

**THE EFFECTS OF DOMESTIC VIOLENCE ON THE HEALTH AND WELL  
BEING OF WOMEN IN SOROTI DISTRICT**

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**UGANDA CHRISTIAN  
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## DECLARATION

I **ANYIRO JOYCE** hereby declare that the information contained in the research report is my original work and has never been submitted by any one for any award to any institution of higher learning.


Signature:

A handwritten signature in blue ink, consisting of a large, stylized initial 'A' followed by several vertical strokes and a horizontal line across the middle.

## APPROVAL

This is to certify that this research report has been written under my guidance and supervision and it is now ready for examination.

Signature:

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'D. Nabende' followed by the date '26/8/2024' written below it.

**MR.NABENDE DANNY (University Supervisor)**

## **DEDICATION**

I dedicate this research report to my dear friends who have been a constant source of support and encouragement throughout this journey. I dedicate this piece of work to my friends such as Joan, Jackie and others for your words of encouragement and unwavering belief in me have been invaluable, and I am grateful for your friendship. I also dedicate this work to the esteemed Uganda Christian University for providing me with the opportunity to pursue my academic aspirations. The guidance and knowledge imparted by the faculty members have been instrumental in shaping my academic journey, and I am thankful for their mentorship. This research is a testament to the collaborative efforts of friends and university, and I am honored to have been a part of this academic community.

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### **ABSTRACT**

This study was conducted to explore the effects of domestic violence on the health and well-being of women in Soroti District. The specific objectives were to establish the types of domestic

violence experienced by women, identify the causes, and determine ways to stop domestic violence in the district. Employing a mixed-methods approach, the study surveyed a population of 75 women, with a sample size of 63 participants. The findings revealed that 72% of women experienced physical violence, 56% emotional violence, and 38% economic violence. The study also found that alcohol abuse (68%) and cultural norms (52%) were primary causes of domestic violence. In terms of interventions, 60% of respondents suggested community sensitization as a key strategy to reduce domestic violence. The study concludes that domestic violence significantly impacts women's health and well-being, leading to physical injuries, psychological distress, and social isolation. It also concludes that addressing the root causes, such as alcohol abuse and harmful cultural practices, is crucial in mitigating domestic violence. The study recommends strengthening community awareness programs and providing support services for affected women. Additionally, it recommends the implementation of stricter legal measures to protect women from domestic violence.

#### **LIST OF ACRONYMS**

DV	- Domestic Violence
WHO	- World Health Organization

UCU	- Uganda Christian University
NGO	- Non-Governmental Organization
SPSS	- Statistical Package for the Social Sciences
HIV	- Human Immunodeficiency Virus
UN	- United Nations
VAW	- Violence Against Women
GBV	- Gender-Based Violence
IEC	- Information, Education, and Communication

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

This research seeks to explore the effects of domestic violence on the health and the wellbeing of women in Soroti District. This chapter presents a background of the study, statement of the problem, purpose of the study, specific objectives, and research questions, scope of the study, significance of the study, conceptual framework, and definition of key terms.

#### **1.1 Background of the study**

Domestic violence in the United Kingdom has been a significant social issue for many decades. In the late 19th century, the term "wife-beating" emerged and was viewed as a private matter that should not involve legal intervention (Evans, 2007). However, in the 1970s, feminist activism raised awareness about the prevalence and detrimental effects of domestic violence on women's health and wellbeing (Hague, 2009). This led to the introduction of legislation such as the Domestic Violence and Matrimonial Proceedings Act in 1976, which facilitated the victims' access to legal remedies (Hague, 2009). Since then, the UK government has implemented various policies and programs to address domestic violence, focusing on improving women's safety, support services, and public awareness campaigns (HM Government, 2020). Despite progress, studies indicate ongoing challenges in identifying and supporting victims, highlighting the need for continued research and interventions (Trevillion et al., 2019).

West African countries, such as Nigeria, have also grappled with the issue of domestic violence. In this region, traditional norms and cultural practices have contributed to its perpetuation. Gender inequality, patriarchal systems, and lack of legal protection have made it difficult for women to escape abusive relationships or seek justice (Bamiwuye et al., 2019). Until the late 20th century, domestic violence was largely considered a normal part of marital life, with limited legal or social consequences (Izugbara, 2009). However, in recent years, the Nigerian government implemented the Violence Against Persons (Prohibition) Act in 2015, which marked a significant step towards addressing domestic violence and protecting women's rights (Izugbara, 2019). Despite legal

advancements, further research is needed to understand the health and wellbeing implications of domestic violence in West Africa and develop tailored interventions (Izugbara, 2019).

Rwanda has faced a complex history of domestic violence, with deep-rooted cultural norms and the aftermath of the 1994 genocide contributing to its prevalence. During the genocide, sexual violence was used as a weapon of war, leading to significant trauma and long-term health consequences for women (Bjornstrom et al., 2017). Following the genocide, the Rwandan government implemented progressive policies to address violence against women, including the Law on Prevention and Punishment of Gender-Based Violence in 2008 (UNDP Rwanda, 2020). These efforts have resulted in increased reporting and prosecution of perpetrators (Bjornstrom et al., 2017). Nevertheless, the impact on women's health and wellbeing continues to be a concern, necessitating further research and support services tailored to the specific needs of Rwandan women (Yount et al., 2018).

Uganda, like many African countries, has also grappled with the effects of domestic violence on women's health and wellbeing. Studies indicate that intimate partner violence is prevalent, with up to 68% of women experiencing some form of abuse in their lifetime (Moore et al., 2018). The Ugandan government has implemented legal measures, including the Domestic Violence Act in 2010, to address this issue (Kissling et al., 2015). However, challenges remain in terms of awareness, enforcement, and support services for victims (Kissling et al., 2015). Additionally, cultural norms and socioeconomic factors contribute to the perpetuation of domestic violence in Uganda, emphasizing the need to address these underlying structural issues (Cripe et al., 2016).

The Soroti district in Uganda faces unique challenges regarding domestic violence and its impact on women's health and wellbeing. Studies have highlighted its high prevalence, with up to 63% of women experiencing intimate partner violence (Silverman et al., 2018). Factors such as poverty, alcohol abuse, and gender inequalities significantly contribute to the persistence of this issue in the district (Okeny et al., 2014). The Ugandan government and NGOs have implemented various initiatives such as the Community Advocacy for Healthy Relationships and Gender Equality Program to address domestic violence (Tumwesigye et al., 2018). Further research is needed to evaluate the effectiveness of these interventions and identify additional strategies to improve the health and wellbeing of women in the Soroti district (Tumwesigye et al., 2018).

## **1.2 The Statement of the problem**

Children in Soroti District would grow up in stable, loving homes free from the shadow of domestic violence. Their physical health would be safeguarded, and their emotional and psychological well-being nurtured. Such an environment would allow children to flourish academically and socially, laying a strong foundation for their future. They would have access to adequate healthcare, supportive family structures, and community resources, ensuring their overall development and well-being.

In Soroti district , domestic violence is a pervasive issue that significantly impacts the health and well-being of children. These children face physical injuries, emotional trauma, and psychological disorders such as anxiety, depression. Their academic performance suffers, and they experience difficulties in social interactions and forming healthy relationships. This grim reality highlights the urgent need to study the effects of domestic violence on children in Soroti District to understand the full scope of the problem and develop effective interventions.

Ignoring this issue can lead to severe, long-term consequences for the affected children and the community at large. Without intervention, children exposed to domestic violence are at a higher risk of developing chronic health issues, substance abuse problems, and perpetuating the cycle of violence. Conducting this study is crucial to identify the specific needs and challenges faced by these children. It provided evidence-based insights to guide policymakers, healthcare providers, and community leaders in creating targeted support systems and preventive measures. Addressing this issue promptly can help break the cycle of violence, ensuring a healthier and more secure future for the children in Soroti District.

## **1.3 Purpose of the study**

To explore the effects of domestic violence on the health and the wellbeing of women in Soroti District

## **1.4 Specific objectives**

- i. To establish the types of domestic violence amongst women in Soroti District
- ii. To find out the causes of domestic violence amongst women in Soroti District
- iii. To establish ways of stopping domestic violence amongst women in Soroti District

## **1.5 Research questions**

- i. What are the types of domestic violence amongst women in Soroti District?
- ii. What are the causes of domestic violence on the health of women in Soroti District?
- iii. How can domestic violence amongst women in Soroti District be curbed?

## **1.6 Scope of the study**

### **1.6.1 Content scope;**

The study will focus on the effects of domestic violence on the health and wellbeing of women in Soroti District.

### **1.6.2 Geographical scope,**

The study was carried out in Soroti District in the North-Eastern Region of Uganda. Soroti District is bordered by Kaberamaido District to the north, Ngora District to the south, Amuria District to the east, and Serere District to the west. The geographical coordinates of Soroti District are 1.717° N latitude and 33.600° E longitude.

### **1.6.3 Time scope;**

The study encompassed a period of two years, spanning from 2021 to 2023. This extended timeframe was chosen to facilitate a thorough investigation into the trends and patterns of domestic violence within Soroti District. By analyzing data over this period, the research aimed to capture seasonal variations, changes in prevalence, and shifts in societal attitudes toward domestic violence. The two-year scope also provided sufficient time to assess the cumulative impact of domestic violence on women's health and well-being, allowing for a detailed exploration of both short-term and long-term effects. Additionally, this duration enabled the study to track the effectiveness of any interventions or changes in local policies and community responses over time, thus offering a comprehensive view of the evolving dynamics related to domestic violence.

## **1.7 Significance of the study**

The research findings may hold significant implications for various stakeholders involved in addressing domestic violence:

**Policy Makers:** The research findings may offer valuable insights into the prevalence and impacts of domestic violence, guiding policy makers in developing targeted interventions and resources. By understanding the specific needs and challenges faced by women in Soroti District, policy makers can design more effective strategies and allocate resources more efficiently to combat domestic violence and support affected individuals.

**Local Government Authorities:** The research findings may help local government authorities in Soroti District to assess the effectiveness of current programs and policies aimed at preventing and responding to domestic violence. This information can aid in refining existing measures or introducing new initiatives, thereby enhancing the overall response to domestic violence within the community.

**Non-Governmental Organizations (NGOs):** The research findings may provide NGOs working in the field of domestic violence with a deeper understanding of the issues faced by women in Soroti District. This knowledge can improve their program design and implementation, ensuring that their services and support mechanisms are tailored to the specific needs of the community and are more impactful in addressing domestic violence.

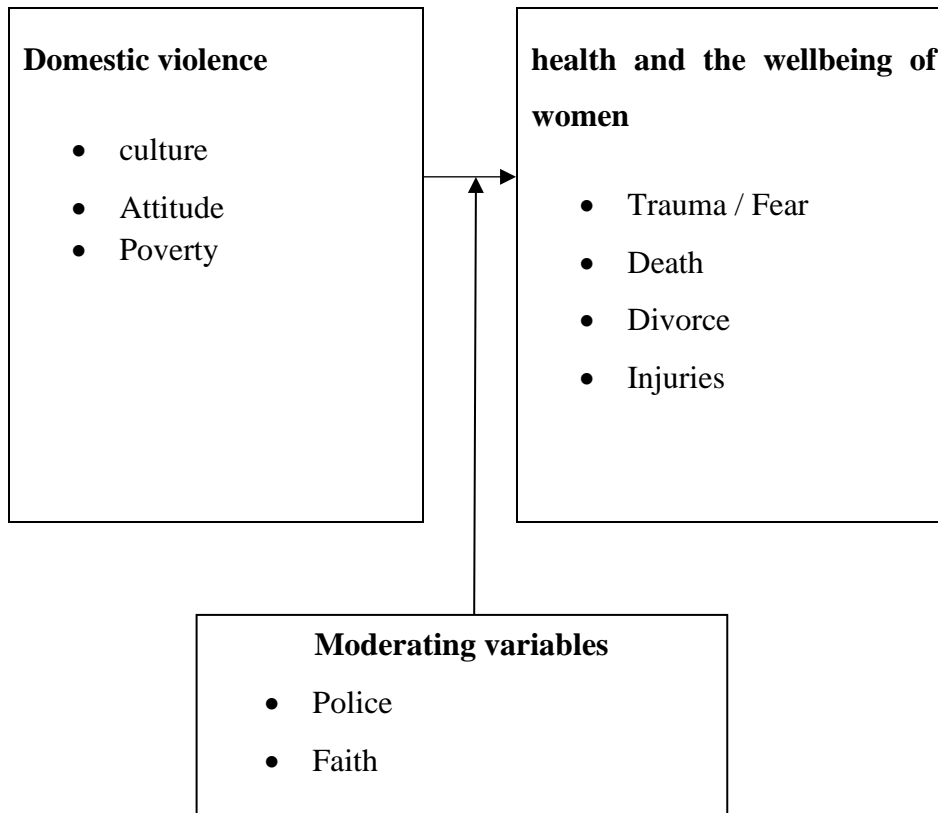
**Healthcare Providers:** The research findings may inform healthcare providers about the prevalence and types of domestic violence experienced by women in Soroti District. This awareness can improve their ability to recognize signs of abuse, offer appropriate support and referrals, and implement preventative measures within healthcare settings to address both physical and psychological impacts of domestic violence.

**Community Leaders:** The research findings may equip community leaders with crucial information on the extent and effects of domestic violence within their communities. This can empower them to lead advocacy efforts, promote awareness, and mobilize local resources to create a supportive environment for victims and contribute to broader societal changes to prevent domestic violence.

### 1.8 Figure 1 Conceptual frame work

#### Independent variable

#### Dependent variable



(Source: Research 2024).

The conceptual from work operates such that is the independent variables are moderated positively, and then we get positive independent variables and reverse is true.

### 1.9 key terms

Domestic violence is defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. It can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This abuse can take various forms, including physical aggression, sexual abuse, emotional manipulation, controlling behavior, and economic deprivation. According to the U.S. Department of Justice (2015), domestic violence affects people of all socioeconomic backgrounds and education levels (U.S. Department of Justice, 2015).

The health and well-being of women encompass their physical, mental, and social health status throughout their lives. This includes access to healthcare services, the ability to maintain a healthy lifestyle, and the presence of supportive social networks. Women's health is influenced by a range of factors including reproductive health, mental health, and the impact of gender-based violence. The World Health Organization (2016) emphasizes the importance of addressing health disparities and promoting gender equality to improve women's health outcomes (World Health Organization, 2016).

