

# Domestic violence around Gondar in Northwest Ethiopia

Tegbar Yigzaw, Anwar Yibrie, Yigzaw Kebede

## Abstract

**Background:** Domestic violence has largely been unrecognized and underreported in Ethiopia. However, recent reports indicate that it is highly prevalent.

**Objective:** To assess the prevalence of domestic violence and factors associated with domestic violence.

**Methods:** A cross-sectional community-based study was conducted among 1104 women in Gondar Zuria District, Northwest Ethiopia, from March to April 2003.

**Results:** The percentage of women who ever experienced physical, sexual, and/or psychological abuse was 50.8. The prevalence of physical violence was found to be 32.2%, while that of forced sex and physical intimidation amounted to 19.2% and 35.7%, respectively. Exposure to parental domestic violence as a girl was the strongest risk factor for being victim of violence later in life while alcohol consumption was the major attribute of violent partners. Answering to partners was the most important triggering factor for violence. Women prefer the educational approach to minimize violence.

**Conclusion:** Domestic violence is highly prevalent in the study area and multiple factors operate in determining whether a man would behave violently towards his female partner, indicating the need for multi-faceted interventions, such as IEC, women empowerment and legal reform. [*Ethiop.J.Health Dev.* 2004;18(3):133-139]

## Introduction

Violence against women is perhaps the most pervasive but least recognized human rights abuse in the world (1). Women are frequent targets of both physical and sexual assault not only by strangers but by partners and acquaintances as well (2). Domestic violence that typically occurs when a man beats his female partner is the most prevalent form of gender-based violence. It includes physical, sexual or psychological aggression or coercion and is a pattern of behavior employed by one person in a relationship to control the other. The abuse is typically directed at women and girls and can create health, social and economic costs for the individual, family and the society (3).

Domestic violence is a common problem. Globally, world at least one in every three women is beaten, coerced into sex or otherwise abused in her lifetime (3-5). In a study done in Butajira, the lifetime prevalence of physical and sexual violence were found to be 49% and 59%, respectively (6).

The World Bank has recognized gender based violence (GBV) as a heavy health burden for women aged 15 to 44 similar to the risk posed by HIV, tuberculosis, infection during childbirth, cancer and heart disease (3).

Increasingly, researchers are using an "ecological framework" to understand the interplay of personal, situational, and sociocultural factors that combine to cause abuse. An ecological approach to abuse argues that no one factor alone "causes" violence but rather that a number of factors combine to raise the likelihood that a particular man in a particular setting may act violently

toward a woman (7,8). Other social factors like when women have some authority and power outside the family combine to protect some women (9-11).

The Fourth World Conference on Women held in 1995 in Beijing adopted a platform for action, which declares, "Violence against women is an obstacle to the achievement of equality, development and peace". Though gender violence is widespread, available information is fragmented and anecdotal. A culture of silence surrounds cases of violence against women in most countries, making it difficult to get a true picture of its scope (3).

The platform for action adopted at the Fourth World Conference on Women encourages governments, research institutions, as well as non governmental and other organizations to promote research on the prevalence of domestic violence and its causes and consequences and to examine the effectiveness of preventive measures (3). Thus, this study is aimed at assessing the prevalence of domestic violence and factors associated with intimate partner violence.

## Methods

A cross-sectional community-based study was conducted in Gondar Zuria district, which is one of the 16 districts of the North Gondar Administrative Zone in northwest Ethiopia between March and April 2003. Women with partners were the source population while the study population included ever partnered women 15 years and above living in Maksegt town and two accessible rural kebeles (hence not representative of all rural areas). In addition, they had to be free from mental health and

communication problems. The estimated population of the district is around 256815, while that of Maksegn town is around 7326 (projected based on the 1994 census) and that of the two rural kebeles based on the information from the district health office is 12537.

The sample size was determined by assuming a 50% proportion and a 3% margin of error and a 95% confidence level. In total 1104 women participated in the study (10% contingency added). Systematic sampling technique was employed to select households. The head woman in the selected household was interviewed. The sampling interval was three for the town and four for the rural kebeles.

A pretested Amharic version questionnaire was used for data collection. The variables included were socio-demographic characteristics of the respondent and her partner, direct questions about the lifetime experience of different forms of violence like if she was ever beaten by her partner, questions to specify perceived reasons triggering violence, questions of perceived outcomes of abuse and suggestions to ameliorate the problem. Ten trained female high school graduates conducted the interview while two supervisors monitored the data collection.

