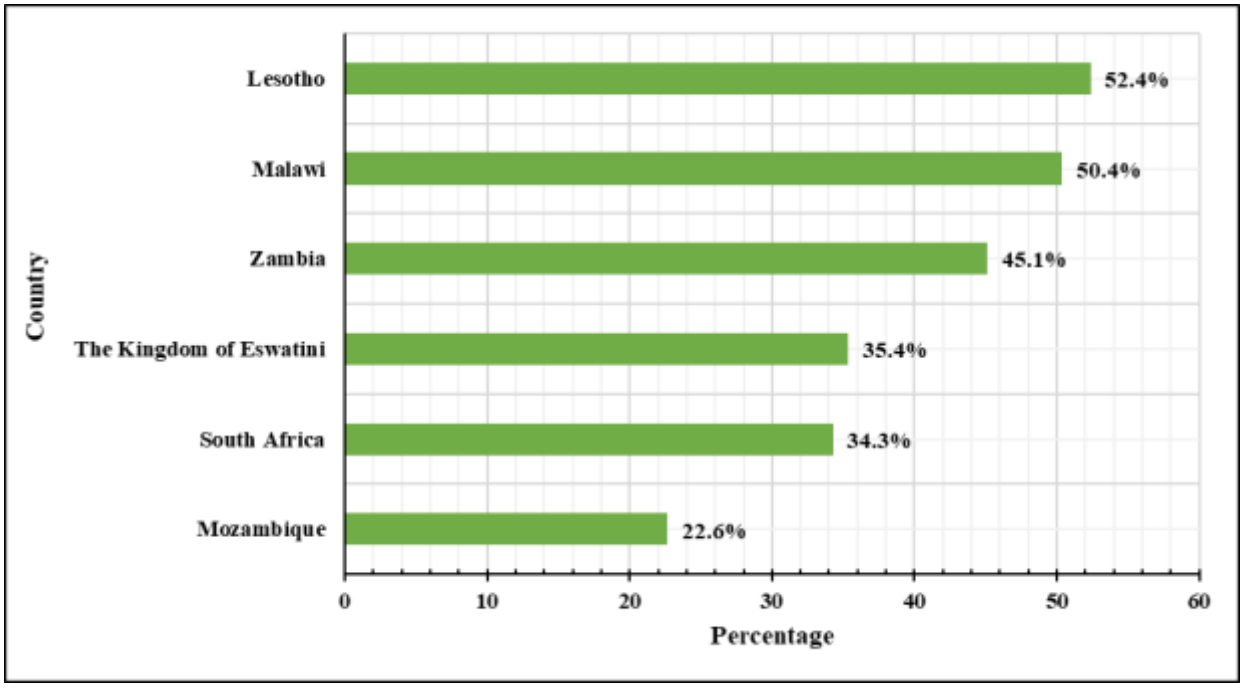

Figure 3.2: The prevalence of disclosure of experience of IPV among women in high migration communities, by country

Table 3.5: Sources of help sought among women from high migration communities who disclosed experience of IPV (n=186)

Sources of help	Category	N (%)
Informal Sources		
Own family	No	90 (48.4)
	Yes	96 (51.6)
Partner's family	No	138 (74.2)
	Yes	48 (25.8)
Neighbour	No	157 (84.4)
	Yes	29 (15.6)
Friends	No	131 (70.4)
	Yes	55 (29.6)
Formal Sources		
Police	No	154 (82.8)
	Yes	32 (17.2)
Social worker	No	186 (98.4)
	Yes	3 (1.6)
Lawyer	No	184 (98.9)
	Yes	2 (1.1)
Doctor/ Medical personnel	No	180 (96.8)
	Yes	6 (3.2)
Religious/ community leader	No	181 (97.3)
	Yes	5 (2.7)
Others	No	184 (98.9)
	Yes	2 (1.1)

**Others include marriage counsellor and victims support unit.*
**Options shown are not mutually exclusive. Women were allowed to choose more than one source of help to disclose their experience of IPV.*