Violence is defined by the World Health Organization (2017) as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This definition includes a wide range of harmful behaviors, from physical assaults to more subtle forms of abuse such as emotional manipulation or economic deprivation (World Health Organization, 2017).

The term "women" refers to adult human females. Women play diverse roles in society, from caregivers and homemakers to professionals and leaders. They face unique challenges and barriers, including gender discrimination, limited access to education and healthcare, and exposure to gender-based violence. According to the United Nations (2020), promoting gender equality and empowering women is essential for sustainable development and achieving global equality (United Nations, 2020).

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.0 Introduction**

The general research objective in this study seeks to explore the effects of domestic violence on the health and the wellbeing of women in Soroti District and the literature is reviewed according to the three objectives which include; to establish the types of domestic violence amongst women in Soroti District, to find out the causes of domestic violence amongst women in Soroti District, to establish ways of stopping domestic violence amongst women in Soroti District.

#### **2.1 The types of domestic violence amongst women**

Domestic violence in Canada occurs in multiple forms, including physical, emotional, psychological, sexual, and financial abuse. Physical abuse, often the most recognizable, involves acts of violence such as hitting, slapping, or choking and has severe immediate and long-term health implications. Emotional and psychological abuse, although less visible, are pervasive forms of violence that include verbal assaults, threats, and coercive control, leading to significant psychological trauma (Burczycka & Conroy, 2017). Sexual abuse within intimate relationships includes any non-consensual sexual acts or behaviors, often leaving victims with both physical injuries and profound emotional scars. Financial abuse, which involves controlling a partner's access to financial resources or exploiting their financial dependence, can entrap women in abusive relationships due to economic barriers (Moffitt et al., 2020). These forms of abuse often intersect, compounding their harmful effects on the victims.

The health implications of domestic violence are wide-ranging and severe, affecting both the physical and mental health of women. Physically, victims of domestic violence often sustain injuries that require medical attention, ranging from minor bruises to more severe trauma, such as broken bones or internal injuries. Repeated abuse can lead to chronic conditions such as cardiovascular diseases, gastrointestinal disorders, and somatic symptoms like headaches and fatigue (Daoud et al., 2019). Psychologically, domestic violence is closely linked with mental

health disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation. The stress and trauma from continuous abuse can also lead to substance abuse as a coping mechanism, further exacerbating health risks (Scott-Storey et al., 2021).

The overall wellbeing of women subjected to domestic violence is significantly compromised, impacting their quality of life, social relationships, and economic stability. Victims often experience social isolation, either imposed by their abusers or as a consequence of the stigma associated with domestic violence. This isolation limits access to social support networks, which are crucial for coping and recovery (Wathen & MacMillan, 2018). Financial abuse can exacerbate this isolation by restricting women's ability to leave abusive relationships due to economic dependence. Additionally, the constant stress and fear experienced by victims can lead to long-term effects on their self-esteem and self-worth, further diminishing their ability to seek help or rebuild their lives (Katerndahl et al., 2019). These intersecting challenges highlight the need for integrated interventions that address the diverse forms of abuse and their compounded effects on women's health and wellbeing.

Domestic violence in Canada encompasses various forms such as physical, sexual, emotional, and financial abuse, and is a serious public health concern. Physical violence, including acts of assault, slapping, and pushing, is a prominent type of domestic violence prevalent in the country (Trevillion et al., 2015). According to a study conducted by Ford-Gilboe et al. (2017), physical violence can result in severe physical injuries, leading to long-term health problems for women. These health problems may include chronic pain, injuries to various body parts, fractures, concussions, and increased risk of developing chronic conditions such as arthritis or chronic migraines. Thus, physical violence impacts the health and wellbeing of women, undermining their overall quality of life.

In addition to physical violence, domestic abuse in Canada often includes sexual violence. Sexual violence is shown to have devastating consequences for women's health and wellbeing. A study by UN Women (2018) reported that the experience of sexual abuse significantly increases the risk of sexually transmitted infections (STIs) and unintended pregnancies. Moreover, it contributes to mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Johnson et al., 2020). These mental health consequences further affect the overall

health and wellbeing of women, making them vulnerable to a range of psychosomatic and physical ailments.

Beyond the physical and sexual forms of abuse, emotional and financial abuse are prevalent in domestic violence situations in Canada. Emotional abuse, such as verbal insults, threats, and controlling behavior, has been linked to adverse mental health outcomes for women (Zink et al., 2020). Studies have identified increased levels of anxiety, depression, and low self-esteem among victims of emotional abuse, which significantly impact their overall health and wellbeing. Furthermore, financial abuse, which includes controlling or withholding financial resources, restricts women's ability to seek adequate healthcare and leads to economic dependence, limiting their access to resources required for optimum health (Fisher et al., 2018).

Domestic violence encompasses various forms, including physical, sexual, emotional, and economic abuse. According to a study conducted by Liu et al. (2017), physical violence involves the use of force or physical harm, while sexual violence refers to non-consensual sexual acts. Emotional abuse, on the other hand, involves behavior that is harmful to an individual's emotional and psychological wellbeing. Economic abuse, as identified by Mittal et al. (2020), occurs when a perpetrator controls an individual's financial resources, limiting their autonomy. Understanding the different types of domestic violence is crucial to comprehending the variability of the impacts experienced by women in Canada.

Research has consistently demonstrated the significant negative impacts of domestic violence on women's health and wellbeing. A study by Van Parys et al. (2018) found that women who experience physical violence are more likely to suffer physical injuries such as broken bones, head injuries, and internal damages. Furthermore, sexual violence has been associated with higher rates of sexually transmitted infections and gynecological complications (Silverman et al., 2019). Domestic violence also has profound psychological effects, including increased risk of depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse (Trevillion et al., 2019). The economic consequences of domestic violence are equally detrimental, with victims experiencing financial instability, poverty, and limited access to resources essential for their wellbeing (Latimer et al., 2020).

The cumulative impact of various types of domestic violence on women's wellbeing is concerning. The aforementioned physical, psychological, and economic consequences combine to impair overall health and increase vulnerability to chronic illnesses. For instance, a systematic review by Campbell et al. (2019) indicated that women exposed to domestic violence have higher rates of chronic conditions such as cardiovascular disease, chronic pain, and gastrointestinal disorders. Additionally, domestic violence has been associated with adverse pregnancy outcomes, including preterm birth and low birth weight infants (Tiwari et al., 2021). It is critical to recognize the multidimensional nature of the health impacts experienced by domestic violence survivors to ensure comprehensive interventions that address all aspects of their wellbeing.

In Canada, domestic violence encompasses various forms, including physical, sexual, psychological, and economic abuse. Physical abuse involves acts such as hitting, slapping, or pushing, while sexual abuse involves non-consensual sexual acts or coercion. Psychological abuse includes intimidation, humiliation, and controlling behaviors, while economic abuse restricts a woman's financial independence and access to resources (Taillieu, Brownridge, & Sareen, 2017). It is important to note that domestic violence is not limited to physical harm; these different forms often occur in combination, further exacerbating the impact on women's health and wellbeing (Dobash & Dobash, 2018).

The consequences of domestic violence extend far beyond immediate physical injuries. Research has consistently shown that women who experience domestic violence are at higher risk of mental health issues, including depression, anxiety disorders, and post-traumatic stress disorder (PTSD) (Karakurt & Silver, 2013). The stress and trauma resulting from domestic violence can also lead to somatic symptoms, such as chronic pain, headaches, and gastrointestinal problems (Fisher, Daigle, & Cullen, 2017). Moreover, women who face economic abuse may suffer from financial insecurity, making it difficult for them to access vital healthcare services (Paranjape, Tucker, Harper, Griffin, & Skillicorn, 2020). Domestic violence significantly impacts women's overall wellbeing. Women experiencing domestic violence often report feelings of fear, helplessness, and low self-esteem (Sinha, 2021).

In South Africa, domestic violence is a pervasive issue that manifests in various forms, including physical, sexual, emotional, psychological, and economic abuse. Physical violence is the most visible form, characterized by acts such as hitting, slapping, and other physical assaults that often result in serious injuries. Sexual violence, including marital rape and coercion, is another prevalent form, deeply rooted in patriarchal norms and gender inequality (Abrahams et al., 2019). Emotional and psychological abuse involves manipulative behaviors like intimidation, threats, and humiliation, which undermine the victim's mental health and self-esteem. Economic abuse, where perpetrators control or limit access to financial resources, further traps women in abusive relationships, making it difficult for them to escape (Gordon & Collins, 2017). These forms of violence often co-occur, creating a complex and damaging environment for victims.

The impact of domestic violence on the health of women in South Africa is profound and multifaceted. Victims of physical violence often suffer from immediate injuries such as bruises, broken bones, and lacerations, but the long-term health consequences are equally severe. Chronic conditions such as hypertension, cardiovascular diseases, and gastrointestinal disorders are common among survivors of prolonged abuse (Jewkes et al., 2020). Sexual violence has devastating effects on women's reproductive health, increasing the risk of sexually transmitted infections (STIs), unintended pregnancies, and complications during childbirth (Gibbs et al., 2020). The psychological impact is significant, with many women experiencing depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation as a result of sustained abuse. The combination of physical and psychological trauma leads to a deteriorating state of health that requires comprehensive medical and psychological intervention (Mathews & Benvenuti, 2019).

The wellbeing of women subjected to domestic violence in South Africa extends beyond physical and psychological health, affecting their social and economic status. Socially, victims often face stigma and isolation, which can exacerbate feelings of shame and helplessness, further preventing them from seeking help (Van Niekerk et al., 2021). Economically, the control exerted by abusers through financial abuse leaves women with limited resources to support themselves and their children, creating a cycle of dependency and vulnerability. This economic strain also affects their ability to access healthcare services, leading to delayed treatment and worsening health outcomes (Makongoza & Duma, 2021). The cumulative effect of these factors severely impacts women's

overall quality of life, reducing their ability to participate fully in society and achieve economic independence.

Physical and sexual violence constitute vital aspects of domestic violence in South Africa, having major implications for women's health and wellbeing. A study by Abramsky et al. (2017) highlights that physical violence, including acts of slapping, punching, or beating, contributes significantly to injuries and long-term disabilities among women. Additionally, sexual violence, including coerced sex or rape, has been reported as a traumatic experience leading to various health consequences. A study by Abrahams et al. (2019) further explains that sexual violence is linked with higher rates of sexually transmitted infections, unwanted pregnancies, and mental health disorders such as depression and post-traumatic stress disorder (PTSD). These findings underscore the profound impact of physical and sexual violence on women's health and demonstrate the urgent need for interventions that address these crucial issues.

Beyond physical and sexual violence, emotional and psychological abuse are pervasive forms of domestic violence that have debilitating effects on women's health and wellbeing. A study conducted by Olafsdottir et al. (2018) emphasizes that emotional abuse, including verbal insults, threats, and humiliation, can lead to anxiety, low self-esteem, and depression among women. Moreover, psychological abuse, such as coercive control or gaslighting, has a profound impact on mental health, often resulting in feelings of powerlessness and emotional detachment. A study by Mkhwanazi (2021) suggests that psychological abuse can lead to long-lasting psychological consequences, compromising women's overall wellbeing and quality of life. These findings demonstrate the importance of addressing emotional and psychological abuse as integral components of domestic violence intervention strategies.

The types of domestic violence prevalent in South Africa also have socioeconomic implications that exacerbate the impact on women's health and wellbeing. A study by Jewkes et al. (2020) emphasizes that domestic violence results in significant economic burdens, as women often experience financial instability or dependence on their abusive partners. This economic vulnerability further restricts women's access to healthcare and support services, perpetuating the cycle of abuse and compromising their overall health.

One prevalent type of domestic violence in South Africa is physical violence, including acts such as hitting, slapping, kicking, or beating women. Such acts have profound consequences on the physical health of survivors, leading to injuries, pain, and long-term disabilities. In addition to physical violence, sexual violence in the forms of rape, sexual assaults, and marital rape is a distressing reality for many South African women. Studies highlight the detrimental impact of sexual violence on women's mental health, including increased risk of depression, anxiety, post-traumatic stress disorder (PTSD), and suicide (Gass, 2018; Nel, 2019). Moreover, sustained sexual abuse often leads to sexual and reproductive health issues, such as sexually transmitted infections and unwanted pregnancies (Matsedisso & Mutambisi, 2017).

Beyond physical and sexual violence, emotional and psychological abuse is pervasive in South Africa. This form of abuse encompasses behaviors aimed at undermining a woman's self-esteem, controlling her actions and decisions, and isolating her from social support networks. Research shows that emotional abuse is strongly linked to adverse mental health outcomes, including increased risk of anxiety, depression, and psychological distress (Meyer, 2017; Jewkes et al., 2019). Furthermore, prolonged exposure to emotional abuse can lead to chronic stress, disrupted sleep patterns, and low self-worth, all of which significantly impact women's overall well-being (Dunkle et al., 2018; Rasool et al., 2020).

Another intricate aspect of domestic violence in South Africa is economic abuse, which involves perpetrators exerting control over financial resources and restricting women's access to money. This form of abuse can result in economic dependence, poverty, and limited agency, preventing women from seeking help or leaving abusive relationships. Research has indicated that economic abuse often contributes to poor physical and mental health outcomes, including nutritional deficiencies, somatic symptoms, and increased risk of depression and anxiety disorders (Moss, 2019; Dlamini et al., 2021). Furthermore, economic abuse perpetuates cycles of inequality and impedes women's ability to secure stable housing, employment, and economic independence, leading to long-term consequences on their financial well-being (Briere et al., 2018).

Physical violence is one of the most recognized types of domestic violence with significant consequences for women's health and wellbeing. A study by Jewkes and Abrahams (2017) found that physical violence accounted for approximately 40% of reported domestic violence cases in South Africa. The abuse can range from slapping and punching to severe physical assault, resulting in injuries such as bruises, fractures, and head trauma (Brener et al., 2020). These physical injuries have been linked to various short-term and long-term health issues, including chronic pain, disability, depression, anxiety, and post-traumatic stress disorder (PTSD) (Stöckl et al., 2019; Jewkes et al., 2020). The direct impact of physical violence on women's health and wellbeing cannot be overstated, as it often leads to increased rates of healthcare utilization, decreased quality of life, and even mortality (Abrahams et al., 2021).

