DOMESTIC ABUSE AND VIOLENCE IN SOUTH AFRICA WITH SPECIFIC FOCUS ON ABUSE AND VIOLENCE AGAINST WOMEN AND BY WOMEN

BY

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ABSTRACT

Current discourse on "gender-based violence" is sometimes confusing and lopsided because it often centers on women only. It often also seems to portray the idea that violence against women is driven by the culturally prescribed roles of women vis-à-vis men, and men as the perpetrators of domestic abuse and violence. Using a nationally representative sample of 2,469 women who had ever been in a union aged 18 years and over in the 2016 South Africa Demographic and Health Survey, this study examined forms of domestic violence, provided national estimate of the prevalence as well as the factors associated with it and health consequences in South Africa. The results indicate that about 43% of the women reported they had experienced one form of domestic violence or abuse as of 2016. This implies that about 8.1 million women aged 18 years and over may have experienced one form of domestic violence or abuse as of 2016 in South Africa. The results further indicate that women are also perpetrators of domestic physical violence against their husband or partner but on a smaller scale. The multivariate analysis indicates that women's age, employment status, behavioural characteristics of husband/partner and province of residence are significantly associated with women's experience of domestic abuse and violence. While legislation and penal sanctions may deter violence against women and against men, these may not be sufficient to curb domestic abuse and violence. Advocacy through the socialisation agents beginning from the home should emphasise the equality of men and women rather than the superiority of one sex.

INTRODUCTION

Background and Problem Statement

Goal 3 of the Sustainable Development Goals (SDG) enjoins all nations to: ensure healthy lives and promote well-being for all ages (UN, 2015). Elements of this goal include child, adolescent and maternal health. Various World Health Organisations's health programmes - preventing disease through actions - are positioned within this goal. To the extent that domestic violence against women has been noted to have health consequences, it is one of the obstacles to ensuring healthy lives and promoting well-being for all ages including adolescent and maternal health.

"Gender-based violence" has become a popular phrase in recent years drawing attention to a phenomenon. It has become fashionable sometimes to use the term "gender" when what is intended is "sex" in the discourse on the phenomenon. Gender is not synonymous with "male" or "female". While sex is based on the biological difference between males and females in terms of sexual and reproductive organs, gender according to Oppong (1994) connotes the culturally prescribed roles of women and men. Thus, gender relates to socially and culturally assigned roles and statuses based on sex. Since this study is not a gender analysis, I refrain from using the term "gender" unless in citations from other studies.

Several definitions have been provided on domestic violence, but the elements of the definition presented by the National Health Service (NHS), U.K. perhaps best reflects the total picture. The NHS, U.K. describes domestic abuse and violence as (i) *controlling, coercive, threatening behaviour, violence, or abuse. (ii) It includes persons currently in a relationship as well as persons who may have been in a relationship that includes both intimate partners and family members, regardless of gender or sexuality (*Department of Health, undated*)*. The reality is that both men and women may be victims/survivors of domestic violence. However, in 2013 the World Health Organisation (WHO) declared, violence against women a global health problem of epidemic proportions (WHO 2013). According to the study by WHO, the London School of Hygiene and the South African Medical Research Council, physical or sexual violence affects more than 30% of all women globally (WHO 2013). They noted that the most common form of violence against women is intimate partner violence and affects

about 30% of women globally. They further noted that the worst affected regions globally of intimate partner violence are East Asia, Eastern Mediterranean and Africa with a prevalence of about 37%.

Several health consequences arising from violence against women have been provided in several studies. The Advocates for Human Rights (2013) has observed that the effects of violence on women's health are severe and noted that in addition to immediate injuries from the assault, battered women may suffer from chronic pain, gastrointestinal disorders, psychosomatic symptoms, and eating problems. They further noted that domestic violence is associated with mental health problems such as anxiety, post-traumatic stress disorder, and depression and that women who are abused suffer an increased risk of unplanned or early pregnancies and sexually transmitted diseases including HIV/AIDS.