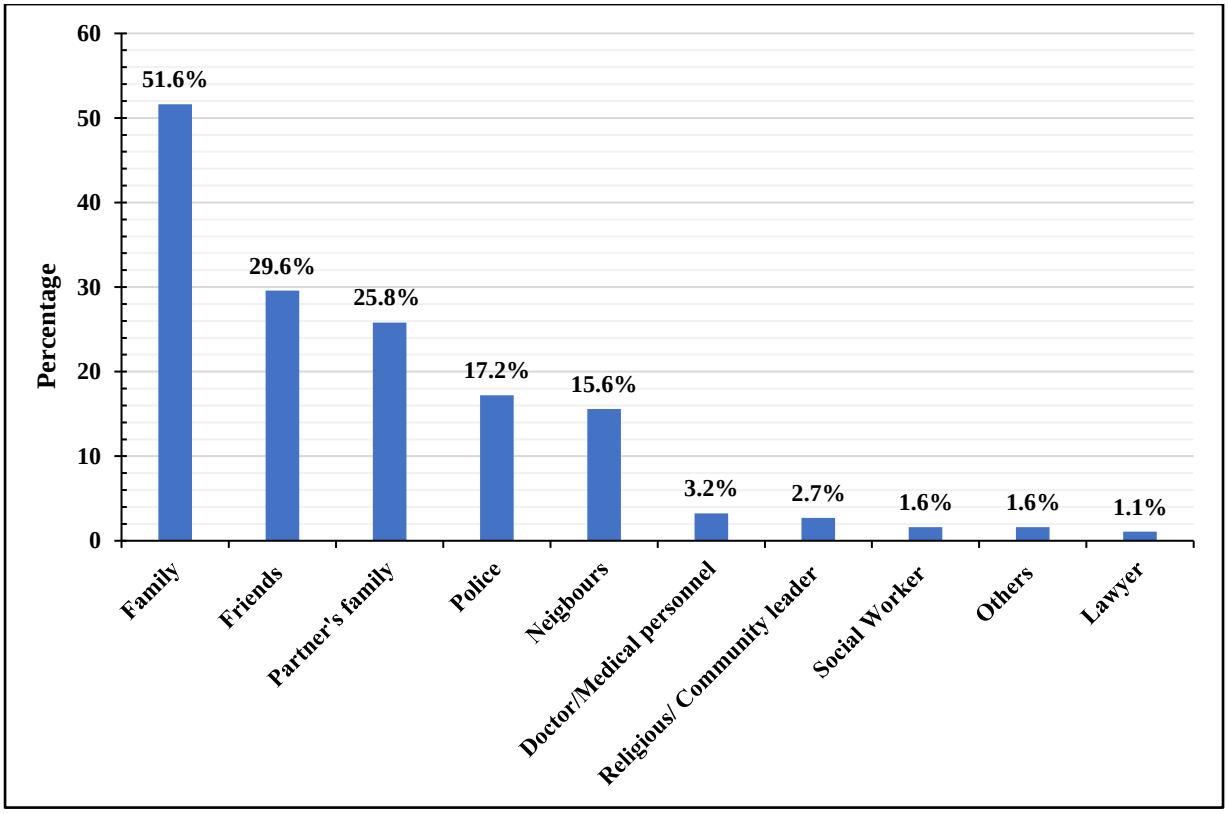

Figure 3.3: Sources of help sought among women who disclosed their experience of IPV in high migration communities (n=186)

3.4. Factors associated with Disclosure of Intimate Partner Violence

Table 3.6 shows the results of the factors associated with women's disclosure of experience of IPV among women from high migration communities.

In the univariable binary logistic regression analysis, the respondent's age, marital status, employment status, partner's controlling behaviours, the severity of violence and having had an injury resulting from IPV were found to be associated with disclosure of experience of IPV.

The odds of disclosing experience of IPV among women aged 30 years and above are 1.63 times more likely than among women aged below 30 years (OR=1.63, 95% CI: 1.08, 2.47). The odds of disclosing experience of IPV among women who were formerly married are 1.47 times more likely than among women who were never married (OR=2.47, 95% CI: 1.47, 4.18). The odds of disclosing experience of IPV among married/ women living together with a partner are 2.01 times more likely than among women who were never married (OR=2.01, 95% CI:1.31, 3.09).