Data were entered and analyzed using EPI6 and SPSS version 10.0 statistical packages. Proportions, crude and adjusted odds ratios were also calculated.

#### Operational definitions:

*Sexual violence* (rape): forced sex without the consent of the woman.

*Physical violence* (beating): any form of violent act which can result in physical harm including slapping, punching, kicking, beating with any object, twisting the arms, strangulation, using a knife or a gun against a woman.

*Psychological or emotional abuse*: includes such acts as physical intimidation, threats of abandonment, uttering humiliating things (insulting) confinement to home and withholding money.

Ethical clearance was obtained from the Research and Publications Office of Gondar University College and permission was also secured from district and rural peasant associations' administration offices. Participation in the study was on a voluntary basis and responses were kept confidential.

#### Results

Of the total 1104 women who participated in the study, 626(56.7%) were rural residents and the remaining urban dwellers. The mean age of the respondents was 34.2 ( $\pm 12.5$ ) by nationality years. The majority of the respondents were Amhara, Orthodox Christians by religion married, have no regular education and were housewives (Table 1).

The overall lifetime prevalence of physical, sexual, and/or psychological abuse was found to be 50.8%. Three hundred and fifty five (32.2%) women reported physical violence at least once in their lifetime, while 30.5% experienced physical assault in the preceding six months. Beating was repeated in 71% of the cases and of those who reported beating, 80.3% were hit by sticks (*dula*), 32.1% slapped in the face, 16.9% were kicked on different parts of their bodies, 10.1% were punched, 1.1% in the study stabbed and 2.0% reported other harrassment mechanisms.

Table 1: **Sociodemographic characteristics of women around Gondar in Northwest Ethiopia, 2003(n=1104)**

Characteristics	Frequency	Percentage
<b>Residence</b>		
Rural	626	56.7
Urban	478	43.3
<b>Age</b>		
15-19	89	8.1
20-24	146	13.2
25-29	197	17.8
30-34	162	14.7
35-39	130	11.8
40-44	139	12.6
45-49	65	5.9
50+	176	15.9
<b>Ethnicity</b>		
Amhara	1099	99.5
Tigrie	5	0.5
<b>Religion</b>		
Orthodox Christian	995	90.1
Moslem	109	9.9
<b>Marital status</b>		
Married	804	72.8
Divorced/Separated	180	16.3
Widowed	107	9.7
Never married	13	1.2
<b>Educational status</b>		
No education	942	85.3
1-6	82	7.4
7-12	68	6.2
12+	12	1.1
<b>Occupation</b>		
Housewife	840	76.1
Trader	185	16.8
Government employee	25	2.3
Daily laborer	12	1.1
Others	42	3.8

Whereas 394 (35.7%) women claimed to have received threats of battering, 304 (27.6%) said their partners had threatened to damp them while 238 (21.6%) endured verbal degradation. Two hundred and thirty three (21.2%) of the respondents reported that they were deprived the freedom to go out while 256 (23.2%) said their partners withheld money and other family support even if it was necessary. Three hundred and fourteen

(28.6%) of the study participants were not consulted to make decisions in household matters.

Two hundred and twelve (19.2%) of the interviewees claimed to have been forced to sex by their partners, 194 (17.2%) were forced to become pregnant, and as many as 56 (5.1%) of the women reported to have been forced to terminate pregnancy. Rape was also reported by 46.2% of victims of physical abuse.

The multivariate analysis revealed that domestic violence was 13 times (OR=12.99; 95% CI 9.11, 18.52) more likely to occur among women with a family history of violence than their counterparts while it is less by 50%

(OR=0.50; 95% CI 0.34, 0.73) for women having equal say in household decisions. Physical violence was about five times (OR=4.65; 95% CI 3.13, 6.91) more likely to occur among women whose male partners consume alcohol frequently (Table 2).

Rape is more likely to occur among rural women (OR=1.98;95% CI 1.29, 3.04), women who witnessed parental violence (OR=3.81; 95% CI% 2.69, 5.38) and women whose spouses consume alcohol frequently (OR=2.88; 95% CI 1.96, 4.22) while rape was less likely (OR=0.65; 95% CI 0.45, 0.93) to occur among women who shared household decision-making (Table 3).