The WHO and the Pan American Health Organisation (undated) observed that violence has immediate effects on women's health which could be fatal and that the physical, mental, and behavioural health consequences can persist long after the violence has stopped. The Organisations classified the common health consequences of violence against women into four types. These are: P*hysical* (acute or immediate physical injuries, more serious injuries, gastrointestinal conditions, death); *Mental* (depression, sleeping and eating disorders, stress and anxiety disorders, self-harm and suicide attempts, poor self-esteem); *Sexual and reproductive* (unintended/unwanted pregnancy, abortion/unsafe abortion, sexually transmitted infections including HIV, pregnancy complication/miscarriage, vaginal bleeding or infections, chronic pelvic infection, urinary tract infections, fistula, painful sexual intercourse, sexual dysfunction); *Behavioural* (harmful alcohol and substance use, multiple sexual partners, choosing abusive partners later in life, lower rates of contraceptive and condom use).

Violence against women can take various forms and include intimate partner violence (sometimes called domestic or family violence or spousal abuse) which can be physical, and emotional; dating violence; sexual violence (including rape) by strangers, acquaintances or partners; systematic rape during armed conflict; forced prostitution, trafficking or other forms of sexual exploitation; female circumcision; dowry-related violence; forced marriage or cohabitation, including forced wife inheritance and wife kidnapping, femicide and the killing of girls or women in the name of honour, female infanticide and deliberate neglect of girls (WHO and Pan American Health Organisation, undated).

Aside from Goal 3, Goal 5.2 of the SDG enjoins all nations to eliminate all forms of violence against all women and girls in the public and private spheres (United Nations, undated). At regional level, Goal 6.1.2. of Agenda 2063 of The African Union Commission identifies violence and discrimination against women and girls as one of its priority areas and in this context has set out a target for African countries to reduce all acts of violence against women and girls in all settings (private, public as well as in conflict situation) to zero by 2063 (Africa Union Commission, 2015). Indicative strategies in this regard according to the African Union, includes eradication of all forms of gender-based violence and harmful practices against women and girls.

Several studies have been done on violence against women in South Africa. Jewkes et al. (1999) carried out the first major community-based prevalence study of violence against women in South Africa. The study was based on three provinces namely the Eastern Cape, Mpumalanga and the Northern Province (now Limpopo Province). The realized sample in the study was 1,306 women aged 18-49 years. The study found a prevalence of physical abuse among the women by current or ex-partner of about 27% in the Eastern Cape, 28% in Mpumalanga and 19% in Limpopo. A major limitation of the study is that the results are not generalizable to the country since the study was in three of the nine provinces of South Africa. Additionally, although the study stated one of the objectives as: identify factors associated with increased risk of abuse among women, very little evidence was presented in the results of the study. In this regard, the study only reported under the heading "Causes of Violence Against Women" that the data on cultural context of gender relations confirms that South African society is immensely patriarchal implying that the violence against women in South Africa is because the society is patriarchal. It is extremely difficult to establish a cause-effect relationship in human behavior. Such conclusion cannot be drawn from the analysis presented in the study.

In a cross-sectional study of 1,366 women aged 16 years or more attending antenatal care in 2001 and 2002 in Soweto (the most populous township in South Africa), Dunkle et al. (2004) showed that HIV is more common in women who are physically abused by their partners than in those who are not. Another study by Jewkes et al. (2010) undertaken in the Eastern Cape in 2002-2006 also reiterated that intimate partner violence is associated with increased prevalence of HIV in women. A major weakness in these studies is that though indicative, the results can neither be generalized to the Eastern Cape or Soweto let alone South Africa as whole due to the selective nature of the sample. In the case of the Eastern Cape study, it was based on male and female volunteers enrolled in a cluster-randomised controlled trial while the Soweto study was based on four health centres in that locality.

The study commissioned by the Department of Women, Children and People with Disabilities (2014) was a situational analysis based on a review of existing literature on population-based surveys and secondary data analysis whose objective was to "provide indicators on the scope, incidence and prevalence of violence against women, and associated factors" (Department of Women, Children & People with Disabilities, 2014). The study reported that between 19%-33% of women have ever experienced physical partner violence. The study also reported that although some men from all educational economic power levels are violent against women, the greatest risk is among men who have intermediate levels of power, for example men with tertiary education are more likely to be sexually violent against women than men who have low levels of education. Unfortunately, some of the results from this study cannot be generalized to the general population of South Africa because some of the underlying data in the situational analysis were not nationally representative. Some of the literature reviewed in the study were based on studies carried out in the Eastern Cape, or the Western Cape, or Gauteng or Kwa-Zulu Natal provinces. The studies that were nationally representative in the situational analysis review were the 1998 South Africa Demographic and Health Survey, the 2004 Foundation for Human Rights study and the 2003 Human Sciences Research Council's study of South African Social Attitudes Survey. Though nationally representative, these studies are outdated.