The odds of disclosing experience of IPV among women who had partners with controlling behaviour are 3.32 times more likely than among women who did not have partners with

controlling behaviour (OR=3.32, 95% CI:1.56, 7.09). The odds of disclosing experience of IPV among women who were currently employed are 1.56 times more likely than among women who were not currently employed (OR=1.56, 95% CI: 1.07, 2.29). The odds of disclosing experience of IPV among women who had sustained an injury as a result of IPVare 4.18 times more likely than among women who did not sustain an injury as a result of IPV (OR=4.18, 95% CI: 2.76, 6.35). The odds of disclosing experience of IPV among women that experienced severe violence are 3.52 times more likely than among women that experienced moderate forms of violence (OR=3.52, 95% CI: 2.28, 5.42). The factors migration status, respondent's level of education, country, religion, and socio-economic status and history of inter-parental violence were not associated with disclosure of experience of IPV.

In the multivariable analysis, after adjusting for all other variables in the model, the factors associated with disclosing experience of IPV were the respondent's age, history of inter-parental violence, partner's controlling behaviour, and injury as a result of IPV as presented in Table 3.6. The odds of disclosing experience of IPV among women who experienced severe violence are 2.46 times more likely than among women who experienced moderate violence (AOR=2.46, 95% CI: 1.47, 4.13) while adjusting for other variables. The odds of disclosing experience of IPV among women who had a partner with controlling behaviour are 3.05 times more likely than among women who did not have a partner with controlling behaviour (AOR=3.05, 95% CI: 1.10, 8.48) while adjusting for other variables. Furthermore, the odds of disclosing experience of IPV among women who sustained injuries resulting from IPV are 2.9 times more likely than among women who did not sustain any injuries from IPV while controlling for other variables (AOR=2.92, 95% CI: 1.74, 4.88).

Compared with the univariable regression analysis results, history of inter-parental violence was negatively associated with disclosure of IPV experience after adjusting for all other variables. The odds of disclosing experience of IPV among women who witnessed inter-parental violence are 0.57 times less likely than among women who did not witness inter-parental violence while controlling for other variables (AOR=0.57, 95% CI: 0.35, 0.92). The odds of disclosing experience of IPV among women aged 30 years and above are 1.8 times more likely than among women who were less than 30 years while adjusting for other variables (AOR=1.8, 95% CI: 1.01, 3.23).

The factors that were not associated with disclosure of experience of IPV include migration status, marital status, respondent's level of education, country, religion, employment status and socioeconomic status.

Table 3.6: Factors associated with disclosure of experience of IPV among women from high migration communities

Variables	Univariable binary logistic regression	Multivariable binary logistic regression
	Crude OR (95% CI)	**Adjusted OR (95% CI)**
Migration status		
Non-migrant (ref)	1.00	1.00
Internal Migrant	0.91 (0.54-1.51)	0.67 (0.33-1.37)
International Migrant	0.61 (0.33-1.11)	0.71 (0.31-1.62)
Respondent's age (Years)		
< 30 (ref)	1.00	1.00
≥ 30	1.63 (1.08-2.47) *	1.81 (1.01-3.23) *
Marital Status		
Never married (ref)	1.00	1.00
Married/ living together with a partner	2.01 (1.31-3.09) **	1.28 (0.72-2.28)
Formerly married	2.47 (1.47-4.18) **	1.26 (0.63-2.55)
Respondent's level of education		
Below secondary (ref)	1.00	1.00
Secondary and above	0.90 (0.61-1.31)	1.31 (0.78-2.20)
Country		
Lesotho	2.01 (0.76-5.30)	3.36 (0.98-11.47)
Malawi	1.85 (1.06-3.25) *	2.07 (0.97-4.42)
Mozambique	0.53 (0.24-1.17)	0.76 (0.28-2.11)
South Africa	0.95 (0.41-2.19)	2.03 (0.59-6.95)
The Kingdom of Eswatini (ref)	1.00	1.00
Zambia	1.50 (0.84-2.70)	2.06 (0.98-4.39)
Religion		
Christians	1.38 (0.72-2.67)	1.18 (0.49-2.81)
Others (ref)	1.00	1.00
Employed in the last 12 months		
No (ref)	1.00	1.00
Yes	1.56 (1.07-2.29) *	1.24 (0.75-2.04)
Socio-economic status		
Low (ref)	1.00	1.00
Middle	1.17 (0.66-2.04)	1.27 (0.61-2.61)
High	0.68 (0.33-1.40)	0.87 (0.33-2.31)
Missing	1.11 (0.68-1.82)	1.27 (0.63-2.53)