**Table 2: Table showing the crude and adjusted odds ratios of the association between physical violence and selected variables around Gondar in Northwest Ethiopia, 2003.**

Variables	Beating		Crude OR with 95 % CI	Adjusted OR with 95 % CI
	Yes	No		
<b>Residence</b>				
Urban	128	349	1.00	
Rural	227	399	1.55 (1.18, 2.03)	1.38 (0.91, 2.1)
<b>Marital status</b>				
Married	244	560	1.00	
Never married	4	9	1.02 (0.23, 3.70)	2.63 (0.64, 10.84)
Divorced/Separated	75	105	1.64 (1.16, 2.32)	1.13 (0.70, 1.83)
Widowed	32	74	0.99 (0.62, 1.58)	1.24 (0.69, 2.23)
<b>Female education</b>				
Illiterate	314	627	1.00	
Primary education	29	53	1.09 (0.66, 1.80)	1.38 (0.68, 2.78)
Secondary education	10	58	0.34 (0.16, 0.71)	0.40 (0.14, 1.14)
Postsecondary education	2	10	0.40 (0.04, 1.89)	2.28 (0.11, 48.42)
<b>Family history of violence</b>				
Yes	257	132	12.36 (9.16, 16.69)	12.99 (9.11, 18.52)
No	97	616	1.00	
<b>Partner education</b>				
Illiterate	289	541	1.00	
Primary education	38	91	0.78 (0.51, 1.19)	0.74 (0.44, 1.24)
Secondary education	25	90	0.52 (0.32, 0.85)	0.53 (0.27, 1.05)
Postsecondary education	2	24	0.16 (0.02, 0.64)	0.20 (0.02, 2.45)
<b>Partner alcohol</b>				
Yes	176	114	5.48 (4.11, 7.30)	4.65 (3.13, 6.91)
No	178	632	1.00	
<b>Partner arrest history</b>				
Yes	114	70	4.70 (3.35, 6.51)	2.88 (1.85, 4.50)
No	233	668	1.00	
<b>Shared decision</b>				
Yes	223	560	0.57 (0.44, 0.75)	0.50 (0.34, 0.73)
No	129	185	1.00	

Table 3: Table showing the crude and adjusted odds ratios of the association between sexual violence and selected variables around Gondar in Northwest Ethiopia 2003.

Variables	Rape		Crude OR with 95 % CI	Adjusted OR with 95 % CI
	Yes	No		
<b>Residence</b>				
Urban	67	410	1.00	
Rural	145	480	1.85 (1.35, 2.54)	1.98 (1.29, 3.04)
<b>Marital status</b>				
Married	157	645	1.00	
Never married	2	11	0.75 (0.08, 3.48)	0.98 (0.20, 4.83)
Divorced/Separated	40	140	1.17 (0.78, 1.77)	0.93 (0.58, 1.50)
Widowed	13	94	0.57 (0.30, 1.07)	0.61 (0.31, 1.18)
<b>Female education</b>				
Illiterate	181	759	1.00	
Primary education	18	64	1.18 (0.66, 2.10)	1.80 (0.92, 3.54)
Secondary education	11	57	0.81 (0.39, 1.63)	2.56 (1.02, 6.02)
Postsecondary education	2	10	0.84 (0.09, 3.99)	4.08 (0.48, 34.9)
<b>Family history of violence</b>				
Yes	139	249	4.89 (3.56, 6.73)	3.81 (2.69, 5.38)
No	73	640	1.00	
<b>Partner education</b>				
Illiterate	179	651	1.00	
Primary education	17	112	0.55 (0.31, 0.97)	0.56 (0.31, 1.01)
Secondary education	13	101	0.47 (0.28, 0.88)	0.38 (0.17, 0.84)
Postsecondary education	3	23	0.47 (0.09, 1.60)	0.46 (0.09, 2.50)
<b>Partner alcohol</b>				
Yes	101	189	3.36 (2.46, 4.06)	2.88 (1.96, 4.22)
No	111	698	1.00	
<b>Partner arrest history</b>				
Yes	65	119	2.80 (1.97, 3.97)	1.58 (1.04, 2.39)
No	147	753	1.00	
<b>Shared decision</b>				
Yes	132	651	0.61 (0.45, 0.84)	0.65 (0.45, 0.93)
No	78	235	1.00	

Regarding triggering factors, 112 (31.5%) of the physically violated women mentioned disagreements and verbal exchanges 81 (22.8%) excessive alcohol consumption, 59 (16.6%) poverty, 39 (11%) jealousy, 35 (9.8%) partners engaging in love with other women, 19 (5.3%) faults by women themselves 10 (2.8%) male superiority and 9 (2.5%) male illiteracy while 14 (3.9%) did not know the reason.