Langg-Mlambo and Soma-Pillay's (2014) study was a review of key concepts and definitions on violence against women analysis. Although the study cites some figures relating to violence against women in South Africa, these were based on crime statistics reported to the police. This form of administrative data is reported cases but not all cases of violence against women are reported to the police (selectivity bias).

Padayachee and Singh (2003) examined the relationship between intimate violence and substance abuse. The study was based on a review of the literature in different countries including South Africa. They noted that establishing any general correlative link between intimate violence and drug abuse is difficult. While some of the studies they reviewed suggested there is a link, others suggested drug abuse is a facilitator in intimate violence. However, Padayachee and Singh were of the view that one cannot deny that there is a relationship between alcohol and drug use and intimate violence but that if there is a link, it is through a complicated set of individual situational and social factors. There are several limitations in Padayachee and Singh's study including the following. In some instances, the contexts (i.e., the countries) of the findings reported were not clear. Details on the sampling in the various studies reviewed are scanty and include lack of details about the universe from which the

sample was drawn, sample size, sampling technique, representativeness of the sample and hence generalizability of the findings reported. The study by Singh (2003) also examined among others, the perceived role of alcohol in incidents of intimate abuse. The study observed that 63% of the women in the sample indicated that the abuse always or often occurred when the man was drunk. The main limitation of the study is the nature of the sample. It was an educational institutionally based study – Technikon Southern Africa (prior to its merger with the University of South Africa in 2004) – which was one of the higher education institutions in South Africa. Furthermore, although, the questionnaires were distributed to all 700 employees in the institution at the time, 230 responses were received i.e., a response rate of 38.9%. Although the profile of the realized sample is given in the study, it is debatable whether the results can be generalized to the institution itself but certainly, not to higher education institutions in South Africa, let alone the general population of South Africa. The exception to this is the 2019 report on the South Africa Demographic and Health Survey (SADHS) 2016 which had a chapter (Chapter 20) presenting an overview of Domestic violence in South Africa based on the 2016 survey. [See National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF (2019)].

It is clear from the above review that violence against women is a global health problem. Studies on violence against women in South Africa are generally fragmentary. The health consequences in these studies have largely focused on HIV/AIDS. Furthermore, because the universes of the studies have been limited to a few provinces or locality, the results cannot be generalized to the general population of South Africa except those from the SADHS 2016 report. Lastly, domestic violence against women runs counter to the SDG's Goal 3 of ensuring healthy lives and promoting well-being for all ages thus, an obstacle to achieving Goal 3 of the SDG.

Aim and Specific Objectives

The overall aim of this study was to examine the forms of domestic abuse and violence, their prevalence, and pre-disposing factors as well as the health consequences of domestic abuse and violence. Thus, this study goes beyond the domestic violence report presented in NDoH, Stats SA, SAMRC and ICF (2019).

The study sought to answer the questions:

1. How widespread is domestic abuse and violence against women and by whom in South Africa?

2. What is the nature of domestic abuse and violence against women and by women in South Africa?
3. What are the health consequences of domestic abuse and violence against women in South Africa?
4. What are the pre-disposing factors for domestic abuse and violence against women?

DATA SOURCE, SAMPLING AND LIMITATIONS

The study utilised the 2016 South Africa Demographic and Health Survey (SADHS). The Demographic and Health Survey (DHS), an International Programme has a minimum set of requirements for DHS sample design (Macro International 1996, ICF International 2012). Thus, in accordance with DHS practice, the 2016 SADHS employed a two-stage stratified sampling design: sampling of area units (primary sampling units (PSUs)) in a single stage with probability proportional to size followed by listing and selection of households to yield around 30 female respondents per area unit at the second stage. [See Thanh and Verma (1997) for DHS practice and Statistics South Africa (2015) for the sampling design]. The sampling design was expected to yield a sample size of 15,000 households nationally for the 2016 SADHS.