Table 3.6 Continued

Variables	Univariable binary logistic regression	Multivariable binary logistic regression
	Crude OR (95% CI)	**Adjusted OR (95% CI)**
Partner has controlling behaviour		
No (ref)	1.00	1.00
Yes	3.32 (1.56-7.09) **	3.05 (1.10-8.48) *
Intra-parental violence		
No (ref)	1.00	1.00
Yes	0.78 (0.53-1.16)	0.57 (0.35-0.92) *
Severity of violence		
Moderate (ref)	1.00	1.00
Severe	3.52 (2.28-5.42) ***	2.46 (1.47-4.13) **
Injuries		
No (ref)	1.00	1.00
Yes	4.18 (2.76-6.35) ***	2.92 (1.74-4.88) ***
***p = <.05, **p = <.01, ***p = <.001**		
Model specifications: Number of observations= 371, Prob > chi2 = <0.0001, Pseudo $\mathbf{R^2 = 0.1708}$		
Goodness of fit test: Number of covariates patterns = 332, Pearson chi2 (107) = 334.05, Prob > chi2= 0.1764		

CHAPTER 4

4. Discussion

4.1 Introduction

This study estimated the prevalence of IPV, the prevalence of disclosure of experience of IPV, and identified the factors associated with disclosure of experience of IPV among women aged 15-49 years in high migration communities of six southern African countries. This chapter discusses this study's key findings based on each objective, how they relate to existing knowledge, and its implications. The chapter concludes with the strengths and limitations of the study.

4.2 Prevalence of Intimate Partner Violence

The results of this study showed that nearly one-third (32%) of the women had experienced physical or sexual violence from their intimate partner in the last 12 months preceding the survey. These findings are similar to those observed from the WHO global estimate that showed a prevalence of 30% (14). In addition, past studies on IPV in some African countries reported a prevalence rate that ranged between 30% to 36% (25,26,44,77,80,82).

A cross-sectional study in eight southern African countries reported a lower prevalence rate of 18% compared to 32% in this study (45). This difference in prevalence may be because of the differences in the operationalization of IPV, as the previous study only considered physical violence the definition of IPV. In addition, the lower prevalence rate found in this study could be due to the difference in study settings. Some other studies suggest that the variations in the prevalence rates may be as a result of a difference in the definition/measurement of IPV across studies (3,27), differences in the study sample (6), differences in gender norms and variation in cultures where compared to other cultures, conservative ones in certain areas accept wife-beating (4,60).

Higher prevalence rates were observed in other studies conducted in countries such as Angola (41%), Bolivia (47%), Bangladesh (60%) and Portugal (43%) (4,19,73,74). In a study done in a migrant community in southwest Nigeria, 87% of the women had experienced IPV in their lifetime and 20% in the preceding 12 months (24). Also, in Australia, over half of the migrant

women had experienced some type of abuse from their intimate partner (61). This suggests that IPV is a problem that is not limited to specific communities or groups of women.

This study also showed that most women experienced either physical violence or both physical or sexual violence. Very few of the women (5%) had experienced only sexual violence. This is consistent with the findings of many other studies also conducted in developing countries (11,19,71,78). For example, in Angola, sexual violence was the least prevalent (7%) form of IPV experienced by the women in the study. The low prevalence of sexual IPV may be due to the highly sensitive nature of the questions asked and perception of sexual violence. Regarding perception, these women's cultural orientation may make them view acts sexual violence as non-abusive leading to a low prevalence of sexual IPV on account of under-reporting.

4.3 Prevalence of Disclosure of Experience of IPV

Less than half (42%) of the women that had experienced IPV had disclosed their experience to someone. This finding is consistent with the reports from other studies, which observed that most women did not disclose their experience of IPV to anyone (5,92,94). The prevalence rates ranged between 35% to 40% in these studies (5,92,94).

Lower rates of disclosure were reported in some other developing countries such as in Tanzania (23%) among pregnant women; Bangladesh (19%) among married women and India (24%) among women (3,4,93). The variations in these results may be due to the differences in the sampled populations. All the studies except one had samples of married women, suggesting that disclosure may be less frequent when the perpetrator is the spouse. Women who are violated by their spouse may be reluctant to disclose their experience to preserve their marriage at the expense of their safety. Disclosure of experience of violence might even be less frequent when they have children because they want to keep the family together and the fear of single parenting.