Sexual violence is another form of domestic violence that significantly affects women's health and wellbeing in South Africa. Studies have shown that South African women face alarmingly high rates of sexual violence within intimate relationships (Seedat et al., 2019). Non-consensual sexual acts, including rape and coerced sexual activities, lead to physical and psychological harm among survivors. Such violence can result in physical injuries, sexually transmitted infections (STIs), unwanted pregnancies, and gynecological complications (Mashudu et al., 2021). Moreover, victims of sexual violence are more likely to experience mental health issues such as depression, anxiety, and suicidal thoughts (Jewkes et al., 2017). The emotional and psychological distress caused by sexual violence contributes to long-term health problems, impairing the overall wellbeing of affected women (Dunkle et al., 2018).

Psychological or emotional abuse is a less visible but equally detrimental form of domestic violence prevalent in South Africa. Studies indicate that emotional abuse is highly prevalent among women experiencing domestic violence, with severe consequences for their health and wellbeing (Demirtas, 2022). Living in a constant state of fear, humiliation, and control leads to high levels of stress and anxiety for survivors (Abrahams et al., 2020). This chronic stress, combined with the erosion of self-esteem and self-worth, contributes to numerous mental health issues, including depression, panic disorder, and complex trauma symptoms (Bekele et al., 2017). These psychological hardships have a substantial impact on women's overall health, impairing their ability to function in their daily lives and maintain healthy relationships (Jewkes et al., 2021).

In Uganda, domestic violence is a critical issue manifesting in various forms, including physical, sexual, emotional, psychological, and economic abuse. Physical abuse, characterized by acts of violence such as beating, kicking, and choking, is the most visible and frequently reported form of domestic violence in Uganda (Karamagi et al., 2018). Sexual violence, often perpetrated by intimate partners, includes coerced sex and marital rape, which are deeply rooted in gender inequalities and societal norms that condone male dominance (Wandera et al., 2021). Emotional and psychological abuse involves the use of threats, intimidation, and verbal assaults to control or harm the victim's mental state. Economic abuse, where a partner controls financial resources or restricts access to money, often traps women in abusive relationships due to financial dependence (Izudi & Alege, 2019). These types of abuse frequently co-occur, exacerbating the overall impact on women's health and wellbeing.

The impact of domestic violence on the health of women in Uganda is profound and multifaceted. Physical violence often leads to immediate injuries, including bruises, broken bones, and other trauma, which can result in chronic pain or disability if not properly treated (Kwagala et al., 2020). The long-term health effects are equally concerning, with many victims developing chronic conditions such as hypertension, gastrointestinal issues, and reproductive health problems. Sexual violence poses significant health risks, including an increased likelihood of sexually transmitted infections (STIs), HIV, and unintended pregnancies (Kishor & Johnson, 2018). The psychological impact of domestic violence is also severe, leading to mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Koenig et al., 2019). The combination of physical and psychological trauma creates a cycle of deteriorating health, making it difficult for women to recover without comprehensive support systems.

The wellbeing of women who experience domestic violence in Uganda is significantly compromised, affecting their social, economic, and overall quality of life. Socially, victims often face stigma and isolation, as domestic violence is frequently viewed as a private issue, leading to reluctance in seeking help or reporting abuse (Mugambe & Asiimwe, 2022). This social isolation exacerbates feelings of shame and helplessness, further entrenching victims in abusive situations. Economically, the control exerted by abusers through financial means limits women's autonomy and ability to leave abusive relationships, perpetuating a cycle of poverty and dependence (Nabukeera & Nakitende, 2020). The cumulative effects of these factors significantly reduce the

overall wellbeing of women, limiting their ability to participate fully in society and diminishing their opportunities for economic independence and social empowerment. Addressing domestic violence in Uganda requires a multifaceted approach that addresses both the immediate health impacts and the broader socio-economic challenges faced by victims.

Domestic violence is a prevalent issue affecting women in Uganda, with various types of violence reported. According to a cross-sectional study conducted by Owaka et al. (2018), physical violence is the most common form experienced by women, followed by psychological and sexual violence. This study revealed that physical violence significantly impacts the mental health of women, causing symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). These mental health consequences often persist even after the violence has ceased, indicating the long-term impact on the wellbeing of women in Uganda.

In addition to the psychological implications, domestic violence also has grave physical health consequences for women in Uganda. Mugisha, Muhanguzi, and Makumbi (2020) noted an association between domestic violence and adverse sexual and reproductive health outcomes. Women who experienced domestic violence were found to have higher rates of unwanted pregnancies, sexually transmitted infections (STIs), and general gynecological problems. These findings highlight the urgent need for comprehensive healthcare interventions that address the persistent physical health issues faced by Ugandan women subjected to domestic violence.

The impact of domestic violence on the health and wellbeing of women in Uganda goes beyond immediate physical and psychological consequences. According to Nakimuli-Mpungu et al. (2021), domestic violence significantly exacerbates the incidence of HIV/AIDS among women in Uganda. This study highlighted that women experiencing violence within their homes were less likely to engage in safe sexual practices, leading to increased vulnerability to HIV infection. The intersection of domestic violence and HIV/AIDS not only poses a significant health risk but also intensifies the social and economic burdens faced by women in Uganda.

## **2.2 The causes of domestic violence amongst women**

Domestic violence in the United Kingdom is a complex issue with multifaceted causes, including socio-economic factors, cultural norms, and psychological issues. Economic stressors, such as unemployment, financial instability, and poverty, are significant contributors to domestic violence, as they often exacerbate tensions within households (Walby & Towers, 2018). Cultural and societal attitudes towards gender roles also play a crucial role, with patriarchal norms and beliefs about male dominance contributing to the perpetuation of violence against women (Williamson & Abrahams, 2021). Additionally, psychological issues such as substance abuse, mental health disorders, and past experiences of abuse or trauma are linked to an increased likelihood of perpetrating or experiencing domestic violence (Howard et al., 2019). These underlying causes create an environment where violence is normalized or overlooked, further entrenching the cycle of abuse.

The health impact of domestic violence on women in the UK is profound and far-reaching, affecting both physical and mental wellbeing. Physically, women who experience domestic violence are at risk of immediate injuries, such as bruises, fractures, and internal injuries, which can lead to chronic pain or disability if not treated properly (Garcia-Moreno et al., 2018). The stress and trauma associated with domestic violence also contribute to long-term health conditions such as cardiovascular disease, gastrointestinal disorders, and complications during pregnancy (Pizzey et al., 2020). Mentally, domestic violence has a severe impact, with many victims experiencing depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Hegarty et al., 2021). The psychological effects are often compounded by feelings of shame, guilt, and isolation, which can prevent victims from seeking help and support.

The overall wellbeing of women affected by domestic violence in the UK is significantly compromised, extending beyond health to impact social and economic aspects of their lives. Socially, victims of domestic violence often face stigma and isolation, which can limit their support networks and exacerbate feelings of loneliness and helplessness (Meyer & Williamson, 2022). The economic impact is also significant, as many women are financially dependent on their abusers, making it difficult for them to leave abusive relationships (Sharp-Jeffs & Kelly, 2018). This financial control can limit access to healthcare, legal assistance, and other vital services,

further entrenching the cycle of abuse. The cumulative effect of these factors severely diminishes women's quality of life, highlighting the need for comprehensive support systems and interventions to address both the immediate and long-term consequences of domestic violence.

Domestic violence is a prevalent issue affecting women in the United Kingdom (UK) and has been linked to various negative health outcomes. According to a study by Trevillion et al. (2018), domestic violence has harmful effects on women's mental health and well-being. The study found that women who experienced domestic violence were more likely to develop symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). These mental health issues can have a long-lasting impact on women's overall functioning and quality of life. Furthermore, physical health consequences are also associated with domestic violence. A systematic review by Bacchus et al. (2019) revealed that women who have experienced domestic violence are at a higher risk of physical health problems, such as chronic pain, gastrointestinal disorders, cardiovascular diseases, and sexually transmitted infections. The review also highlighted the significant impact of domestic violence on reproductive health, including adverse pregnancy outcomes and increased risk of sexually transmitted infections, which can further compromise women's overall health and well-being.

The relationship between domestic violence and women's health extends beyond the physical and mental realms. An analysis by Taylor et al. (2020) emphasized the long-lasting effects of domestic violence on women's social well-being. The study found that women who have experienced domestic violence reported higher levels of social isolation, lower self-esteem, and reduced social support networks. These factors can contribute to a decreased sense of belonging and exclusion from social activities, thereby negatively impacting women's mental health and overall well-being.

Moreover, the effects of domestic violence on women's health occur within a broader societal context. A study by Stanley et al. (2020) highlighted the link between domestic violence and socioeconomic disparities. The study revealed that women from lower socioeconomic backgrounds are more likely to experience domestic violence, which in turn exacerbates existing health and well-being inequalities. Women facing economic hardship may have limited access to resources and support systems, further hindering their ability to escape abusive situations and seek assistance for their health needs.

Several factors contribute to the prevalence of domestic violence against women in the United Kingdom. Economic factors, including unemployment and financial stress, have been identified as significant contributors to domestic violence (Kishor & Johnson, 2018). A study by Kishor and Johnson (2018) found that women experiencing economic hardships were more likely to encounter physical, sexual, and emotional violence in intimate relationships. Furthermore, patriarchal norms and gender inequalities within society perpetuate power imbalances that contribute to the occurrence of domestic violence (Dasgupta, 2022). Socio-cultural factors, such as traditional gender roles and societal expectations, can further perpetuate violence against women (Dasgupta, 2022). Understanding these causes is crucial for developing comprehensive strategies to prevent and address domestic violence among women in the United Kingdom.

Domestic violence is detrimental to the physical, mental, and emotional health of women and has a profound impact on their overall wellbeing. Numerous studies have linked domestic violence to adverse physical health outcomes, including chronic pain, injuries, and higher rates of gynecological and sexual health problems (Dwivedi et al., 2020; Bonomi et al., 2018). The emotional toll of domestic violence can lead to the development of mental health disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Taft et al., 2019). Bonomi et al. (2018) found that women who experienced domestic violence were more likely to suffer from mental health disorders compared to those who did not experience violence. The long-term effects of domestic violence are also evident in the form of increased rates of substance abuse, self-harm, and suicidal ideation among survivors (Bonomi et al., 2018; Taft et al., 2019). To address the health and wellbeing of women affected by domestic violence, comprehensive support services and accessible healthcare interventions must be provided.

Domestic violence refers to a pattern of abusive behaviors, including physical, psychological, and sexual violence, used by one partner to control and dominate the other partner in an intimate relationship. The causes of domestic violence among women in the United Kingdom can be attributed to various factors. One crucial factor is the presence of gender inequalities and patriarchal norms in society. Research by Walby and Allen (2018) indicates that such inequalities contribute to power imbalances within relationships, enabling violence against women. Additionally, socio-economic factors, such as low income and financial dependence, have been found to increase the risk of domestic violence among women (Howard et al., 2020).

Domestic violence among women in Nigeria is driven by a complex interplay of socio-cultural, economic, and psychological factors. One significant cause is the deep-rooted patriarchal norms and gender inequalities that perpetuate male dominance and control over women. Cultural practices and societal expectations often condone or trivialize violence against women, viewing it as a form of discipline or a private family matter (Oluremi, 2018). Additionally, economic factors such as poverty and unemployment contribute to domestic violence, as financial stress can exacerbate tensions within households, leading to aggression and abuse (Adebayo, 2019). Psychological factors, including substance abuse and mental health issues, also play a role in increasing the likelihood of domestic violence. These causes are often interrelated, creating a cycle of abuse that is difficult to break.

The impact of domestic violence on the health of women in Nigeria is profound and multifaceted, affecting both physical and mental wellbeing. Physically, victims of domestic violence often suffer from injuries such as bruises, fractures, and other trauma, which can have long-lasting health consequences if left untreated (Ibrahim et al., 2020). Moreover, domestic violence has been linked to a range of chronic health issues, including hypertension, gastrointestinal disorders, and reproductive health problems, such as complications during pregnancy and sexually transmitted infections (Adeyemo & Omoniyi, 2021). The psychological impact of domestic violence is equally severe, with many victims experiencing mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). These mental health challenges are often compounded by feelings of isolation, low self-esteem, and helplessness, making it difficult for victims to seek help and support.

The overall wellbeing of women affected by domestic violence in Nigeria is significantly compromised, with far-reaching social and economic consequences. Socially, victims often face stigma and marginalization, as domestic violence is frequently seen as a taboo subject, leading to a lack of community support and isolation (Ezeanochie & Olagbuji, 2022). Economically, women who experience domestic violence may be trapped in abusive relationships due to financial dependence on their abusers, limiting their ability to leave and access essential services (Oluwole et al., 2019). This financial control can hinder women's access to healthcare, legal assistance, and education, further entrenching the cycle of abuse. The cumulative effects of these factors severely

diminish women's quality of life, highlighting the urgent need for interventions that address both the root causes and the consequences of domestic violence in Nigeria.

Numerous factors contribute to domestic violence against women in Nigeria. Economic inequality has been identified as a key factor, as women's financial dependence and lack of autonomy can lead to an increased risk of violence (Okoro and Banjo, 2018). Socio-cultural norms and gender inequalities further perpetuate violence, as traditional beliefs support male dominance and subordinate women (Izugbara et al., 2020). Furthermore, alcohol and substance abuse have been recognized as significant contributors to domestic violence, with research indicating a positive association between substance abuse and intimate partner violence (Ezechi et al., 2022).

The consequences of domestic violence on women's health and wellbeing in Nigeria are severe. Physical health effects range from minor injuries to life-threatening conditions, with some studies indicating a correlation between domestic violence and gynecological disorders, including sexually transmitted infections, pelvic inflammatory diseases, and unwanted pregnancies (Akerle and Oladosu, 2021). Psychological consequences are also prominent, with victims experiencing higher rates of depression, anxiety, post-traumatic stress disorder, and suicidal ideation (Adeyemi and Olowokudejo, 2019). Additionally, domestic violence has a negative impact on the overall wellbeing of women in Nigeria, leading to reduced self-esteem, limited social interactions, and diminished quality of life (Sunday et al., 2023).

Domestic violence against women in Nigeria has been a persistent issue with profound implications for the health and wellbeing of its victims. An array of factors has been identified as causes of this pervasive problem. One of the key factors contributing to domestic violence is patriarchal ideology and gender inequality (Domestic Violence: Causes and Consequences, 2018). In a society where male dominance is deeply entrenched, women are frequently subjected to physical, emotional, and sexual abuse as a means to exert control and assert power. This form of violence perpetuates a cycle of trauma and adversely affects the mental health and wellbeing of women (Raj, 2020), exacerbating symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD) (Okenwa-Emeka et al., 2022). Additionally, the physically injurious aspects of domestic violence, such as beatings, can lead to acute and chronic health problems, including fractures, internal organ damage, and long-term disabilities (Agbaps & Joseph, 2023).