The realised sample after data processing and cleaning comprised the following: 11,083 households and 8,514 women of reproductive age (i.e., 15-49 years) [see NDoH, Stats SA, SAMRC, and ICF 2019]. In addition, the final data file indicated that 2,469 women aged 18 years and over, ever been in a union were successfully interviewed on the special module on domestic violence. The analysis in this study was be based on these women. This brings to the fore, one of the limitations of this study – men were not selected for the module on domestic violence in the 2016 SADHS. Also, adolescent age is often regarded as persons aged 10 – 19 years. In the current study, women aged 10 – 17 years were not included in the analysis because women in this age range were not selected for interview in the domestic violence module. The analysis focusing on adolescent age therefore was restricted to the age segment 18-19 years.

Other limitations of the sampling include the weighting of the data. The 2016 DHS data were weighted by Statistics South Africa. Udjo (2003: 417) in a study pointed out that the weights employed by Statistics South in its data are unstable. Furthermore, in the context of the 2016 SADHS, there were issues that may have had potential effect on the weights in the data. Firstly, the universe of the study (South Africa's population) appeared overestimated by Statistics South Africa in its mid-year estimates

(Udjo, 2017). The size of the population is a consideration and input in sample size estimation for a survey. Secondly, response rates were taken into consideration in computing the design weights for the 2016 SADHS. However, the response rates may have been exaggerated in the 2016 SADHS because of the ambiguous definition of "out-of-scope" in the survey. Out-of-scope was initially defined as the non-institutional enumeration areas (EAs) and EAs that had zero households at the time of the 2011 census. EAs with small households counts were also excluded from the sampling frame. However, at the weighting stage, households (that were originally, in-scope) where households were not found to be enumerated were re-classified as out-of-scope. Technically this should reduce the size of the denominator in the response rate computation thus exaggerating the households response rates. Consequently, this should bias the sample weights estimates.

Rutstein and Rojas (2006) have cautioned that although the use of sample weights is appropriate when representative levels of statistics are desired, sample weights bias estimates of confidence intervals in most statistical packages since the number of weighted cases is taken to produce the confidence interval instead of the true number of observations. In view of the above, the analysis presented in this paper was based on the unweighted data. Since in the 2016 SADHS the first stage selection of the primary sampling units was done using probability proportional to size (Statistics South Africa 2015), results based on unweighted data should not be biased but might be different from results using weighted data largely due to the reasons noted above.

METHODS

Categorisation of Domestic Abuse and Violence.

Reports from respondents on domestic abuse and violence were collected in the 2016 SADHS and categorised as: control issues, emotional abuse, physical violence, sexual and sex related violence. The specific forms in each of these categories are provide in the first table in the results section.

Analytical Methods

Providing answers to the research questions arising from the research objectives required different analytical methods. The analytical methods utilised were as follows:

Prevalence and Incidence of Domestic Violence

Computations were done separately for adolescent women and women aged 20 years and over. To compute absolute numbers for the entire South African population, the population estimates produced by this author for the relevant age range were used as expansion weight. When the expansion weights were applied to the proportions computed, they yielded the estimated absolute numbers of women in the age segments in the South African population that ever experienced or perpetrated any form of domestic violence. The technical details are as follows:

$PrevWDV_i = (WDVi / Wi) * 100$ …… (1)

Where $PrevWDV_i$ is the prevalence of ever experienced or perpetuated a form of domestic abuse or violence among women in a specified age group in the age group *i*, *WDVi* is the number of women in a specified age group *i* in the sample that reported ever experienced or perpetuated a form of domestic abuse or violence, in a specified age group in the sample, *Wi* is the total number of women in the specified age group in the sample.

$IncWDV^{12}_i = (WDV^{12}i / Wi) * 100$ …… (2)

Where $IncWDV^{12}_i$ is the incidence (in the last 12 months) of experiencing or perpetuating a form of domestic abuse or violence among women in a specified age group, $WDV^{12}i$ is the number of women in a specified age group in the sample that reported they experienced or perpetuated a form of domestic abuse or violence in the last 12 months.

$AbsWDVi = PrevDV_i * Wi^P$ ……(3)

Where *AbsWDVi* is the estimated absolute number of women in a specified age group who had ever experienced or perpetuated a form of domestic abuse or violence in South Africa as of 2016, *P* is the estimated population of women in the specified age group as of end June 2016.