There was a significant difference in the prevalence of disclosure across the six countries examined in this study. Lesotho (52%) had the highest disclosure rate, while Mozambique (23%) had the lowest rate. Compared to the estimates of the DHS reports, the prevalence rates of this study were higher in Malawi (50% versus 40%) and Zambia (45% versus 35%) and lower in South Africa (34% versus 41%) and Mozambique (23% versus 36%) (48). These differences may be due to variation in the study population as this study used women from high migration communities, whereas the DHS survey used women from the general population.

Although this study did not explore the reasons, the women failed to disclose their experience of violence, certain cultural norms that exist within these communities may serve as a barrier. In the African context, the tradition of patriarchy could make women believe that violence is normal and acceptable within a relationship (4,22,96). Also, communities that still regard IPV as a "private or family matter" may leave these women with no option but to keep silent about their experience (3). Women abused by their intimate partner may also feel ashamed and embarrassed to disclose their experience of IPV (5,42).

Among the women who disclosed their experience of IPV, the majority preferred to seek help from informal sources rather than formal sources. Women preferred to talk to their families (52%) and friends (30%) than any other source of help. This disclosure pattern is similar to those from previous studies showing that a vast majority of women exposed to IPV do not turn to formal institutions for help (3,4,17,70,90). Very few women turned to formal institutions like lawyers (1%) and medical personnel (3%). This may confirm that these women consider IPV a private matter and so if they must talk about it, they prefer to turn to those close to them. Contrarily, a study in Mexico showed that majority of women who experienced IPV either disclosed to public authorities (41%) or kept it to themselves (11%) rather than their families (39). Most of these women were uncertain about the support they would receive from their families because of certain cultural norms within the family which condone violence to keep the families together (39).

The low level of disclosure to formal sources might be because these women are not aware of the resources available in the formal organizations to support them. It may also be as a result of lack of trust for the formal sources available to them (83). This finding also highlights the importance of informal support from families, friends and neighbours in assisting women who are abused.

4.4 Factors Associated with Disclosure of Intimate Partner Violence

The conceptual framework developed for this study displays how factors at different levels influence the disclosure of experience of IPV. At the individual level, the women's age was significantly associated with disclosure of experience of IPV. Older women were more likely to disclose their experience of IPV compared to younger women. Other studies have reported similar findings (37,70). This could be because older women may have been in their relationships for longer that they finally have the courage to speak out. On the contrary,

younger women have been reported to have a higher likelihood of disclosure in a study by Fraìs (96). In this study, the level of education was not significantly associated with disclosure of IPV experience, which is contrary to the findings of some other studies (4,90,93). This could be due to the lack of a significant difference in the prevalence of disclosure of experience of IPV among the education categories.

Being employed was not significantly associated with disclosure of IPV experience after adjusting for all other variables in the model whereas, previous studies have documented that employed women were more likely to disclose their experience of IPV (3,90,93,94). Women without a job are more likely to depend financially on their partner, making it harder for them to speak out when experiencing IPV. Similarly, socioeconomic status was not associated with disclosure of experience of IPV, unlike what was found in other studies (17,93,94). Some note that women are more likely to make economic considerations when they consider disclosing their experience of IPV (94).

Although no significant relationship was found between disclosure of experience of IPV and migration status, results show that migrants (internal and international) were less likely to disclose their experience of IPV than with non-migrants. Findings from past qualitative analysis show that women who are migrants failed to seek help due to lack of legal migration status, language barriers and financial dependency on their partner (22,42).

This study also found that women who had a partner with controlling behaviour had a higher likelihood of disclosing their experience of IPV than women whose partners were not controlling. These results are consistent with the findings of a study done in five sub-Saharan African countries (17). A probable explanation for this unexpected finding is that exposure to controlling behaviour in combination with IPV makes it unbearable, pushing them to disclose their experience (4).

Women who had witnessed inter-parental violence were less likely to disclose their experience of IPV than women who did not witness inter-parental violence. Contrary to this finding, a study in Nigeria found that women who witnessed their father beat their mother were more likely to disclose experience of IPV (94). It is reasonable to suggest that women who witnessed IPV between parents during childhood are likely to regard IPV within their present relationship as normal and thus do not disclose their experience. The difference in findings could be as a result of the difference in study populations as the study in Nigeria included women from the general population rather specific population group. The vulnerability of the study population in this study could have resulted in women being less likely to disclose their experience of IPV.