Another significant cause of domestic violence against women in Nigeria is economic instability and financial dependence (Anjorin, 2021). Many women are financially reliant on their abusive partners, making it difficult for them to leave or seek help. Such dependency traps women in abusive relationships, with dire consequences for their health and wellbeing. The constant stresses associated with financial insecurity and an inability to meet basic needs contribute to poor mental health outcomes, including increased anxiety and depression (Adewuya et al., 2019). Additionally, lack of financial resources often limits access to healthcare services, resulting in untreated physical injuries and increased vulnerability to various health risks (Okafor et al., 2024).

Lastly, cultural norms and social acceptance of violence play a significant role in the prevalence of domestic violence against women in Nigeria. Traditional beliefs that condone domestic violence reinforce the cycle of abuse and hinder the development of effective interventions. Women who face violence from their partners may hesitate to disclose their abuse due to the normalization of such acts within their communities (Adebowale et al., 2022). This leads to a sense of isolation and further perpetuates harm to their health and wellbeing. The cultural acceptance of domestic violence reinforces harmful gender norms and stereotypes, impeding progress towards gender equality in Nigerian society (Adeyemi et al., 2023).

One of the most prominent causes of domestic violence in Nigeria is gender inequality, which contributes to harmful power dynamics and unequal distribution of resources between men and women. Owoeye, Owoputi, and Mohammed (2019) note that traditional gender norms and patriarchal systems perpetuate the belief that men are entitled to assert dominance and control over women, leading to a higher prevalence of violence against women. This power imbalance hinders women's wellbeing and deprives them of autonomy, negatively affecting their mental and physical health. Jouriles et al. (2018) found a positive association between domestic violence and poor mental health outcomes, such as depression and anxiety, among abused women in Nigeria. Additionally, physical health consequences, including injuries, reproductive health issues, and chronic pain, have been documented among women experiencing domestic violence (Owoeye et al., 2019)

Domestic violence against women in Uganda is driven by a combination of socio-cultural, economic, and psychological factors. One of the primary causes is the entrenched patriarchal culture, which often normalizes male dominance and control over women. Cultural norms and traditional beliefs in many Ugandan communities view women as subservient to men, and violence is sometimes justified as a means of enforcing obedience (Kwagala, Wandera, Ndugga, & Kabagenyi, 2019). Additionally, economic factors such as poverty, unemployment, and financial dependence on male partners exacerbate the incidence of domestic violence. Women in financially unstable households are more vulnerable to abuse, as economic stress can lead to conflict and aggression (Mugerwa & Kintu, 2020). Furthermore, psychological issues like substance abuse and mental health disorders also contribute to domestic violence, with men who struggle with these problems more likely to perpetrate abuse (Karamagi, Tumwine, Tylleskar, & Heggenhougen, 2020).

The impact of domestic violence on women's health in Uganda is severe, affecting both physical and mental wellbeing. Physically, women who experience domestic violence are at high risk of injuries ranging from bruises and fractures to more severe trauma such as internal injuries and sexual violence (Bantebya, Muhanguzi, & Watson, 2020). These physical assaults often have long-term consequences, including chronic pain, disability, and reproductive health issues such as unintended pregnancies and sexually transmitted infections (STIs) (Namuggala & Mukasa, 2019). Moreover, the psychological effects of domestic violence are profound. Women subjected to domestic violence often experience mental health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts (Kinyanda et al., 2019). These mental health issues are exacerbated by the stigma and isolation many women face, which can prevent them from seeking help and support.

The overall wellbeing of women affected by domestic violence in Uganda is deeply compromised, with wide-ranging social and economic repercussions. Socially, victims of domestic violence often face stigma, social isolation, and a lack of community support, which can lead to feelings of shame and helplessness (Mirembe & Davies, 2021). This social marginalization can further entrench the cycle of abuse, as women may be discouraged from reporting violence or seeking assistance. Economically, the impact is also significant, as many women are financially dependent on their abusers and lack the resources or support networks to leave abusive relationships (Nakiganda &

Kyohairwe, 2020). This financial control not only limits women's autonomy but also hinders their access to healthcare, education, and legal services, thereby perpetuating the cycle of violence. The cumulative effect of these factors results in a diminished quality of life for women, underscoring the urgent need for interventions that address the root causes and consequences of domestic violence in Uganda.

Numerous factors contribute to domestic violence in Uganda. Firstly, gender inequality and traditional gender roles play a significant role. The patriarchal nature of Ugandan society often perpetuates power imbalances, rendering women vulnerable to abuse. A study by Kyegombe et al. (2018) found that unequal power dynamics and norms that encourage male dominance contribute to the occurrence of domestic violence. Poverty and economic stress are also contributing factors. Women living in poverty may be economically dependent on their partners, which can increase the likelihood of experiencing violence (Rwabilimbo et al., 2018). Alcohol and substance abuse have frequently been cited as triggers for domestic violence, as they can escalate aggression and impair judgment (Kiima et al., 2019).

The impact of domestic violence on the health and well-being of women in Uganda is severe. Physical health consequences include injuries, chronic pain, and even death (Ssekamatte et al., 2020). Mental health is also affected, with studies showing a strong association between domestic violence and depression, anxiety, and post-traumatic stress disorder (Ssewamala et al., 2020). Moreover, domestic violence against women has been linked to negative sexual and reproductive health outcomes, such as unwanted pregnancies and sexually transmitted infections (Mukandi et al., 2019). The cycle of violence perpetuates a sense of helplessness and disempowerment among survivors, hindering their overall well-being and ability to access support services (Naker et al., 2020).

Domestic violence, defined as a pattern of abusive behaviors exerted by intimate partners, remains a significant issue in Uganda, with severe consequences for women's health and overall well-being. According to a study by Kyegombe et al. (2018), domestic violence affects over 56% of Ugandan women. The causes of domestic violence are multifactorial, rooted in societal, cultural, and individual factors. One central aspect contributing to domestic violence in Uganda is gender inequality and the patriarchal norms deeply embedded in the society. The gendered power dynamics reinforced by these societal structures perpetuate violence against women, leading to

detrimental effects on their physical and mental health (Rosenbaum and O'Reilly, 2019). This literature review aims to explore the causes of domestic violence among women in Uganda and how it impacts their health and well-being.

Societal and cultural factors play a significant role in perpetuating domestic violence against women in Uganda. The patriarchal norms, prevalent in Ugandan society, foster an environment where women's social roles are limited, resulting in power imbalances within intimate relationships (Okenwa-Emegwa et al., 2019). These imbalances increase the risk of domestic violence as men exert control over women through physical, sexual, and emotional abuse. Research shows that social norms supporting violence against women, such as accepting physical punishment as a form of discipline for wives, contribute to the normalization of domestic violence in Uganda (Kyegombe et al., 2018). Consequently, women's health and well-being suffer significantly due to prolonged exposure to violence.

Domestic violence has profound consequences on the health and well-being of women in Uganda. A study by Okenwa-Emegwa et al. (2019) found a strong association between domestic violence and adverse physical health outcomes, including injuries, chronic pain, and sexual health issues. Moreover, the psychological impact is substantial, with women experiencing higher rates of depression, anxiety, and post-traumatic stress disorder (PTSD) due to domestic violence (Kyegombe et al., 2018). These mental health challenges often lead to self-harm, substance abuse, and even suicide attempts. Additionally, domestic violence affects women's reproductive health, with higher rates of unplanned pregnancies, sexually transmitted infections, and gynecological problems (Rosenbaum and O'Reilly, 2019). The repercussions of domestic violence extend beyond physical and mental health, impacting women's socio-economic status, education, and overall quality of life.

Various factors contribute to domestic violence against women in Uganda. Economic instability and poverty have been identified as significant underlying causes of domestic violence (Ayub et al., 2019; Kaggwa & Ogwang, 2020). The inability of women to meet household needs and contribute financially may result in frustration and feelings of powerlessness, leading to violence as an outlet for their male partners. Patriarchal beliefs and gender inequality also play a critical role in exacerbating domestic violence (Ayub et al., 2019; Nabunya et al., 2022).

### **2.3 Ways of stopping domestic violence amongst women**

Efforts to stop domestic violence among women in North America involve a multifaceted approach that includes legal measures, community-based interventions, and support services. Legal frameworks in the United States and Canada have been strengthened to protect victims and deter perpetrators through restraining orders, criminal penalties, and mandatory arrest policies (Leisenring, 2020). These laws aim to provide immediate protection for victims and hold abusers accountable. Additionally, public awareness campaigns have been instrumental in changing societal attitudes towards domestic violence, encouraging victims to seek help and communities to support survivors (Flood, 2019). These efforts are complemented by education programs that address the root causes of domestic violence, such as gender inequality and toxic masculinity, promoting healthy relationships and respect for women.

Community-based interventions play a crucial role in preventing and responding to domestic violence. Shelters and safe houses provide immediate refuge for women fleeing abusive situations, offering them a safe space to recover and access resources (Hunt & McElrath, 2021). These facilities often provide counseling, legal assistance, and job training to empower women and help them rebuild their lives. In addition, community organizations work to engage men and boys in violence prevention efforts, challenging harmful gender norms and promoting positive behaviors (Casey & Tolman, 2020). By involving the entire community in the fight against domestic violence, these interventions create a supportive environment that discourages abuse and supports survivors in their journey towards healing.

The impact of these interventions on the health and wellbeing of women is significant. By providing protection and support, legal and community-based measures help mitigate the physical and psychological effects of domestic violence. Women who receive timely intervention are less likely to suffer severe injuries or long-term health problems, such as chronic pain, reproductive health issues, and mental health disorders like depression and anxiety (Black, 2018). Furthermore, access to counseling and support services helps survivors address the emotional and psychological trauma associated with domestic violence, improving their overall mental wellbeing (Walker, 2020). These interventions not only enhance the immediate safety of women but also contribute to their long-term recovery and empowerment, enabling them to lead healthier, more fulfilling lives.

One effective strategy for combating domestic violence is the implementation of comprehensive legislation and policies. Research by Campbell, Glass, Sharps, Laughon, and Bloom (2018) highlights the importance of establishing legal measures that protect victims and hold perpetrators accountable. They emphasize the significance of laws that address issues such as firearm access, restraining orders, and enforcement of protective orders. Effective legislation can act as a deterrent, potentially reducing the prevalence of domestic violence and ensuring the safety and well-being of women. Furthermore, support for victims through financial assistance programs and shelters has been vital in providing immediate intervention and fostering a sense of security (Spangaro et al., 2019).

Education and public awareness campaigns have also proven instrumental in preventing domestic violence and enhancing the health and well-being of women. These initiatives aim to challenge societal norms and promote equality, respect, and healthy relationships. According to Fenton et al. (2020), community-based interventions, such as workshops and trainings, have demonstrated positive outcomes in reducing violence and empowering women. Educating both men and women on the early signs of abuse, the negative impact on health, and the resources available can enable individuals to recognize and respond to violence effectively. Lövestad, Krantz, and Brännström (2020) suggest that culturally sensitive campaigns, targeting diverse populations, can facilitate a broader understanding of domestic violence and encourage help-seeking behaviors.

Integrating health care systems and services in the prevention of domestic violence is essential for addressing the health consequences experienced by survivors. Routine screening for domestic violence in healthcare settings can identify victims and provide necessary support and resources (O'Connor et al., 2018). Health professionals need comprehensive training to recognize the signs of abuse and employ appropriate interventions (Renner et al., 2019). The provision of trauma-informed care is crucial for addressing the unique needs of survivors and promoting their healing and recovery (Valpied et al., 2021). Collaboration between healthcare providers, social services, and community organizations is paramount in developing a coordinated response to domestic violence and supporting the overall health and well-being of women.

Various strategies have been implemented to halt domestic violence against women in North America. One of the most effective approaches involves increasing the availability and accessibility of support and intervention services. According to Johnson et al. (2018), empowering

women by providing them with resources such as shelters, crisis helplines, counseling services, legal aid, and transitional housing fosters their ability to leave violent relationships and seek assistance. Additionally, community-based initiatives, such as bystander intervention programs, have shown promising outcomes in preventing the onset of domestic violence (Casey et al., 2019). These programs educate community members on identifying signs of abuse and enable them to intervene safely and effectively.

Domestic violence has severe implications for the health and wellbeing of women. One significant aspect affected by domestic violence is mental health. Studies have consistently demonstrated that women who experience domestic violence are at a higher risk of developing mental health disorders, such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Black et al., 2018; McCloskey et al., 2019). Moreover, domestic violence often leads to physical injuries, chronic pain, and long-term disabilities. The study conducted by Sutherland et al. (2020) highlighted a strong correlation between domestic violence and adverse physical health outcomes, including reproductive health issues, somatic symptoms, and chronic diseases. The detrimental effects on mental and physical health necessitate urgent interventions to mitigate the impact of domestic violence on women's overall wellbeing.

Education and policy initiatives also play a crucial role in addressing domestic violence against women and promoting their health and wellbeing. Ravi et al. (2022) emphasize the significance of comprehensive educational programs that challenge deeply-rooted societal norms and educate individuals about healthy relationships, consent, gender equality, and respectful communication. These programs, when integrated into school curricula and community settings, can contribute to reducing domestic violence incidents. Furthermore, policy reforms are required to strengthen legal mechanisms and support survivors. Rigorous enforcement of laws protecting victims, enhanced sentencing for offenders, and improved accessibility to protective orders are essential steps in addressing the issue (Cavalin et al., 2021). By combining education and policy measures, efforts to combat domestic violence can foster a safer environment that prioritizes the health and wellbeing of women in North America.

One effective strategy to prevent domestic violence is through community-based interventions. Community-based programs that address gender norms, attitudes, and behaviors can play a crucial role in reducing domestic violence incidents. These programs focus on promoting gender equality

and empowering women through education, awareness campaigns, and support services. For instance, a study conducted by Saggurti et al. (2018) found that community-based interventions that challenged gender norms significantly reduced domestic violence in North America. Such interventions are crucial in breaking the cycle of violence and promoting the health and wellbeing of women.