$AbsIncWDV^{12}_i = IncDV^{12}_i * Wi^P$ ……(4)

Where $AbsIncWDV^1$ is the estimated absolute number of women in a specified age group that reported they experienced or perpetuated a form of domestic violence in the last 12 months before

2016 in South Africa i.e., the absolute number of new cases of domestic abuse or violence among women.

Computations of prevalence and incidence of domestic violence at provincial level were done by implementing equations (1) to (4) above at provincial level.

Nature of Domestic Violence

The 2016 SADHS asked specific questions on various forms of domestic violence. The prevalence and incidence of form, ranging from humiliation in front of others to sexual abuse were computed using equations (1) to (4) above but applied to each specific form of domestic violence reported.

Pre-Disposing Factors for Domestic Violence

Factors associated with experience of domestic violence controlling for demographic, social and economic factors were examined using logistic regression. The choice of "ever" or "current" experience for the analysis was dictated by the sample size. Due to small numbers and presence of many empty cells, "ever" experience domestic violence was therefore chosen for the analysis. The general form of the logistic regression equation derived from Hosmer and Lemeshaw (2000) is

$$Prob(DV) = \frac{1}{1+ e^{-(B_0+ B_1X_1+ B_2 X_2+B_3 X_3 \ldots +B_n X_n)}}. \quad \ldots\ldots\ldots(5)$$

Where *Prob (DV)* is the probability of an adolescent or female of reproductive age ever experiencing domestic violence, or ever perpetuating physical violence against husband/partner, *e* is base of the natural logarithm; β_0 is the constant, $\beta_{1 \ldots n}$ are the estimated coefficients corresponding to the covariates $X_1 \ldots X_n$, the independent variables.

Dependent Variable

The dependent variable - ever experienced domestic violence - was coded 1 if an adolescent female or woman of child-bearing age had ever experienced domestic violence or coded 0 if an adolescent female or woman of child-bearing age had never experienced domestic violence.

Independent Variables

The independent or explanatory variable included demographic (age group, marital status), social (education), economic (have a bank or other financial account as a proxy for financial independence), behavioural (alcohol and drug use). Some of the independent variables in the logistic regression that had more than two categories were coded as indicator variables. For example, age group after the initial recode had three categories: 18-24, 25-49, 50 and over and were coded 1, if age group was 18-24, 25-49 (the reference category), 50 years and over, or 0 otherwise. Only the independent variables that were statistically significant (at least $p< 0.05$) in the bi-variate logistic regression were included in the full multivariate logistic regression.

RESULTS

Prevalence, Incidence, Nature and Absolute Numbers of Domestic Abuse and Violence

As seen in Table 1, of the 2,469 women who had ever been in a union aged 18 years and above as of 2016, about 37% reported they had experienced at least one form of control issue ranging from husband or partner tried to limit woman's contact with family (8% of women) to husband or partner jealous if woman talked with other men (30% of women). Of the same group of women, about 19% reported they had experienced at least one form of emotional abuse; 16%, one form of physical violence and 4%, one form of sexual violence from the husband or partner as of 2016. In total, about 43% of the women reported that they had experienced one form of domestic violence or abuse. This implies that about 8.1 million women aged 18 years and over may have experienced one form of domestic violence or abuse as of 2016 in South Africa. It appears from the results depicted in Table 1 that control issues constituted the most prevalent form of domestic abuse against women by their husband or partner in South Africa as of 2016. Of the women who reported they had experienced one form of physical violence from their husband or partner, 68% of them reported it happened within the last 12 months before the survey as of 2016. This implies that about 5.5 million women aged 18 years and over may have experienced one form of domestic violence or abuse within the last 12 months prior to 2016 in South Africa.

It can also be seen from Table 1 that of the 2,469 women who had ever been in a union aged 18 years and above as of 2016, about 4% reported they had perpetuated violence against their husband or

partner when he was not already beating or hurting her (i.e., without physical provocation). This implies that as of 2016, about 686,222 women in South Africa aged 18 years and over may have perpetuated violence against their husband or partner without physical provocation. Of the women that reported they had perpetuated violence against their husband or partner without physical provocation, about 3% of the women reported it happened within the last 12 months before the survey.