Migrants are more likely to be less informed about what to do having witnessed violence and the institutions available to provide support as they are new to that country or area. Also, cultural norms on the acceptance of violence within marriage could explain the difference in results.

In line with several studies, the severity of violence and having sustained injury because of the experience of IPV were strong predictors of disclosure of experience of IPV (4,6,39,70,93). Participants who experienced severe forms of physical violence were more likely to disclose than those who experienced moderate forms of physical violence. The odds of disclosure were also higher if women were injured as a result of IPV. These findings suggest that exposure to severe forms of violence makes it difficult for women to endure or hide violence, causing them to disclose their experience (4,70,93).

4.5 Strengths and Limitations

A major strength of this study is its contribution to the sparse literature on disclosure of experience IPV in southern Africa, particularly among women in high migration communities; it also provides some insight into the factors that predict disclosure of experience of IPV, which will contribute substantially to the development of prevention/intervention programs.

There are several limitations to this study. First, due to the cross-sectional nature of the data, we could not draw causal inferences between the factors and disclosure of experience of IPV.

Owing to the absence of sample weights in the baseline survey data, this study could not account for the disproportionality of the sample regarding the target population during analysis. This study did not also account for clustering because of the absence of cluster numbers in the dataset. This study explored the experience of IPV among a specific group (women in high migration communities). As a result, it is expected that within the units sampled there would be reduced variability, i.e. similar patterns of behaviour in the observations resulting from clustering. These may have led to biased parameter estimates. Hence, the generalizability of the study findings may be limited to the study population.

Another limitation of this study was missing or incomplete data for some variables of interest, which could not be clarified since the study was a secondary data analysis. Lastly, the survey was self-reported, and since IPV is a sensitive topic, study participants may have underreported their experience of violence. In order to portray themselves in a good light and protect the image of the partner hence, making this study prone to social desirability bias.

CHAPTER 5

5. Conclusion and Recommendations

5.1 Conclusion

Intimate partner violence against women is a prevalent health and social problem in southern Africa. This study highlights that majority of the women in high migration communities that experienced IPV failed to disclose their experiences. The factors predicting disclosure of experience of IPV in this study population are women's age, partner's controlling behaviour, history of inter-parental violence, the severity of violence and injury as a consequence of IPV. This study also found that most women who disclosed their experience of IPV used informal sources, especially their family and very few turned to formal institutions for help. The findings of this study provide valuable contributions to the development and implementation of interventions that aim to support women abused by their intimate partner and to encourage disclosure of such further.

IPV is a public health concern that needs to be prioritized to achieve goal 5 and 16 of the SDGs. In addition, there is a need for an approach that is both integrated and holistic to prevent and eliminate all forms of violence against women and girls.

5.2 Recommendations

Despite the study finding a high prevalence of IPV, these rates could even be much higher, as evidenced by other studies' findings (4,19,61,73,74). Systems should be put in place to capture IPV prevalence and current research should be gathered in a centralized format to get the accurate picture of IPV to understand the severity of the problem. Routine case-finding through screening or enquiry during routine activities within health facilities and in the communities can be leveraged to gather this information, this can be done during antenatal care visits and HIV counselling. Efforts should also be put in place to raise more awareness on the problem of IPV through strong informational campaigns directed at everyone in the society rather than just women. In addition, existing interventions should be reviewed and improved upon to ensure that the targets are being met regarding awareness about the issue.

Given that less than half of the women who experienced IPV disclosed their experience to anyone, future research should explore the core reasons/ root causes of women not disclosing their experiences of IPV. These could lead to tailor-made interventions that could encourage

women to seek help. Majority of the women preferred to disclose their experience of IPV to informal sources, especially their families. Hence, involvement of informal networks in programmes to address issues of violence against women in the community is important. Further, since very few abused women sought help from formal sources, training of these institutions on creating a safe environment that encourages disclosure of violence becomes a priority. They should also be equipped with skills that enable them to provide support to victims of IPV (3). These formal institutions should organise programmes as a medium to create awareness about services they provide for victims of IPV and the need to use these services.