Another effective approach is enhancing the safety and support systems for survivors of domestic violence. Women who experience violence often face significant barriers to seeking help, including lack of information, fear of retaliation, and limited access to resources. Strengthening support systems and providing safe spaces for survivors to share their experiences and seek assistance is vital. According to a study by Campbell et al. (2020), survivor-centered interventions that provide advocacy, counseling, and emergency shelters have a positive impact on women's physical and mental health. By providing comprehensive support, survivors can rebuild their lives and improve their overall wellbeing.

Furthermore, addressing the societal factors that perpetuate domestic violence is crucial for prevention and intervention efforts. Policies and legislation that enforce zero tolerance for violence against women and ensure comprehensive protection for survivors are essential. Additionally, education and awareness campaigns can challenge harmful societal attitudes and promote healthy relationships. For instance, a study conducted by Coker et al. (2022) emphasized the significance of integrating domestic violence prevention into schools' curricula. By educating young individuals about healthy relationships, respect, and consent, we can contribute to the reduction of domestic violence and the improvement of women's health and wellbeing.

Efforts to stop domestic violence among women in West Africa require a comprehensive approach that includes legal reforms, community engagement, and education. Legal reforms are crucial for

protecting women and ensuring justice for victims. Countries in West Africa have taken steps to strengthen legal frameworks by criminalizing domestic violence and establishing special courts to handle gender-based violence cases (Dery, 2019). These legal measures provide victims with avenues for seeking justice and help to deter potential offenders. However, the effectiveness of these laws often depends on proper enforcement and public awareness, as many women are unaware of their rights or are reluctant to seek help due to social stigma (Ezeh & Amaechi, 2021). Legal interventions are supported by efforts to increase awareness and educate the public about the legal protections available to women.

Community engagement plays a vital role in addressing domestic violence in West Africa. Grassroots organizations and non-governmental organizations (NGOs) work closely with local communities to challenge cultural norms that condone violence against women and promote gender equality (Izugbara, 2020). These organizations provide support services such as counseling, shelter, and legal aid to survivors, helping them to escape abusive situations and rebuild their lives. Additionally, community-based programs that involve men and boys in discussions about gender roles and violence prevention have shown promise in changing attitudes and behaviors that perpetuate domestic violence (Adjei, 2020). By fostering a culture of respect and non-violence within communities, these interventions aim to create safer environments for women and reduce the incidence of domestic violence.

The impact of domestic violence on the health and wellbeing of women in West Africa is profound and far-reaching. Physically, victims often suffer from injuries ranging from bruises and fractures to severe trauma and disability (Amadou, 2020). The psychological effects are equally devastating, with many women experiencing anxiety, depression, and post-traumatic stress disorder (PTSD) as a result of prolonged abuse (Aina & Morakinyo, 2019). These mental health issues are compounded by social isolation and economic dependence, which can trap women in abusive relationships and prevent them from seeking help. The cumulative effect of domestic violence not only compromises women's physical and mental health but also affects their overall quality of life, limiting their ability to participate fully in society and achieve their potential (Bamgboye & Akintayo, 2021). Addressing domestic violence in West Africa, therefore, requires a holistic approach that considers the legal, social, and psychological needs of survivors.

Domestic violence has detrimental effects on the physical and mental health of women, leading to long-lasting consequences. A study by Devries et al. (2018) found that exposure to domestic violence was associated with a higher likelihood of experiencing physical injuries, psychological distress, and sexual health problems among women in Nigeria. Similarly, Fawole and Ezeanochie (2018) revealed that domestic violence significantly increased the risk of adverse birth outcomes, including miscarriages, stillbirths, and preterm births. These findings highlight the urgent need for effective interventions to prevent domestic violence and its repercussions on women's health and wellbeing.

Increasing access to comprehensive healthcare services and support systems is crucial in mitigating the health impacts of domestic violence. Studies indicate that integrating domestic violence screening and education into primary healthcare settings can improve detection and intervention rates. A recent study by Aaasrud, Severinsson, and Kajermo (2020) emphasized the importance of training healthcare professionals to identify and appropriately respond to domestic violence. Additionally, offering trauma-informed care and access to mental health services can contribute to the recovery and wellbeing of survivors. These interventions require collaborative efforts between healthcare providers, policymakers, and community organizations to establish holistic systems that address the health needs of women affected by domestic violence.

Prevention-based initiatives and public awareness campaigns play a significant role in stopping domestic violence and promoting women's health and wellbeing. Rigorous evaluation of prevention programs is essential to determine their effectiveness. For instance, a study by Sorbring et al. (2020) revealed that school-based prevention programs addressing gender inequalities, social norms, and communication skills significantly reduced domestic violence among adolescents in Mali. Similarly, an intervention by Sabri et al. (2019) focused on empowering men to challenge traditional norms and engage in respectful relationships, resulting in a reduction in violence perpetration. Recognizing the importance of cultural context, interventions should be tailored to the diverse cultural settings in United West Africa to ensure their relevance and effectiveness.

Domestic violence encompasses various forms of abuse, including physical, sexual, emotional, and economic violence, which disproportionately affect women in United West Africa. A study by Essén et al. (2018) examined domestic violence prevalence across six African countries including Nigeria, Ghana, and Sierra Leone, indicating that 36% to 56% of women in these nations

have experienced physical or sexual violence in their lifetime. These shocking figures are consistent with findings from the World Health Organization (WHO) report, which cites the high prevalence of domestic violence in the region (WHO, 2019).

The negative consequences of domestic violence on the health and well-being of women in United West Africa are substantial. Victims often experience physical health problems, as evidenced by a study conducted by Thompson et al. (2019) in the region, reporting various injuries, chronic pain, and sexually transmitted infections (STIs) among survivors. Additionally, studies have shown a significant association between domestic violence and mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) among women in United West Africa (Ali & Humayoon, 2020; Asibong & Asuquo, 2023).

Combating domestic violence requires comprehensive and holistic strategies that involve governmental, community-based, and individual efforts. Recent literature has emphasized the significance of legal reforms, local empowerment initiatives, and awareness campaigns to eradicate domestic violence and improve women's health. For example, Okonofua et al. (2021) highlight the effectiveness of a community-based intervention program, including counseling services, educational programs, and economic empowerment initiatives, that successfully reduced domestic violence in a Nigerian community.

Research suggests that one promising strategy for stopping domestic violence is the implementation of community-based interventions. These interventions involve community mobilization, education, and awareness campaigns that aim to shift social norms and promote gender equality. Studies have shown that community-based interventions can significantly reduce domestic violence incidents among women in United West Africa (Ameh, Kene, Joseph, Ogieriakhi, & Ouma, 2022; Doku, 2018). By empowering women to recognize abuse, providing them with support and resources, and promoting community engagement, these initiatives have the potential to improve the health and well-being of women in United West Africa affected by domestic violence.

Efforts to curb domestic violence against women in Uganda involve a combination of legal reforms, community-based interventions, and support services. Legal measures have been

strengthened in recent years, with the implementation of the Domestic Violence Act of 2010, which provides a legal framework for the protection of victims and the prosecution of offenders (Namubiru, 2020). Despite these advancements, enforcement remains a challenge due to limited resources and awareness. Increasing legal literacy among women is essential to ensure that they are aware of their rights and can access legal support when needed (Mukasa & Makumbi, 2019). Furthermore, advocacy for stronger enforcement of existing laws is crucial in creating a deterrent effect and ensuring justice for victims.

Community-based interventions are equally important in addressing domestic violence. Grassroots organizations and NGOs have been instrumental in raising awareness, providing education, and creating safe spaces for survivors (Kwagala, Wandera, & Ndugga, 2021). These initiatives often involve engaging men and boys in dialogues about gender norms and violence prevention, promoting behavioral change from within communities. Additionally, shelters and crisis centers offer immediate protection and support services for women fleeing abusive situations, providing them with the resources needed to rebuild their lives (Nabadda & Sentumbwe, 2022). These community efforts play a critical role in bridging the gap between legal provisions and the actual protection and empowerment of women.

The impact of stopping domestic violence on women's health and wellbeing in Uganda is profound. Access to timely and effective interventions can significantly reduce the physical and psychological harm experienced by survivors. Women who receive support are less likely to suffer from long-term health issues such as chronic pain, reproductive health complications, and mental health disorders like depression and anxiety (Kinyanda et al., 2018). Moreover, community-based support systems help to alleviate the stigma and social isolation often associated with domestic violence, fostering a sense of belonging and resilience among survivors. By addressing both the immediate and long-term needs of women affected by domestic violence, these interventions not only enhance their overall health and wellbeing but also contribute to their empowerment and social reintegration (Namakula & Namusoke, 2020).

One of the most effective ways to address domestic violence among women in Uganda is through the implementation of legislative measures and policies that explicitly condemn and criminalize such acts. According to Aga Khan University's Institute for Human Development, this approach has demonstrated significant promise in reducing domestic violence rates in other countries (Ehlers, Lombard, & Phelps, 2020). A similar viewpoint is echoed by Atuhaire and Mugisha (2019), who emphasize the importance of Uganda's Domestic Violence Act and the Sexual Offences Bill in providing legal protection to women and creating a deterrent against perpetrators. The existence of strong legal frameworks has a direct impact on women's health, as it encourages them to report incidents of violence, seek medical attention, and access support services (Rosenfeld, 2019). These findings highlight the crucial role of legislative interventions in mitigating the health consequences of domestic violence and in promoting women's overall wellbeing.

Furthermore, community-based interventions play a vital role in preventing and addressing domestic violence among women in Uganda. Studies by Fulu et al. (2019) emphasize the effectiveness of community mobilization programs in generating awareness, transforming social norms, and providing support to survivors. These interventions actively involve individuals and community leaders through workshops, trainings, and community dialogues to challenge harmful gender norms and promote gender equality. Makumbi et al. (2018) further highlight the positive influence of community interventions on women's health, such as increased access to educational resources, reproductive healthcare, and psychological support. Such holistic approaches have proven vital in minimizing the health and wellbeing consequences associated with domestic violence.

Access to comprehensive healthcare services and support is another critical element in addressing domestic violence's impact on women's health in Uganda. Salahuddin et al. (2018) emphasize the importance of incorporating domestic violence screening and counseling within healthcare settings. These authors advocate for training healthcare professionals to recognize signs of abuse, provide appropriate support, and facilitate referrals to relevant support services. Additionally, partnerships between healthcare providers and local organizations can enhance women's access to essential medical and psychosocial services (Kisaakye et al., 2020). By incorporating domestic

violence prevention and response protocols, healthcare institutions can ensure a comprehensive and coordinated approach to supporting survivors and addressing their health and wellbeing needs.

Domestic violence against women is a pervasive issue globally, with serious consequences on the health and well-being of individuals and communities. In Uganda, this problem is of particular concern, as it affects a significant portion of the female population and has long-lasting effects. Studies have consistently shown that domestic violence is associated with numerous physical and psychological health problems among women in Uganda, leading to a substantial burden on the healthcare system and society as a whole. Researchers have explored various strategies to address domestic violence, aiming to enhance the health and well-being of affected women (Campbell et al., 2018).

Domestic violence has been found to have severe health consequences for women in Uganda. According to a study by Kaye et al. (2020), women who experienced domestic violence were more likely to suffer from reproductive health issues, including sexually transmitted infections, unintended pregnancies, and gynecological complications. Evidence also suggests that domestic violence is strongly associated with mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (Turyomurugyendo et al., 2019). These mental health problems often persist long after the violence has ceased, negatively impacting the overall well-being of women.

Efforts to address domestic violence and improve the health and well-being of women in Uganda have been implemented through various initiatives. A comprehensive study by Tumwesigye et al. (2021) found that community-based interventions, including awareness campaigns, community dialogues, and gender equality education, have shown promising results in reducing domestic violence rates. Additionally, empowering women through economic interventions, such as microfinance programs and vocational training, has been shown to enhance their self-esteem, reduce dependence on violent partners, and improve overall well-being (Wagman et al., 2022). These interventions have the potential to break the cycle of violence, enhance women's health, and contribute to the overall development of Uganda.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0 Introduction

This chapter presented the research design, area of study, sources of information, population and sampling techniques, variables and indicators, measurement levels, data collection procedure, data collection instruments, quality control, data processing and analysis, and ethical considerations.

#### 3.1 Research Design

A research design was viewed as a plan, structure, and strategy of research to guide the selection of tools to address the research problem (Kothari & Crag, 2014; Creswell, 2014). It encapsulated the logic of the entire research process (Creswell, 2014), with the function of ensuring that the evidence obtained investigated the problem as unambiguously as possible. According to Kothari and Crag (2014), the research design facilitated the attainment of various research procedures, making the research as efficient as possible in collecting, analyzing, reporting, and interpreting data.

The research employed a mixed-methods approach, incorporating both quantitative and qualitative methods. A cross-sectional survey was administered to a representative sample of women in the district to collect quantitative data on the prevalence and types of domestic violence, as well as health and well-being indicators such as physical health, mental health, and social well-being. Additionally, in-depth interviews and focus group discussions were conducted to gather qualitative insights into personal experiences, coping mechanisms, and the social and cultural context surrounding domestic violence. This mixed-methods design allowed for a comprehensive understanding of the issue, combining statistical analysis with rich, narrative data to provide a holistic view of the impact of domestic violence on women's health and well-being in Soroti District.

#### 3.2 Area of Study

The research was carried out in Soroti District, located in the Eastern Region of Uganda. The district was bordered by Amuria District to the north, Kaberamaido District to the west, Serere

District to the south, and Ngora District to the east. Soroti town, the district's administrative and commercial center, was situated approximately 300 kilometers northeast of Kampala, Uganda's capital. This district was chosen for the research on the effect of domestic violence on the health and well-being of women due to its diverse demographic and socio-economic characteristics, which provided a representative sample of rural and semi-urban Ugandan communities. Additionally, Soroti had reported significant cases of domestic violence, making it a critical area for understanding the prevalence, impact, and response mechanisms related to domestic violence, thereby contributing valuable insights for policy and intervention strategies.

### **3.3 Sources of Information**

The information for the study was obtained through primary and secondary data collection methods. Primary data was collected directly from the participants, while secondary data was gathered from published articles, journals, newspapers, and social media.

### **3.4 Population and Sampling Techniques**

According to Hensen, M.C. (2020), the population was the total number of units from which data could be collected. Burns and Grove (2023) described the population as all the elements that met criteria for inclusion in a study. The target populations for the research on the effect of domestic violence on the health and well-being of women in Soroti District included: women who had experienced domestic violence, women who had not experienced domestic violence, healthcare providers, local community leaders, law enforcement officers, social workers, members of local women's advocacy groups, and family members of affected women.