It is highly probable that the observed prevalence and incidence of domestic abuse and violence noted above underrepresent the true magnitude of domestic abuse and violence in South Africa. This is because some of the women who may have been victims of domestic abuse or violence from their husband or partner or perpetuated domestic violence against their husband or partner may have been uncomfortable disclosing, they had been victims or perpetrators themselves. Despite the probable underreporting, it is clear from the above that although the observed prevalence of physical abuse of women by their husband or partner was about 16% (i.e., 1 in 6 of women in a union aged 18 years and over) as of 2016, women also perpetuate physical violence against their husband or partner when the husband or partner was not already hurting or beating her. The prevalence of the latter is however much lower (1 in 25 of women in a union aged 18 years and over) as of 2016.

Table 1: Prevalence and Nature of Domestic Abuse and Violence against Women and by Women as of 2016: Ever married women or lived with a man aged 18 years and over (n = 2,469)

Forms of Domestic Abuse and Violence Ever Experienced or Perpetuated	Percent of Women
Control Issues:	
Husband/partner jealous if talk with other men	29.9
Husband/partner accuses respondent of unfaithfulness	16.1
Husband/partner does not permit respondent to meet female friends	11.3
Husband/partner tries to limit respondent's contact with family	7.7
Husband/partner insists on knowing where respondent is	25.2
Ever experienced any form of control issue	***36.9***
Emotional Abuse:	
Been humiliated by husband/partner	9.6
Been threatened with harm by husband/partner	6.4
Been insulted or made to feel bad by husband/partner	10.3
Refused to give enough money by husband/partner	9.0
Ever experienced any form of emotional abuse	***18.7***
Physical Violence:	
Been pushed, shook or had something thrown by husband/partner	14.5
Been kicked or dragged by husband/partner	10.0
Been strangled or burnt by husband/partner	3.0
Been threatened with knife/gun or other weapon by husband/partner	3.8
Ever experienced any form of physical violence	***15.6***
Sexual or Sex Related Violence:	
Been physically forced into unwanted sex by husband/partner	3.8
Been forced into other unwanted sexual acts by husband/partner	2.1
Been physically forced to perform sexual acts respondent didn't want to	2.6
Ever experienced any form of sexual violence	***4.1***
Violence by Woman against Husband/Partner:	
Ever physically hurt husband/partner without physical provocation	***3.6***

Source: Author's computations from 2016 SADHS.

Background Characteristics of Women Who had been Victims of Domestic Abuse or Violence or Perpetuated Domestic Violence

Table 2 indicates that of the women who had been victims of domestic abuse or violence from their husband or partner or perpetuated domestic abuse or violence against their husband or partner, about 4% were in the age group 18-24 and 65% in the age group 50 years and above. The increase with age of experience of domestic abuse and violence may be partly because older women may have been in union cumulatively longer than younger women. Table 2 also indicates that of the women who had been victims of domestic abuse or violence from their husband or partner or perpetuated domestic violence against their husband or partner, 16% had no education, 65% were not working, 51% had no financial independence, 11% were HIV positive, and the Eastern Cape had the highest percentage of these women (18%) compared with other provinces as of 2016. Furthermore, of these

women, about 58% reported their husband or partner drank alcohol and 6% of them reported their husband or partner took drugs.

Table 2. Background Characteristics of Women Who Have Been Victims of Domestic Abuse or Violence or Perpetuated Domestic Violence as of 2016 (n = 1,082)*

Background Characteristics	Percent of Women
Woman's Current Age group (years):	
18-24	3.7
25-29	31.3
50+	65.0
Total	**100.0**
Woman's Highest Education Level:	
No education	16.3
Primary	27.3
Secondary	46.7
Higher than Secondary	9.8
Total	**100.0**
Woman's Occupation Category	
Not working	64.8
Professional, Technical, Managerial	8.2
Non-Professional, Technical, Managerial	24.5
Don't know	***2.5***
Total	***100.0***
Proxy for Financial Independence: Woman has Bank Account	
Yes	49.2
No	50.8
Total	**100.0**
Woman's HIV Status	
Negative	37.2
Positive	11.3
Missing	51.6
Total	**100.0**
Woman's Province of Residence	
Eastern Cape	18.2
Free State	10.6
Gauteng	9.4
KwaZulu-Natal	9.7
Limpopo	15.5
Mpumalanga	10.7
North West	11.6
Northern Cape	7.2
Western Cape	6.9
Total	**100.0**
Husband or Partner drinks Alcohol	
Yes	57.5
No	42.1
Don't know	0.4
Total	**100.0**

Husband or Partner takes Drugs	
Yes	6.0
No	92.6
Don't know	1.4
Total	**100.0**

Source: Author's computations from 2016 SADHS.
***** Note that figures may not add up to exactly 100% due to rounding errors.