This study found that the likelihood of disclosing experience of IPV was higher among older women; future interventions should be targeted at the early stages of a woman's life to empower them to see disclosure as the first port of call in the face of IPV and also to discourage lengthened stay in abusive relationships. Women who had partners with controlling behaviour had a higher likelihood of disclosing experience of IPV. Therefore, interventions that seek to educate women on IPV should include the early signs of IPV, such as controlling tendencies in their partners as these are bound to develop into violence.

Most IPV interventions focus on the primary victim of violence, which is usually the women forgetting that the children experience secondary trauma as they witness IPV between their parents. It is recommended that children's counselling should be part of the package provided within the post-IPV services. This will ensure that children do not grow up with the view that IPV is normal and acceptable, making them less prone to IPV in their future relationships.

Women who experienced severe forms of violence or sustained injuries because of IPVhad a higher likelihood of seeking help. The injured women are likely to seek medical attention in health facilities for their injuries. Hence, health facilities must have a referral system to make sure the victims do not receive only medical attention and services that will help them deal with their abusers. These services should also help the women transition from being IPV victims to survivors by providing them with support to stop further abuse and reintegrate them back into society.

Legal initiatives should be put in place to strengthen women's rights and support given to formal institutions to assist women who have been abused regardless of their migration status. In addition, policies to ensure that the abuser is sanctioned for every case of IPV reported to authorities to ensure that they do not continue to abuse their partner.

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APPENDICES

Appendix A: Plagiarism Declaration

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I Munachimso Vincentia Dim (Student number: 2253312) am a student registered for the degree of Masters of Science in Epidemiology in the academic year 2020 .

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.

Signature: _____ Date: 26/08/2020

1

Appendix B: Turnitin Report

2253312:Research_Report_final_draft_Munachimso_Dim_25-08-2020.docx

ORIGINALITY REPORT

The high similarity index is due to common terms used on the topic of this research. The report is thus,satisfactory. Latifat Ibisomi

20%	16%	16%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	hdl.handle.net Internet Source	1%
2	bmcwomenshealth.biomedcentral.com Internet Source	1%
3	link.springer.com Internet Source	1%
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Appendix C: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Miss Munachimso Vincentia Dim

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M200135

NAME: (Principal Investigator)	Miss Munachimso Vincentia Dim
DEPARTMENT:	School of Public Health
PROJECT TITLE:	Prevalence of and factors associated with disclosure of intimate partner violence among women in six Southern African countries
DATE CONSIDERED:	31/01/2020
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Prof Latifat Ibisomi
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	21/02/2020

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the Third Floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**. The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **January** and will therefore be due in the month of **January** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

Date 24/02/2020

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix D: Permission to use data

IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

Permission to Use the SRHR-HIV KNOWS NO BORDERS Project Needs Assessment and Baseline Data

DECLARATION

LEG APPROVAL CODE:
ZAF/CONF/CV0012/2019

I, Munachimso Dim, residing at 12 MICHELLE STREET, BEREA, JOHANNESBURG, SOUTH AFRICA,born on the 13 NOVEMBER 1995, hereinafter referred to as "the Student", declare as follows:

1. The Student is currently carrying out research on PREVALENCE OF AND FACTORS ASSOCIATED WITH REPORTED INTIMATE PARNER VIOLENCE AMONG WOMEN IN SIX SOUTHERN AFRICAN COUNTRIES with School of Public Health, University of the Witwatersrand in accordance with the *research proposal (Annex 1*) which forms an integral part of this Declaration. For the purposes of this research, the Student has requested access to the International Organization for Migration (IOM) /WITS School of Public Health (WSPH)data from the Sexual and Reproductive Health and Rights-HIV Knows No Borders Project, as described in the *Household Questionnaire (Annex 2).*

2. During the research period, the Student shall have access to IOM/WSPH non-confidential data on the Baseline and Needs Assessment, and he/she is allowed to use such data exclusively for the purposes of the research specified in Article 1 of this Agreement. IOM/WSPH reserves the right to scrutinize the research outcomes prior to publication and/or to refuse the publication of such data where such would, in IOM/WSPH opinion, violate IOM/WSPH Data Protection Principles or would otherwise undermine the reputation, policies or goals of IOM/WSPH.