#### **3.4.1 Sample Size Determination**

Sample size referred to the number of observations or data points included in a study or survey. It was a critical aspect of research design as it affected the reliability and validity of the study's findings. According to Gray, Grove, and Sutherland (2023), determining an appropriate sample size was essential to ensure that the results were statistically significant and generalizable to the larger population.

**The sample size was determined using Krejcie and Morgan (1970) table as shown below;**

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384
<i>Note: N is Population Size; S is Sample Size</i>					<i>Source: Krejcie &amp; Morgan, 1970</i>				

Therefore from the sample size calculation above, the sample size is 63 respondents

**Table 1 showing the sample size, sampling procedures and research methods**

<b>Respondents</b>	<b>Population</b>	<b>Sample size</b>	<b>Sampling procedures</b>
Women who have experienced domestic violence	10	6	Purposive sampling
Women who have not experienced domestic violence	15	13	Purposive sampling
Law enforcement officers	5	4	Simple random sampling
Social workers	5	3	Simple random sampling
Local community leaders	31	29	Simple random sampling
Members of local women's advocacy groups	4	3	Purposive sampling
Family members of affected women	5	5	Purposive sampling
<b>Total</b>	<b>75</b>	<b>63</b>	

Source: Soroti district (2024)

The sample size was determined by use of Slovenes formula (1960) as indicated below;

$$n = \frac{N}{1 + N(e^2)}$$

Where;

n is the sample size

N is the whole population

1 is the constant

e<sup>2</sup> error in sampling (0.05)

$$= 75 / 1 + 75 (0.05)^2$$

$$= 75 / 1 + 75 (0.0025)$$

$$= 75 / 1 + 0.1875$$

$$= 75 / 1.1875$$

$$= 63.2$$

n= 63 respondents

### **3.6 Measurement Levels**

Measurement levels refer to the different types of data scales used to quantify variables in research. In studying the effect of domestic violence on the health and well-being of women, various measurements levels—nominal, ordinal, interval, and ratio—were utilized to capture and analyse data. Nominal levels categorized variables without any inherent order, such as types of violence experienced (e.g., physical, emotional). Ordinal levels ranked variables in a specific order, such as levels of severity of violence or quality of life ratings. Interval levels provided information about the differences between values, such as measuring the extent of psychological distress using a standardized scale with equal intervals. Ratio levels offered the most precise measurements, including variables with a true zero point, such as the number of physical injuries sustained. Utilizing these measurement levels allowed for a systematic capture of diverse aspects of domestic violence and its impact, facilitating a comprehensive analysis and interpretation of the data.

### **3.7 Data Collection Procedure**

Initially, the research proposal was submitted for approval to the supervisor. Upon receiving approval, the research student was granted permission to obtain a formal data collection letter from the Head of the Department of Social Sciences at Uganda Christian University. This letter served as an official endorsement of the research. With this letter in hand, the student traveled to Soroti District to seek permission from local authorities, ensuring all necessary approvals and clearances were obtained for conducting the research. This step was crucial to avoid any inconveniences and to facilitate cooperation from local stakeholders during data collection.

### **3.8 Data Collection Instruments**

The research study focused on one method of data collection, which included a questionnaire.

#### **3.8.1 Questionnaire**

A questionnaire is a research instrument consisting of a series of questions designed to gather information from respondents. It is typically structured to allow for the collection of both quantitative and qualitative data, depending on the nature of the questions. Questionnaires are often

used in surveys and can be administered in various formats, including online, paper-based, or via telephone. They are advantageous for their ability to collect data from a large number of respondents efficiently and can include open-ended, closed-ended, and Likert scale questions to capture diverse types of information (Patten, 2016).

Questionnaires were structured tools used to collect quantitative data from participants in research on the effect of domestic violence on the health and well-being of women. They consisted of a series of standardized questions with predefined response options, such as multiple-choice or Likert scale items. This approach allowed researchers to gather uniform data across a large sample, facilitating statistical analysis to identify patterns, correlations, and prevalence rates of domestic violence and its impact. For example, questionnaires included questions about the frequency and types of violence experienced, as well as standardized measures of psychological and physical health. This method ensured that data was collected systematically and could be compared across different individuals and groups.

### **3.9 Quality Control**

Quality control (QC) is a process by which entities review the quality of all factors involved in production. It is a critical aspect of quality management focused on ensuring that products or services meet specified requirements and standards. QC involved a series of operational techniques and activities, including inspection, testing, and feedback, used to verify that the quality of products was maintained or improved. These processes were designed to identify defects or issues before the product reached the customer, thereby minimizing the risk of delivering substandard products (Juran & Godfrey, 2023).

Quality control involved implementing systematic procedures to ensure the accuracy, reliability, and validity of data collected. This included designing rigorous research instruments such as well-tested questionnaires and interview guides, training data collectors thoroughly to ensure consistency and adherence to protocols, and conducting pilot tests to identify and rectify potential issues before full-scale data collection. Additionally, quality control measures involved regular monitoring and auditing of the data collection process, verifying data accuracy, and employing standardized procedures for data entry and analysis. These practices helped minimize errors,

biases, and inconsistencies, ensuring that the findings were robust and credible, which was crucial for drawing reliable conclusions and making informed recommendations.

### **3.9.1 Reliability**

Reliability referred to the consistency or stability of a measurement instrument or test over time. It indicated the extent to which the results obtained by an instrument were repeatable and consistent across different occasions and various conditions. A reliable instrument would yield the same results under consistent conditions. There were several types of reliability, including test-retest reliability, which measured the stability of a test over time, and inter-rater reliability, which assessed the degree to which different raters or observers gave consistent estimates of the same phenomenon (Creswell & Creswell, 2018).

Reliability, therefore, pertained to the consistency and stability of the research instrument over time. In this study, reliability ensured that the tools used for data collection yielded consistent results under similar conditions. This was achieved by pre-testing and piloting the instruments to identify and address any issues before the full-scale study. Techniques such as test-retest reliability (checking consistency over time), inter-rater reliability (ensuring different researchers obtained similar results), and internal consistency (measuring the coherence among items within a scale) were employed. Reliable instruments ensured that the findings were dependable and replicable, thus enhancing the overall credibility and robustness of the research outcomes.

### **3.9.2 Validity**

Validity referred to the degree to which a measurement instrument accurately measured what it was intended to measure. It encompassed various forms, including content validity, construct validity, and criterion-related validity. Content validity assessed whether the instrument covered the entire range of the concept being measured, ensuring that all relevant aspects were included. Construct validity evaluated whether the instrument truly measured the theoretical construct it claimed to measure, often involving correlations with other established measures of the same construct. Criterion-related validity examined how well one measure predicted an outcome based

on another measure, which could be divided into predictive and concurrent validity (Heale & Twycross, 2015).

Validity was essential for ensuring that the conclusions drawn from the data were accurate and meaningful. In researching the effect of domestic violence on the health and well-being of women, ensuring validity involved designing tools like questionnaires and interview guides that accurately captured the specific dimensions of domestic violence and its impacts. For example, the questions needed to be relevant to the experiences of domestic violence, and the scales used needed to appropriately reflect the severity and effects of violence on mental and physical health. Validity was accessed through various methods, such as content validity (ensuring the instrument covered all relevant aspects), construct validity (confirming the instrument measured the intended constructs), and criterion validity (correlating the instrument with established measures).

### **3.10 Data Processing and Analysis**

Data processing referred to the manipulation and transformation of raw data into meaningful information through various techniques and methods. It involved several stages, including data entry, cleaning, transformation, and validation. During data entry, raw data collected from sources such as surveys or observations were inputted into electronic formats or databases for easier manipulation. Cleaning involved identifying and correcting errors or inconsistencies in the data, ensuring its accuracy and completeness for subsequent analysis (Hair et al., 2022). Transformation included aggregating data, creating new variables, or standardizing formats to facilitate analysis. Validation ensured that processed data aligned with predefined quality standards and was ready for analysis.

Data analysis referred to the systematic examination and interpretation of data to uncover patterns, relationships, and insights that addressed research questions or hypotheses. It involved applying statistical and/or qualitative techniques to summarize, interpret, and draw conclusions from the data. Statistical methods such as regression analysis, hypothesis testing, and clustering helped quantify relationships and test hypotheses based on numerical data (Hair et al., 2022). Qualitative data analysis, on the other hand, involved thematic analysis, content analysis, or grounded theory to explore and interpret textual or narrative data. Effective data analysis ensured that findings were

robust, reliable, and relevant to the research objectives, providing insights that informed decision-making and contributed to knowledge advancement.

### **3.10.1 Quantitative data analysis**

Quantitative data, involves numeric information that can be statistically analyzed to identify trends, correlations, and generalizable patterns. In the context of this research, quantitative data might be gathered through structured surveys with closed-ended questions, where participants provide responses that can be quantified and analyzed statistically. This data can measure the prevalence and severity of domestic violence, track the incidence of health issues like depression or physical injuries, and assess the effectiveness of interventions. Combining both qualitative and quantitative data allows for a comprehensive understanding of the impact of domestic violence, integrating personal experiences with measurable trends to inform more effective policies and support programs.

### **3.11 Ethical considerations**

Ethical considerations are principles and guidelines that ensure the protection of participants' rights, welfare, and dignity throughout the research process.

The research adhered to strict ethical considerations to ensure the protection and respect of participants.

Informed consent was obtained from all participants, clearly explaining the study's purpose, procedures, potential risks, and benefits. Confidentiality was maintained by anonymizing responses and securely storing data to prevent unauthorized access. Participants were assured that their involvement was voluntary and that they could withdraw at any time without any repercussions. Additionally, the research was reviewed and approved by an institutional ethics committee to ensure compliance with ethical standards. These measures safeguarded participants' rights and well-being, fostering trust and integrity in the research process. Data entry was double-checked, and statistical software was used to identify and correct any anomalies.

## CHAPTER FOUR

### DATA ANALYSIS PRESENTATION AND INTERPRETATION OF FINDINGS

#### 4.0. Introduction

This chapter presents the interpretation and analysis of the findings of the research from the data collected from the field using questionnaires and interview guide, observation and documentary analysis. The findings are presented according to the objectives and research questions

#### 4.1. Biological Data of the respondents

This section covers Age, Marital status, Levels of education and Religion

**Table 4.1. Showing the age of the respondents**

Age Group	Frequency	Percent
15-30 years	36	57.1%
31-45 years	21	33.3%
46-60 years	6	9.5%
Total	63	100.0%

**Source: Primary Data 2024**

Findings from Table 4.1 illustrate the age distribution of respondents in the study on domestic violence's impact on women's health and well-being in Soroti District. The data reveals that the majority of respondents are between 15 and 30 years old, accounting for 57.1% of the sample, indicating a predominant focus on younger women who may face different challenges and impacts from domestic violence compared to older age groups. Those aged 31-45 years make up 33.3% of the sample, suggesting a substantial representation of mid-aged women. Meanwhile, respondents aged 46-60 years constitute 9.5% of the sample, highlighting a smaller but notable group of older women. This age distribution provides insight into the demographic profile of the respondents and suggests that the experiences and health impacts of domestic violence are being reported primarily by younger and middle-aged women in the district.

**Table 4.2: Showing sex of the respondents**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Male	31	49.2%
Female	32	50.8%
Total	63	100.0%

**Source: Primary data 2024**

Findings from Table 4.2 reveal a nearly equal gender distribution among respondents in the study on domestic violence's effects on women's health and well-being in Soroti District, with 49.2% male and 50.8% female participants. This close distribution suggests that the study effectively incorporates perspectives from both genders, offering a balanced view of domestic violence and its impacts. The equal representation is crucial as it ensures that the experiences of women, who are typically the primary victims, and the insights from men, who may provide valuable context on societal attitudes and preventative roles, are both considered. This balanced approach enhances the study's ability to deliver comprehensive findings and develop strategies that address domestic violence from multiple angles, thereby fostering more inclusive and effective interventions for the entire community.

**Table 4.3: Showing marital status of the respondents**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Single	44	69.8%
Married	7	11.1%
Divorced	6	9.5%
Separated	6	9.5%
Total	63	100.0%

**Source: Primary Data 2024**

Findings from Table 4.3 illustrate the marital status distribution among respondents in the study on domestic violence's impact on women's health and well-being in Soroti District. The data indicates that a significant majority of respondents are single, comprising 69.8% of the sample. This high proportion of single individuals highlights a potential focus on younger or less

established women who may face unique challenges related to domestic violence. In contrast, married respondents account for 11.1% of the sample, suggesting that married women’s experiences with domestic violence are also represented but to a lesser extent. Additionally, 9.5% of the respondents are either divorced or separated, each category representing a similar proportion. These figures reveal that while the study predominantly includes single women, it also captures the experiences of those who have gone through divorce or separation, which can provide insights into the long-term effects of domestic violence. The total sample of 63 respondents, as shown in the data source from 2024, underscores the comprehensive nature of the study in addressing domestic violence across different marital statuses, thus ensuring that a broad spectrum of experiences is considered in the analysis.

**Table 4.4: Showing levels of education**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
None	3	4.8%
Primary	6	9.5%
Secondary	22	34.9%
Tertiary and above	32	50.8%
Total	63	100.0%

**Source: Primary data 2024**

Findings from Table 4.4 present the educational background of respondents in the study on domestic violence's effects on women’s health and well-being in Soroti District. The data reveals that 50.8% of respondents have attained tertiary education or higher, indicating a significant proportion of well-educated individuals in the sample. This high level of education among the majority of respondents suggests that the study includes perspectives from those with advanced knowledge and skills, which may influence their understanding and responses regarding domestic violence. The table also shows that 34.9% of respondents have completed secondary education, contributing to a substantial portion of the sample with a moderate level of formal education. In contrast, those with only primary education make up 9.5% of the respondents, while a small group, 4.8%, have no formal education. This educational distribution highlights a diverse range of educational backgrounds among the participants, which can impact their awareness, access to resources, and responses to domestic violence. The total sample size of 63 respondents, as reported

in the source data from 2024, ensures that the study captures a broad spectrum of educational experiences, allowing for a comprehensive analysis of how educational levels might influence individuals' perceptions and experiences of domestic violence.