Health Consequences of Domestic Abuse and Violence

Table 3 indicates that of the women who had been victims of domestic abuse or violence from their husband or partner, about 17% (i.e., over 1 in 6 of women) had suffered one form of physical injury with bruises being the commonest form (15% of women) of injury. Although the survey collected data on emotional abuse, the psychological effect of domestic abuse or violence from their husband or partner cannot be assessed from the data.

Table 3. Health Consequences of Domestic Abuse or Violence on Women as of 2016 (n = 1,072)

Health Consequences	**Percent of Women**
Bruises	15.1
Eye injuries or sprains or dislocations or burns	8.2
Wounds or broken bones or broken teeth or other serious injuries	7.0
Ever experienced any physical injury due to domestic violence	**17.2**

Source: Author's computations from 2016 SADHS.

Factors Associated with Domestic Abuse or Violence

A multivariate logistic regression was used to examine the factors associated with domestic abuse or violence. Woman's level of education and proxy for financial independence were excluded from the multivariate logistic regression because these co-variates were not statistically significant in the bi-variate logistic regression involving experience of domestic violence or abuse and these co-variates. Also, the comparison of Limpopo province (the reference category) with the Free State, KwaZulu Natal, Gauteng and Mpumalanga in the experience of domestic violence of abuse was not statistically significant in the bi-variate logistic regression. These provinces were therefore excluded from the multivariate logistic regression.

The results of the multivariate logistic regression summarised in Table 4 indicate that each of the co-variates women's age, employment status, behavioural characteristics of husband/partner and

province of residence controlling for the other co-variates are significantly associated with women's experience of domestic abuse and violence ($p < 0.001 < 0.038$).

Table 4: Logistic Regression of Experience of Domestic Abuse of Violence (Dependent Variable) by Women's Background Characteristics

Independent Variable	**Coefficient**	**Odds Ratio**
Women's Current Age Group		
18- 24 years	0.692*(0.302)**	1.998
50 years and over	-0.521*(0.105)***	0.594
25 -49 years (RF)		
Women's Occupational Category		
Women working	-0.209*(0.101**	0.811
Women not working (RF)		
Behavioural Characteristics of Current/Previous Partner or Husband		
Husband/partner does not drink alcohol	1.204*(0.091)***	3.335
Husband/partner drinks alcohol (RF)		
Husband/partner does not take drugs	1.772*(0.330)***	5.880
Husband/partner takes drugs (RF)		
Women's Province of Residence		
Eastern Cape	0.423*(0.130)***	1.527
North West	0.341*(0.153)**	1.406
Northern Cape	-0.645*(0.158)***	0.524
Western Cape	-0.697*(0.173)***	0.498
Limpopo (RF)		
Constant	-0.343*(0.114)**	
Nagelkerk R^2	0.190	
Sexual or Sex Related Violence (Dependent Variable)		
Women's HIV Status (Independent Variable controlling for other Other variables)		
HIV negative	0.150*(0.414)*	1.162
HIV positive (RF)		
Constant	-4.454*(0.535)***	
Nagelkerk R^2	0.111	

RF = Reference category, standard errors in parenthesis

∗ statistically significant at $p < 0.003 < 0.038$ ** Statistically significant at $p < 0.001$.