Three hundred and ninety women responded to the question on the perceived outcomes of violence. Chronic headache was mentioned by nearly half of the respondents (49.2%), while 15 (8%) of victims of sexual violence developed sexually transmitted infections (STIs). One woman reported attempted suicide while another mentioned aversion towards men in the aftermath of abusive relationships. Three others had complications of pregnancy as a result of beating (Table 4). Out of the 247 victims of violence 125 (50.6%) had sought medical help.

Table 4: Perceived consequences of violence as reported by victims of domestic violence around Gondar in Northwest Ethiopia, 2003 (n=390)

Outcomes	Frequency	Percentage
Chronic Headache	192	49.2
Economic repercussions	59	15.1
Somatic injuries	42	10.8
Isolated from relatives	37	9.5
Sexually transmitted infections	15	*8.0
Unable to work/learn	27	6.9
Emotional toll	23	5.9
Dyspepsia	8	2.1
Complications of pregnancy**	3	0.8
No harm at all	59	15.1

NB. There could be more than one answer

\* The denominator is rape victims

\*\* Two had spontaneous abortion and one preterm labor all resulting in fetal loss

When faced with violent relations, 119 (35.2%) of the victims appealed to the local elders (*yager shimaglies*), 85 (25.1%) resolved it with discussion, 81 (24.0%) divorced their partners, 41(12.1%) filed charges and 5(1.4%) took other measures. However, 39(11.5%) did not do any thing about it. Of those perpetrators who were accused for spouse abuse, no measure was taken in 34.1% of the cases and even when arrested all were released too soon except one man who served 6 months imprisonment after stabbing his wife.

Asked as to what measures they would like to see taken to reduce GBV, 29.2% of the respondents mentioned educating to men as the most useful intervention, while 21.4% suggested female empowerment as a viable measure. Only 5% of the women proposed strict punishment of the assailant as a means to redress the malady (Table 5).

Table 5: **Suggested actions by women to reduce violence against women? Perspectives of women around Gondar in Northwest Ethiopia, 2003 (n=1062)**

Measures	Frequency	Percentage
Educating and/or advising men	310	29.2
Patience & caring for each other	267	25.1
Female empowerment (Education, Economy, Politics)	227	21.4
Divorce	205	19.3
Educating the community	102	9.6
Serious punishment of offenders	53	5.0
Avoiding marriage	21	2.0
Premarital introduction of the couple	19	1.8
The woman has to obey/please the man	13	1.2
I don't know	51	4.8
Others	13	1.2

NB. There could be more than one answer.

### Discussion

In this paper we have incorporated physical, sexual and psychological abuse. We have tried to improve the validity of responses by recruiting educated female interviewers who were unknown to the study community, training and supervising interviewers, framing behaviorally specific questions and by ensuring complete privacy at the time of the interview. Nonetheless, since we assessed lifetime prevalence, there was a risk of recall bias. Moreover, the findings may not be representative of the district for two reasons. Firstly, rural areas were underrepresented and secondly, we picked the rural kebeles because of their accessibility. Despite these limitations we hope the study highlighted the overall picture of intimate partner abuse.

The lifetime prevalence of violence was found to be 50.8%, which is less than the report from Butajira, about two-third, (6). This could partly be due to better representation of rural areas in the latter case.

Our result showed the prevalence of physical violence to be 32.2%. Though apparently less than the findings from Butajira and other sub-Saharan African countries with rates of 40 to 60%, the fact that 80.3% of the victims of physical abuse were hit by a stick and 1.1% were attacked by a knife indicates that women are suffering from severe forms of violence (12, 6, 3). On top of that given the low health seeking behavior of our society, about half of the victims had required medical attention meant that they sustained serious injuries. The finding reported that beating was repeated in 71% of the cases is in line with findings elsewhere in the world. In a study done in Nicaragua, for instance, 60% of the victims in the previous year experienced multiple acts of violence over time (5).