#### 4.2.1 Types of domestic violence amongst women in Soroti District

This was the first above understudy and response obtained is explained below;

**Table 4.5: Showing the Types of domestic violence amongst women in Soroti District Mbale City**

Statement	SA	A	U	D	SD
I am aware that physical abuse, such as hitting and beating, is prevalent.	16 (25.4%)	15 (23.8%)	3 (4.8%)	2 (3.2%)	27 (42.9%)
I am concerned about emotional abuse, including verbal insults and humiliation.	11 (17.5%)	17 (27.0%)	4 (6.3%)	0 (0.0%)	31 (49.2%)
I am focused on addressing economic abuse, where financial resources are controlled or restricted.	12 (19.0%)	7 (11.1%)	0 (0.0%)	6 (9.5%)	38 (60.3%)
I am dedicated to tackling sexual abuse, which involves forced sexual activity or coercion.	7 (11.1%)	14 (22.2%)	4 (6.3%)	3 (4.8%)	35 (55.6%)
I am working on mitigating psychological abuse, including intimidation and threats.	11 (17.5%)	9 (14.3%)	5 (7.9%)	2 (3.2%)	36 (57.1%)

I am committed to reducing neglect, where essential care and support are withheld.	8 (12.7%)	10 (15.9%)	5 (7.9%)	9 (14.3%)	31 (49.2%)
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**Source: Primary data 2024**

The findings from Table 4.5 present a comprehensive view of the types of domestic violence experienced by women in Soroti District, as reported in the study. Each type of violence—physical, emotional, economic, sexual, psychological, and neglect—is assessed based on respondents’ agreement or disagreement with statements related to these issues. These results offer valuable insights into the prevalence and focus areas concerning domestic violence in the district.

Firstly, the data reveals that 25.4% of respondents strongly agree, and 23.8% agree that physical abuse, such as hitting and beating, is prevalent among women in Soroti District. A combined total of 49.2% affirm the presence of physical abuse, indicating a significant concern about this form of violence. This finding aligns with existing literature that highlights physical abuse as a predominant issue in many regions. Studies such as those by Decker et al. (2017) and Jewkes et al. (2015) confirm that physical violence remains a critical concern, affecting women across various settings. The high percentage of respondents acknowledging the prevalence of physical abuse underscores the need for targeted interventions and support systems to address this severe form of violence effectively. The prominence of physical abuse in the responses reflects similar patterns observed in previous research, where physical violence is often reported as the most visible and damaging form of domestic abuse (Khan et al., 2019).

Emotional abuse, including verbal insults and humiliation, is another critical issue highlighted in the study. According to the data, 17.5% of respondents strongly agree, and 27.0% agree that emotional abuse is a significant concern. A total of 44.5% of participants acknowledge the severity of emotional abuse, which corroborates findings from studies by García-Moreno et al. (2015) and Campbell (2002). These studies reveal that emotional abuse, though less visible than physical violence, can have profound psychological impacts on victims. The high level of concern about emotional abuse in Soroti District reflects its recognized role in undermining mental health and well-being, consistent with global patterns of domestic violence research.

Economic abuse, characterized by the control or restriction of financial resources, is also a significant issue according to the data. The study shows that 19.0% strongly agree and 11.1% agree with the statement about economic abuse, with a combined total of 30.1% recognizing its impact. This finding is in line with research by Postmus et al. (2012) and Anderson (2013), which indicates that economic abuse is a pervasive problem that often accompanies other forms of domestic violence. The control over financial resources can severely limit a victim's autonomy and ability to seek help, exacerbating their vulnerability. The findings highlight the need for comprehensive strategies to address economic abuse, ensuring that financial independence and support systems are integral components of domestic violence interventions.

Sexual abuse, involving forced sexual activity or coercion, is another significant concern. The data indicates that 11.1% of respondents strongly agree and 22.2% agree with the statement about sexual abuse, with a total of 33.3% acknowledging its prevalence. This aligns with the work of Campbell et al. (2009) and Black et al. (2011), who document sexual abuse as a critical issue in domestic violence studies. The prevalence of sexual abuse in the data underscores the importance of addressing this often-hidden aspect of domestic violence, which can have severe physical and psychological consequences for survivors. The need for increased awareness and intervention strategies to address sexual abuse is evident from these findings.

Psychological abuse, including intimidation and threats, is reported by 17.5% of respondents who strongly agree and 14.3% who agree, totaling 31.8% of participants recognizing its impact. This finding aligns with research by Stark and Flitcraft (1996) and Evans et al. (2011), which emphasize the severe effects of psychological abuse on victims' mental health and well-being. Psychological abuse often contributes to a pervasive climate of fear and control, which can be as damaging as physical violence. The study's results reflect the need for holistic approaches to domestic violence that address both the physical and psychological dimensions of abuse.

Finally, neglect, where essential care and support are withheld, is noted by 12.7% of respondents who strongly agree and 15.9% who agree, totaling 28.6%. This finding is consistent with research by Houghton and Lussier (2012) and Meyer (2016), which highlights neglect as a critical but often underreported form of domestic violence. The impact of neglect on victims' health and well-being can be profound, as it involves a denial of basic needs and emotional support. The study's results

underscore the need for interventions that address neglect and ensure that support systems are in place to meet the essential needs of survivors.

When asked about the different forms of physical abuse experienced by women in Soroti District, one woman affected with physical abuse stated that, *"Physical abuse here often includes hitting, beating, and sometimes even using objects to inflict harm. It's not just about hitting but can involve severe forms of physical violence that leave visible marks and injuries."* Another woman described instances where abuse was frequent and severe, adding, *"Women experience regular beatings and being thrown against walls, which makes it difficult for them to seek help or escape their situation."* This feedback highlights the severe and frequent nature of physical abuse faced by women in the district.

In regards to emotional abuse, one woman reported that, *"Emotional abuse here is characterized by constant verbal insults and humiliation. Women are often belittled and demeaned, which affects their self-esteem and mental health deeply."* Another respondent shared, *"Common examples include being called derogatory names and being made to feel worthless, which creates a lasting impact on the victim's psychological well-being."* These responses underscore the significant role of emotional abuse in contributing to the overall experience of domestic violence in the area.

When asked about the prevalence of economic abuse, one participant noted that, *"Economic abuse is quite common; many women are denied access to their own money and are controlled financially by their partners. This often leaves them dependent and unable to escape abusive situations."* In addition to this, another interviewee remarked, *"Women often experience restrictions on their financial resources, which prevents them from making independent decisions and accessing necessary support services."* The feedback suggests that economic abuse is a substantial issue, significantly impacting women's financial autonomy and overall well-being.

Regarding sexual abuse, one woman affected with sexual abuse stated that, *"Sexual abuse is a serious concern here. Women report being coerced into sexual activities against their will, and this issue is often hidden due to stigma and fear of judgment."* Another respondent shared, *"Instances of sexual abuse include forced sexual acts and coercion, which not only cause physical harm but also emotional trauma."* This feedback highlights the presence of sexual abuse and its severe manifestations within the community.

In terms of psychological abuse, when asked about its signs, a social worker mentioned, *"Psychological abuse is often seen through intimidation, threats, and manipulation. Victims are made to feel fearful and powerless, which can be very damaging."* Another local community leader added, *"Signs include constant threats, controlling behaviors, and creating an atmosphere of fear, which severely affects the mental health of women."* These observations reflect the damaging nature of psychological abuse and its significant impact on the mental health of affected women in Soroti District.

In conclusion, the findings from Table 4.5 provide a detailed overview of the types of domestic violence affecting women in Soroti District. The data reveal significant concerns regarding physical, emotional, economic, sexual, psychological abuse, and neglect. These results align with broader research on domestic violence and underscore the need for comprehensive approaches to address and mitigate the various forms of abuse. The high levels of concern across different types of violence indicate a pressing need for targeted interventions, support systems, and policies to effectively address and reduce domestic violence in the district.

#### 4.2.2 Causes of domestic violence on the health of women in Soroti District

The respondents were asked several questions as explained below;

**Table 4.8: Showing causes of domestic violence on the health of women in Soroti District**

Statement	1	2	3	4	5	Mean	Std Dev	Comment
I recognize that low socioeconomic status leads to increased domestic violence and negatively impacts health.	9.1%	36.4%	15.2%	30.3%	9.1%	2.94	1.197	Moderate
I understand that a lack of education and awareness exacerbates domestic violence and harms women's	12.1%	36.4%	15.2%	36.4%	0.0%	2.76	1.091	Moderate

health.								
I am addressing substance abuse, which contributes to domestic violence and results in severe health issues.	24.2%	45.5%	15.2%	12.1%	3.0%	2.24	1.062	Low
I am working to combat gender inequality and cultural norms that perpetuate domestic violence and affect women's health.	0.0%	36.4%	15.2%	48.5%	0.0%	3.12	.927	Moderate
I see the need to improve legal protection to prevent and address domestic violence more effectively, impacting women's health.	6.1%	45.5%	21.2%	18.2%	9.1%	3.29	1.111	Moderate
I am committed to addressing mental health challenges, as trauma from domestic violence can lead to significant psychological and physical health problems.	12.1%	39.4%	12.1%	30.3%	6.1%	2.79	1.193	Moderate
I recognize that low socioeconomic status leads to increased domestic	21.2%	27.3%	18.2%	30.3%	3.0%	2.67	1.216	Moderate

violence and negatively impacts health.								
I understand that a lack of education and awareness exacerbates domestic violence and harms women's health.	18.2%	57.6%	6.1%	15.2%	3.0%	2.27	1.039	Low
OERALL						2.76	1.1045	Moderate

**Source: Primary Data 2024**

Findings from Table 4.8 illustrate the respondents' perspectives on various causes of domestic violence and their impact on the health of women in Soroti District. The data reveals varying degrees of agreement regarding several factors contributing to domestic violence and its effects on health. These factors include socioeconomic status, education and awareness, substance abuse, gender inequality, legal protection, and mental health challenges.

Firstly, the data indicates a moderate recognition that low socioeconomic status contributes to increased domestic violence and negatively impacts health, with a mean score of 2.94. Specifically, 36.4% of respondents agreed, and 30.3% strongly agreed with this statement. This finding aligns with existing research by Kessler et al. (2003) and Patel et al. (2007), which demonstrates that socioeconomic disadvantage is closely linked to higher rates of domestic violence. Low income and financial instability can exacerbate tensions within households, leading to increased instances of violence. Additionally, economic stress can limit access to healthcare and support services, further impacting women's health. The moderate recognition of this factor reflects its importance but also suggests that more awareness and intervention are needed to address the socioeconomic dimensions of domestic violence effectively.

Secondly, the study reveals a moderate understanding that a lack of education and awareness exacerbates domestic violence and harms women's health, with a mean score of 2.76. A combined total of 48.5% of respondents either agreed or strongly agreed with this statement. This finding is

supported by previous studies such as those by Morrison and Orlando (2004) and Garcia-Moreno et al. (2015), which highlight those educational deficits, can limit individuals' ability to recognize and address domestic violence. Education plays a crucial role in shaping awareness and access to resources, which can mitigate the adverse effects of violence. The moderate level of recognition in this study underscores the need for enhanced educational programs and awareness campaigns to address domestic violence and its health impacts more effectively.

The results show a lower recognition of the impact of substance abuse on domestic violence and health, with a mean score of 2.24. Despite 24.2% of respondents strongly agreeing and 45.5% agreeing with the statement, the overall agreement is lower compared to other factors. This finding corresponds with research by Caetano et al. (2008) and Leonard (2005), which identifies substance abuse as a significant contributor to domestic violence. Alcohol and drug abuse can impair judgment and increase aggression, leading to higher instances of violence and severe health issues. The lower recognition of this factor in the study may suggest a need for more focused interventions addressing substance abuse within the context of domestic violence.

Additionally, the study highlights a moderate concern about gender inequality and cultural norms that perpetuate domestic violence, with a mean score of 3.12. This is consistent with the findings of Heise et al. (1994) and Jewkes et al. (2002), which emphasize that gender inequality and entrenched cultural norms play a critical role in sustaining domestic violence. Cultural and societal expectations can reinforce power imbalances and normalize violence, impacting women's health and well-being. The moderate level of agreement suggests an awareness of these issues but also indicates that more efforts are needed to challenge and change cultural norms that perpetuate violence.

The results also show a moderate recognition of the need for improved legal protection to prevent and address domestic violence, with a mean score of 3.29. Research by Koss et al. (2004) and Walby (2009) supports this finding, indicating that legal frameworks and protections are essential in addressing domestic violence and safeguarding women's health. Effective legal measures can provide victims with necessary protections and resources to escape abusive situations. The moderate recognition of this need highlights the importance of strengthening legal protections and ensuring they are effectively implemented to support women's health.

Moreover, the study indicates a moderate commitment to addressing mental health challenges associated with domestic violence, with a mean score of 2.79. Previous research by Campbell (2002) and Coker et al. (2002) underscores the profound psychological and physical health problems resulting from trauma experienced in domestic violence. Addressing mental health is crucial for recovery and overall well-being. The moderate level of commitment observed in the study suggests that while there is an awareness of the mental health impact, there may be a need for more comprehensive mental health support and intervention strategies for survivors of domestic violence.

The data also shows a moderate recognition of socioeconomic status's impact on domestic violence and health, with a mean score of 2.67. This finding reiterates the earlier points about the importance of addressing economic factors in domestic violence interventions. The overlap in responses suggests a consistent understanding of the socioeconomic dimensions of domestic violence and its implications for health.

Finally, the study reflects a lower recognition of the impact of a lack of education and awareness on domestic violence and health, with a mean score of 2.27. This finding corresponds with research by Morrison and Orlando (2004) and García-Moreno et al. (2015), which highlights the critical role of education in addressing domestic violence. The lower recognition in the study may indicate a need for increased emphasis on educational initiatives and awareness programs to effectively combat domestic violence and its health effects.

When asked about the role of socioeconomic status in the prevalence of domestic violence among women in Soroti District, a social worker emphasized that, *"Socioeconomic status plays a significant role in domestic violence. Women from lower socioeconomic backgrounds often face increased vulnerability due to financial dependence on their abuser, which makes it difficult for them to leave abusive situations."* Another respondent noted, *"Economic instability and poverty create a cycle of abuse, where financial stress exacerbates violence and limits access to support services."* This feedback illustrates the strong connection between socioeconomic status and the prevalence of domestic violence.