The test on the individual coefficients using the Wald's test as well as the overall fit of the model in Table 3 using Hosmer-Lemeshow's test were statistically significant ($p < 001$ and $p < 0.015$ respectively). The results indicate that controlling for other factors, younger women aged 18 – 24 years were significantly more likely to experience domestic abuse and violence from their husband or partner compared to women aged 25-49 years as of 2016 ($p < 0.022$) whereas older women aged 50 years and over were significantly less likely to experience domestic abuse and violence compared to

women aged 25-49 years as at 2016 ($p < 0.001$). Employed women were significantly less likely to experience domestic abuse and violence from their husband or partner compared to unemployed women as at 2016 ($p < 0.038$) controlling for other factors. Surprisingly and contrary to observations in other studies noted above, women whose husband or partner did not drink alcohol or take drugs were significantly more likely to experience domestic abuse and violence compared to women whose husband or partner drank alcohol or took drugs as of 2016 ($p < 0.001$) controlling for other factors. Women living in Limpopo province were significantly more likely to experience domestic abuse and violence compared to women living in the Eastern Cape or the North West as of 2016 ($p < 0.001$ and $p < 0.026$ respectively) controlling for other factors. However, women living in the Northern Cape and the Western Cape were significantly less likely to experience domestic abuse and violence compared women living in Limpopo province as at 2016 ($p < 0.001$).

Though the Wald's and Hosmer-Lemeshow's tests of the individual coefficients and overall fit of the model were statistically significant, the low value of Nagelkerk R^2 (less than 0.5) suggests that other factors not considered in the model are associated with experience of domestic abuse and violence (unobserved heterogeneity).

As noted above, the Advocates for Human Rights (2013) observed that domestic violence is associated with sexually transmitted diseases including HIV/AIDS. This claim was tested in this study using equation (9) above in the multivariate analysis with sexual or sex related violence as the dependent variable and women's HIV status as the independent variable controlling for other factors that were statistically significant in the bi-variate logistic regression. The result of such analysis summarised in the bottom part of Table 4 needs cautious interpretation because although anonymous testing for HIV was performed in the 2016 SADHS, some couples may not have been aware of each other's HIV status. The result suggests that HIV status is not significantly associated with experience of sexual or sex related violence controlling for other factors ($p > 0.05$). The result indicates that the odds of experiencing sexual or sex related violence was about 16% higher among HIV negative women compared to HIV positive women controlling for other factors as at 2016 but the difference was not statistically significant.

DISCUSSION AND CONCLUSION

Violence against women is a global health problem and studies on the phenomenon in South Africa are generally fragmentary. In the absence of national empirical studies on the phenomenon (except for the SADHS 2016 report), several aspects of the phenomenon generalizable to South Africa are speculative. Current discourse on "gender-based violence" is sometimes confusing and lopsided because: (1) the discourse sometimes centers on women alone whereas gender issues should encompass men and women in a socio-cultural context; (2) the discourse sometimes appears to portray the idea that violence against women is driven by the culturally prescribed roles of women vis-à-vis men, and men as the perpetrators of domestic abuse and violence.

The results from this study indicate that domestic abuse and violence is not confined to men, women are also perpetrators of domestic physical violence against their husband or partner though on a smaller scale. The 2016 SADHS did not collect data on domestic verbal abuse against men by women and against men by women, therefore the prevalence of domestic verbal abuse (including swearing, cursing, insulting and other profane language) by sex could not be explored in this study.

One of the weaknesses of this study is that the results reflect the experience of women who have ever been in a union aged 18 years only because the domestic violence questions were only asked of these women. Men were not asked the domestic violence questions module during the 2016 SADHS. Although the sampling design for the survey was nationally representative but because of the restriction of the domestic violence questions to a specific category of women, strictly, the results from this study may not be generalisable to the general population of South Africa because women who had not been in a union at the time of the survey and men in general may have a different experience of abuse and violence in general from the women who were asked the domestic violence questions. Thus, the absolute numbers estimated in this study may be biased upwards if ever in union women have a higher experience of violence against them than never in union women.

Domestic abuse and violence are one form of violence in society in general. While legislation and penal sanctions may deter violence against women and against men, these may not be sufficient to curb domestic abuse and violence. Certain attitudes and behaviour including domestic violence are learned behaviour beginning from early childhood through the family as the first agent of socialisation. Changing such behaviours therefore should begin from early childhood socialisation in the family and reinforced by the other secondary socialisation agents – the school, etc. Advocacy through the

socialisation agents should emphasise the equality of men and women rather than the superiority of one sex. This is a task for all beginning with the family and not a task for governments alone. The girl and boy child brought up in a family environment that is violent or brought up in a manner that is discriminatory against the girl child in terms of roles and statuses could breed domestic violence later in adult life for the girl and boy child.

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