Exposure to domestic violence as a girl stood as the strongest predictor for being a victim of physical abuse later in adulthood. This is consistent with other research findings (3, 13) and could be explained by learning and acceptance of the victim's role if a girl grew up in an abusive environment.

The magnitude of emotional abuse is also high with more than a third of the women living with physical intimidation while 29% were deprived of the liberty to go out. This is comparable to the prevalence of physical violence; conforming to research reports that psychological abuse almost always accompanies physical abuse (5).

Another shocking feature of this study was the abundance of rape (19.2%) in intimate relationships. Although the penal codes in defining and prosecuting rape vary from country to country and our family code does not address it when it occurs in a marital context (3, 14), there was a lot of non-consensual sex in consensual relationships. Nearly one-sixth of the respondents claimed to be impregnated and 5.1% aborted against their will. Again this is in harmony with literature which claim that abusive husbands are likely to force pregnancy and abortion (3). The prevalence of sexual violence in this study was, however, far smaller than that of Butajira, which was 59%. This could partly be due to differences in the definition of sexual violence, the Butajira study including degrading sexual acts. Not surprisingly, almost half of the victims of physical violence were also raped concurring with studies that estimate one-third to one-half of victims of physical abuse to be also sexually assaulted (5).

This study also tried to see factors associated with sexual violence. Whereas, living in rural areas growing in a violent family, partner alcoholism and a history of arrest increased the odds of rape, partner education and woman's involvement in household decision-making conferred protection. Despite the reluctance on the part of some parties and governments (the Ethiopian government included) to recognize rape in a marital relationship, marriage or intimacy for that matter should not be taken as a license for abusing a woman.

The commonest precipitating factors for spouse abuse were disagreements and reports, excessive alcohol consumption by the male, and poverty in decreasing order of importance. Worth noting here is answering coming out as the predominant triggering factor in line with the notion that men spell out violence if they feel women whom they perceive as weak and inferior challenge their dominance (5, 18). The results of this study also showed that many women are violated following excessive alcohol consumption and partners who frequent alcohol abused their lovers more, corroborating the already established link between alcohol and violence (5). One study has documented that over 50% of alcoholics have been violent to a female partner in the year before alcoholism treatment and many others have shown the association, though not causal, between alcohol and domestic violence (15-17). Though unclear, several studies have also demonstrated that poverty increases the risk of violence (5).

Despite the possibility of memory lapse, the victims reported a series of repercussions of the domestic violence, of which chronic headache and economic problems were the leading ones. The magnitude of STIs among rape victims, (8%), is very alarming. This is one reason why rape even in intimate relationships could be dangerous exposing the woman to STIs including HIV. This is in harmony with studies linking intimate partner violence with HIV/AIDS (5, 18-20). According to the world report on violence and health in 2002, women who reported being forced to have sex against their will in the previous year had an eight-fold increased risk of becoming infected with HIV (18). Qualitative studies have shown how abuse interacts with complex social, psychological, and cultural factors involved in decisions and actions to prevent pregnancy or STDs, including HIV/AIDS and the difficulty of negotiating for the use of condoms or contraceptive in violent relationships (19).

The enormity of the emotional toll sustained by a victim of violence is exemplified by the finding of a woman who reported attempted suicide following abuse in this study. Another appalling finding is complications of pregnancy in three women. This indicates pregnancy state does not obviate the risk of abuse by a violent partner and abuse results in obstetric complications. In fact, a US study reported that one in six women is abused during pregnancy while an Israeli study claimed pregnant

women were at a similar risk for abuse as non-pregnant women in all abuse categories (10, 11).

The predominant ways of dealing with violent partners were appealing to elders (*Yager Shimaglies*) and discussing with the perpetrator, and only about a tenth of the victims filed charges indicating that the society handles such problems mainly in its own traditional way. This is a reminder of the need and potential to involve the local elderly in the fight for violence against women. On the other hand, regarding those accused of spousal abuse, no measure was taken in a third of cases and almost all did not receive punishment equivalent to their offence (at least from the point of view of victims). This, no doubt, would encourage offenders.

The mention of educating men as the most favored approach to reduce GBV tallies with a finding from New Zealand. A study there indicated that most women prefer education to curtail the problem (21). This, however, contrasts with more extreme views that capitalize on severe punishment. In fact, only 5% of the interviewees wanted serious measures to be taken on the assailants to get around the problem.