3. The Student shall conduct the research under this Declaration as an independent Student and not as an employee, partner, or agent of IOM/WSPH.The Student shall respect the impartiality and independence of IOM/WITS School of Public Health and shall refrain from any conduct that would adversely reflect on IOM and shall not engage in any activity that is incompatible with the aims and objectives of the Organization. The Student acknowledges that there will be no remuneration or official employment relationship created between IOM/WSPH and the Student under this Declaration.

4. The Student shall not publish, use, cite, or refer to any document or data produced by IOM/WSPH under this Declaration without IOM/WSPH prior authorization. The Student shall share with IOM/WSPH the results of his/her research and incorporate any IOM/WSPH comments in it.

5. The Student shall in his or her research outcomes credit IOM/WSPH for any information, data or documentation provided or published by IOM/WSPH in accordance with the intellectual property rights and he/she shall use the official logo and/or name of IOM/WSPH only in connection with this Declaration and with the prior written approval of IOM/WSPH.

6. The Student shall retain intellectual property rights to the research outcomes. IOM/WSPH, however, remains the owner of any concrete data, information or documentation provided by IOM/WSPH to the Student under this Agreement in order to be used, cited, referred to, published, disclosed or transferred by the Student in his/her research outcomes.

7. The Student agrees to treat all data, including personal data to which he/she has access during the affiliation, with the utmost care and confidentiality. The Student guarantees that he/she shall comply with the data protection safeguards outlined in this Declaration and *IOM/WSPH Data Protection Principles (Annex 3)* and that he/she shall perform the obligations under this Declaration in such a way as to ensure that IOM/WSPH data protection obligations to data subjects are not breached. The Student acknowledges that any personal data of the beneficiaries shall be provided by IOM/WSPH to the Student only upon prior written authorization of the data subjects.

8. The Student shall not publish, use, cite, refer to, disclose or transfer any data received under this Declaration to third parties, apart from information and data that is publicly available or upon IOM/WSPH prior written authorization to do so. The Student acknowledges that IOM/WSPH has the right to refuse publication of any data that it deems confidential, sensitive or proprietary to IOM/WSPH staff members, beneficiaries, donors, vendors or partners.

9. The Student undertakes to implement appropriate data security measures to preserve the integrity of personal data and prevent any corruption, loss, damage, unauthorized access and/or improper disclosure of such data. The Student shall maintain strict standards of confidentiality, employ appropriate access control measures and ensure that all transmissions of personal data (if any) are encrypted.

10. The Student shall destroy any personal or sensitive data **within one week** from the date of completion of the research outcomes and provide IOM/WSPH with certification that all traces of such data have been destroyed.

11. The Student shall not discuss any information or data with the media or third parties unless he/she requests and receives prior written permission from IOM/WSPH regarding the nature, purpose and limits of any communication with the media or third parties.

12. The Student shall immediately notify IOM/WSPH of any breach of his/her obligations or any conflict of interest under this Declaration.

13. IOM/WSPH shall not be responsible for any lawsuits, claims, demands or liability of any nature or kind to which Student may be subject to, relating to or arising from, directly or indirectly, the Student's acts or omissions relevant to the research carried out under this Declaration or his/her obligations contained herein.

14. The Student acknowledges that IOM/WSPH may terminate this arrangement at any time through advance written notice of at least one week to the other party. No such notice shall be required for IOM/WSPH if termination is due to serious fault on the part of the Student.

15. All obligations relating to the use, transfer, citation, disclosure or publication of data or documents provided to the Student by IOM/WSPH shall survive the termination or expiration of this Declaration.

16. Any disagreement or dispute concerning the interpretation or application of the terms of this Declaration shall be settled by mutual agreement.

17. Nothing in this Declaration shall be deemed a waiver, expressed or implied, of any of the privileges and immunities enjoyed by IOM/WSPH as an intergovernmental organization.

Signed in two copies in English on 14/08/2019 (*date*) at University of the Witwatersrand(*place*)

STUDENT

Name (in full): Munachimso Vincentia Dim

Signature: 

Authorized by:

Principal Investigator
SRHR-HIV Knows No Borders Project
Wits School of Public Health
University of the Witwatersrand

Name: Latifat Ibisomi

Signature:

Date: 13/08/2019

Regional Project Manager,
SRHR-HIV Knows No Borders Project
The International Organization for Migration
Pretoria, South Africa

Name: Dr. Francis Mulekya Bwambale

Signature:

Date: 13th August 2019