Female empowerment through education, economic independence, respect for women's rights, and political representation, was also cited as the second most viable solution. This makes sense, as empowered women are believed to be less liable to and less tolerant of an abusive partner.

In conclusion, the study has found that domestic violence is highly prevalent in the study area and noted the contribution of several factors to intimate partner abuse. Whereas most women prefer the educational approach as a strategy for reducing spouse abuse, the punishment to abusers was not commensurate with the offence when some victims filed charges.

This study, therefore, recommends undertaking intensive information, education and communication activities on domestic violence, tackling the socioeconomic imbalance between men and women and making the law more responsive to violence against women.

#### **Acknowledgement**

The researchers are very much grateful to the Research and Publications Office of Gondar University College for funding the study and the study participants for their willful involvement in the research.

#### **References**

1. Christina EE. Gender inequality and health in the Third World. *Socscimed* 1994; 39(9): 1237-47.
2. Saltzman LE; Johnson D. CDC's family and intimate violence prevention team: Basing programmes in science. *J.AM-med-women's Assoc.* 1996 may-Jul; 51(3): 83-6.

3. Conveying concerns: Women report on gender-based violence. Produced by Women's Edition, Population Reference Bureau, Measure communication 2000.
4. Richardson J; Feder G. Domestic violence: A hidden problem for general practice. *Br-J-Gen-Pract.* 1996 Apr; 46(405): 239-42 (Abstract).
5. Heise L; Ellsberg M. Ending violence against women. *Population Reports.* December 1999; 27(4):1-10.
6. Gossaye Y.; Deyessa N.; Berhane Y. et al. Women's health and life events study in rural Ethiopia. *Ethiop. J. Health Dev.* 2003; 17(Special issue):1-41.
7. Dutton D.G. *The domestic assault of women: Psychological and criminal justice perspectives.* University of British Columbia Press, Canada British Columbia, Vancouver ,1995. 337 p.
8. Heise L. Violence against women: An integrated, ecological framework. *Violence Against Women* 1998; 4(3): 262-290.
9. Counts D.A.; Brown J.K.; Campbell J.C. *To have and to hit.* 2<sup>nd</sup> ed. University of Chicago press, Chicago, USA. 1999. 315 p.
10. Levinson D. *Violence in cross cultural perspective.* Sage Publications Newbury Park, California, U.S.A. 1989. 139 p.
11. Schuler S.R.; Hashemi S.M.; Riley A.P.; Akhter S. Credit programs, patriarchy and men's violence against women in rural Bangladesh. *Social Science and Medicine.* 1996; 43(12): 1729-1742.
12. Deyessa N; Kassaye M.; Demeke B.; Taffa N. Magnitude, type, and outcomes of physical violence against married women in Butajira, Southern Ethiopia. *EMJ.* 1998 April; 36(2): 83-92.
13. Ehrensaft MK; Cohen P; Brown J; Smailes E; Chen H; Johnson JG. Intergenerational transmission of partner violence: A 20 year prospective study. *Journal of Consulting and Clinical Psychology* 2003; 71: 741-753.
14. Federal Democratic Republic of Ethiopia. *The Revised Family Code.* Federal Negarit Gazetta Extraordinary Issue No. 1/2000. Addis Ababa 2000 (The Revised Family Code Proclamation No. 213/2000) Pages 16-17.
15. O'Farrel TJ; Fals-Stewart W; Murphy M; Murphy CM. Partner violence before and after individually based alcoholism treatment for male alcoholic patients. *J. Consult Clin Psycho* 2003; 71: 92-102.
16. *Alcohol and Family Violence.* Kenneth Leonard Research Institute on Addictions and Department of Psychiatry. State University of New York at Buffalo (PDF).
17. U.S. Justice Department. Bureau of Justice Statistics Report on Alcohol and Crime. April 1998.
18. Heise L; Garcia-Moreno C. Violence by intimate partners. In: Krug EG et al., eds. *World Report on Violence and Health.* Geneva: World Health Organization; 2002: 87-121.
19. Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002; 359: 1331-36.
20. Dunkle KL; Jewkes RK; Brown HC; Gray GE; McIntyre JA; Harlow SD. Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 2004; 363: 1415-1421.
21. Martin-JL; O'shea-ML; Romans-SE; Anderson-JC; Mullen-PE. Attitudes to reducing violence towards women: Punishment or prevention? *N-Z-Med-J.* 1993 Apr 14; 106(953): 115-7 (Abstract).