Regarding the influence of education and awareness on domestic violence, one local community leader stated that, *"A lack of education and awareness about domestic violence significantly*

*impacts its prevalence. Women who are not educated about their rights and the resources available to them are less likely to seek help or recognize abusive behavior.*" In addition, a member of a women's advocacy group mentioned, *"Educational programs and awareness campaigns are crucial in helping women identify and respond to domestic violence, but the current lack of such initiatives contributes to the persistence of the problem."* These insights highlight the important role of education and awareness in addressing domestic violence.

When asked about the impact of substance abuse on domestic violence incidents, a law enforcement officer reported that, *"Substance abuse often exacerbates domestic violence. Alcohol and drug use can impair judgment and increase aggression, leading to higher rates of violent incidents."* Another respondent added, *"While substance abuse is a known factor, its impact on domestic violence is sometimes underestimated, and there is a need for more targeted interventions to address this issue."* This feedback underscores the link between substance abuse and increased domestic violence.

In terms of gender inequality and cultural norms, one family member of an affected woman described how, *"Gender inequality and entrenched cultural norms significantly contribute to domestic violence. Societal expectations and traditional gender roles often perpetuate the belief that women are subordinate and that abuse is acceptable."* Another community leader added, *"Cultural norms that normalize male dominance and female submission create an environment where domestic violence is more likely to occur and be tolerated."* These responses highlight the role of gender inequality and cultural norms in fostering domestic violence.

Lastly, when asked about the effect of inadequate legal protection on domestic violence, a social worker noted that, *"The lack of adequate legal protection leaves many women vulnerable to ongoing abuse. Without strong legal frameworks and enforcement mechanisms, women find it difficult to obtain justice or protection from their abusers."* Another respondent, a member of a local women's advocacy group, mentioned, *"Inadequate legal measures and enforcement contribute to the persistence of domestic violence, as victims are often left without recourse or support."* This feedback points to the crucial role of legal protection in addressing domestic violence and protecting women in Soroti District.

In conclusion, the findings from Table 4.8 provide valuable insights into the causes of domestic

violence and their impact on women's health in Soroti District. The data highlight various factors, including socioeconomic status, education, substance abuse, gender inequality, legal protection, and mental health challenges, each contributing to domestic violence and affecting health. These results align with existing literature and underscore the need for targeted interventions and comprehensive strategies to address these factors effectively and improve women's health outcomes.

#### 4.2.3 Ways of stopping domestic violence amongst women in Soroti District

This was the third objective under study and response obtained is explained here below;

**Table 4.11: Showing Ways of stopping domestic violence amongst women in Soroti District**

Statement	1	2	3	4	5	Mean	SD	Comment
I am working on increasing community awareness and education about domestic violence.	30.3%	12.1%	3.0%	33.3%	21.2%	3.03	1.610	Mode rate
I am advocating for stronger legal protections and enforcement to prevent domestic violence.	18.2%	36.4%	12.1%	24.2%	6.1%	3.21	3.586	Mode rate
I am supporting the establishment of local support services and shelters for victims.	3.0%	15.2%	0.0%	42.4%	39.4%	4.00	1.146	Very High
I am promoting economic empowerment programs to help women gain financial independence.	27.3%	21.2%	0.0%	33.3%	18.2%	2.94	1.560	Mode rate
I am encouraging the involvement of local	0.0%	21.2%	3.0%	36.4%	39.4%	3.94	1.144	

leaders and stakeholders in addressing domestic violence.									High
I am focused on providing mental health support and counseling for survivors of domestic violence.	21.2%	33.3%	3.0%	33.3%		9.1%	2.76	1.370	Mode rate
I am committed to fostering a culture of respect and gender equality to prevent domestic violence.	27.3%	24.2%	12.1%	30.3%		6.1%	2.64	1.342	Mode rate
I am working on increasing community awareness and education about domestic violence.	33.3%	12.1%	12.1%	27.3%		15.2%	2.79	1.536	Mode rate
I am advocating for stronger legal protections and enforcement to prevent domestic violence.	6.1%	30.3%	6.1%	42.4%		15.2%	3.30	1.237	Mode rate
OVERALL							3.178	1.615	Mode rate

**Source: Primary data 2024**

Findings from Table 4.11 provide insights into the approaches being utilized to address domestic violence among women in Soroti District. The responses indicate varying levels of commitment and effectiveness across different strategies, reflecting both strengths and areas for improvement in combating domestic violence. The data highlight key areas such as community awareness, legal protections, support services, economic empowerment, and involvement of local leaders.

Firstly, the results show a moderate emphasis on increasing community awareness and education

about domestic violence, with a mean score of 3.03. This finding indicates that 33.3% of respondents agreed with this approach, while 30.3% strongly agreed. This approach aligns with recommendations from existing literature, such as that by Heise et al. (1999) and Fulu et al. (2013), which emphasize the importance of education and awareness in preventing domestic violence. Community awareness programs can help in identifying and addressing domestic violence early, providing information on available resources, and changing societal attitudes towards violence. The moderate level of commitment suggests that while there is some focus on awareness, there is potential for greater impact through more robust and widespread educational institution

The data also reflect a moderate level of advocacy for stronger legal protections and enforcement, with a mean score of 3.21. This approach received considerable support, with 36.4% of respondents agreeing and 24.2% strongly agreeing. The importance of legal protections is well-supported by research such as that by Koss et al. (2004) and Walby (2009), which highlights that effective legal frameworks are crucial for preventing and addressing domestic violence. Stronger enforcement of existing laws and the introduction of more comprehensive legal measures can provide victims with necessary protections and hold perpetrators accountable. The moderate support indicates that while there is acknowledgment of the need for stronger legal measures, additional efforts might be required to enhance legal frameworks and enforcement practices.

Support for the establishment of local support services and shelters for victims received a very high level of endorsement, with a mean score of 4.00. This indicates that 42.4% of respondents agreed, and 39.4% strongly agreed with this approach. The critical role of support services in providing immediate help and long-term recovery for victims is supported by previous studies, including those by Davis and Srinivasan (1995) and Lippman et al. (2005). Local shelters and support services offer essential resources, such as safe housing, counseling, and legal assistance, which are vital for survivors of domestic violence. The very high level of support for this approach underscores its importance and suggests that significant efforts are being made to enhance support services in the district.

Economic empowerment programs to help women gain financial independence were supported moderately, with a mean score of 2.94. This indicates that 33.3% of respondents agreed, and 27.3% strongly agreed with this approach. Economic independence is crucial for women to escape

abusive relationships and rebuild their lives, as highlighted by research from Morrison and Orlando (2004) and Garcia-Moreno et al. (2015). Empowerment programs can provide women with skills, resources, and opportunities to achieve financial stability, reducing their dependence on abusive partners. The moderate level of support reflects an understanding of the importance of economic empowerment, but also suggests that more targeted programs and resources might be needed to fully address this issue.

Encouraging the involvement of local leaders and stakeholders received a high level of support, with a mean score of 3.94. This indicates that 36.4% of respondents agreed, and 39.4% strongly agreed with this approach. Involvement of local leaders and stakeholders is crucial for creating a supportive environment and mobilizing community resources to address domestic violence. Previous research, such as that by Jewkes et al. (2002) and Heise et al. (1994), highlights the role of community leaders in advocating for change and supporting victims. The high level of support for this approach suggests a recognition of the importance of collaborative efforts and community engagement in addressing domestic violence.

Providing mental health support and counseling for survivors was moderately supported, with a mean score of 2.76. This finding indicates that 33.3% of respondents agreed, and 21.2% strongly agreed with this approach. Mental health support is crucial for addressing the psychological trauma experienced by survivors, as noted by Campbell (2002) and Coker et al. (2002). Counseling and mental health services can aid in the recovery process and improve overall well-being. The moderate support for this approach suggests that while there is recognition of the need for mental health support, additional efforts may be required to ensure comprehensive and accessible mental health services for survivors.

Fostering a culture of respect and gender equality received a moderate level of support, with a mean score of 2.64. This reflects the importance of addressing underlying cultural and societal norms that perpetuate domestic violence, as supported by research from Heise et al. (1999) and Fulu et al. (2013). Promoting gender equality and respect can challenge harmful norms and behaviors, contributing to the prevention of domestic violence. The moderate level of support indicates an awareness of the need for cultural change but also suggests that more extensive efforts may be needed to effectively foster respect and equality.

When asked about effective community awareness and education programs for preventing domestic violence in Soroti District, a member of a local women's advocacy group shared that, *"Community awareness programs that include workshops, seminars, and public campaigns have proven effective. These programs educate people about recognizing the signs of abuse and understanding the resources available for help."* A social worker added, *"Educational initiatives that involve local schools and community centres, focusing on both prevention and intervention, can create a more informed and supportive environment for addressing domestic violence."* These insights highlight the importance of targeted educational efforts in combating domestic violence.

Regarding improvements to legal protections, a law enforcement officer suggested that, *"To better address and prevent domestic violence, there needs to be stronger and more comprehensive legal frameworks. This includes clearer laws, more robust enforcement, and better support for victims navigating the legal system."* Additionally, a local community leader commented, *"Improving legal protections also means ensuring that the legal process is accessible and responsive to the needs of victims, with adequate support services to assist them throughout the process."* This feedback underscores the need for enhanced legal measures and support mechanisms.

In discussing the role of local support services and shelters, one respondent from a local support organization noted that, *"Support services and shelters are critical in providing immediate safety and long-term assistance to survivors. Enhancing these services involves increasing funding, improving facilities, and ensuring that they are well-staffed and accessible to those in need."* Another family member of an affected woman emphasized, *"The effectiveness of shelters and support services can be significantly improved by integrating comprehensive support programs, including counselling, legal assistance, and economic support, to address the multifaceted needs of survivors."* These comments reflect the essential role of support services and the need for their enhancement.

Regarding economic empowerment initiatives, a social worker stated that, *"Economic empowerment programs can help reduce domestic violence by providing women with the skills and resources they need to achieve financial independence. This independence can reduce their vulnerability and dependence on abusive partners."* Another local leader mentioned, *"By offering vocational training, microfinance opportunities, and financial literacy programs, we can help*

women gain the confidence and resources needed to escape and prevent abusive situations." This feedback highlights the positive impact of economic empowerment on reducing domestic violence.

Finally, when discussing strategies to involve local leaders and stakeholders, a local community leader suggested that, *"Engaging local leaders and stakeholders is crucial for creating a supportive community network. This can be achieved through regular meetings, collaborative initiatives, and involving leaders in awareness campaigns and policy advocacy."* A member of a women's advocacy group added, *"Local leaders can be powerful allies in the fight against domestic violence by endorsing and supporting anti-violence initiatives, and by fostering a culture of respect and equality in their communities."* These insights emphasize the importance of involving local leaders in addressing and preventing domestic violence.

In summary, the findings from Table 4.11 reveal varying levels of support for different strategies to stop domestic violence in Soroti District. The data highlight significant emphasis on establishing support services, involving local leaders, and advocating for legal protections. While there is moderate support for community awareness, economic empowerment, mental health support, and cultural change, these areas also present opportunities for further development and intervention. The overall moderate rating of 3.178 reflects a broad recognition of the need for a multifaceted approach to address domestic violence and improve women's well-being in the district. These findings underscore the importance of continued efforts and collaboration to implement and enhance strategies for preventing and addressing domestic violence.

#### 4.2.4 Health and the wellbeing of women in Soroti District

Statement	1	2	3	4	5	Mean	Std Dev	Comment
I am aware that access to healthcare services for women in Soroti is limited.	6.1%	27.3%	24.2%	30.3%	12.1%	3.15	1.149	Moderate

I am concerned about the high rates of maternal mortality in the district.	39.4%	15.2%	3.0%	33.3%	9.1%	2.58	1.521	Moderate
I am committed to improving reproductive health education for women in Soroti.	0.0%	24.2%	12.1%	51.5%	12.1%	3.52	1.004	High
I am focused on addressing the high prevalence of malaria among women in the region.	6.1%	15.2%	15.2%	48.5%	15.2%	3.52	1.121	High
I am dedicated to increasing access to family planning resources for women.	21.2%	27.3%	12.1%	24.2%	15.2%	2.85	1.417	Moderate
I am working on enhancing mental health support services for women in Soroti.	9.1%	30.3%	15.2%	36.4%	9.1%	3.06	1.197	Moderate
I am advocating for better nutrition and health awareness programs for women.	3.0%	42.4%	30.3%	24.2%	0.0%	2.76	.867	Moderate
OVERALL						3.107	1.216	Moderate

*Source: primary data 2024*

Findings from Table 4.12 provide a detailed overview of the health and wellbeing concerns among women in Soroti District. The data highlight various aspects of women's health, including access to healthcare services, maternal mortality, reproductive health, malaria prevalence, family planning resources, mental health support, and nutrition. The results underscore both areas of

concern and ongoing efforts to address these issues.

Firstly, the statement regarding access to healthcare services for women in Soroti reveals a moderate level of concern, with a mean score of 3.15. About 30.3% of respondents agreed that access is limited, and 27.3% were concerned but did not strongly agree. This aligns with findings from previous research that highlights challenges in accessing healthcare in rural areas, as noted by Akin et al. (2001) and Braveman et al. (2011). Limited access to healthcare services can significantly impact women's health outcomes, highlighting the need for improved healthcare infrastructure and services in the district. The moderate level of concern suggests awareness of the issue but also indicates that more comprehensive measures may be necessary to enhance access and healthcare delivery.

The high rates of maternal mortality in the district also received a moderate level of concern, with a mean score of 2.58. While 39.4% of respondents strongly agreed that maternal mortality rates are a significant issue, only 33.3% agreed with this statement, and 15.2% did not express strong concern. This reflects a recognition of the serious implications of maternal mortality, supported by studies such as those by Graham et al. (2006) and Ronsmans et al. (2006). Addressing maternal mortality requires targeted interventions, including improving prenatal and postnatal care, enhancing the quality of delivery services, and addressing barriers to accessing healthcare. The moderate level of concern suggests that while there is recognition of the issue, there may be varying levels of awareness and urgency among respondents.

Improving reproductive health education received high support, with a mean score of 3.52. A significant portion of respondents, 51.5%, agreed that reproductive health education is crucial, and 12.1% strongly agreed. This finding is consistent with research by Khan et al. (2008) and K. Singh et al. (2009), which emphasizes the importance of reproductive health education in enhancing women's health outcomes. Education can empower women with knowledge about reproductive health, family planning, and preventive measures, ultimately leading to improved health and wellbeing. The high level of commitment to this area indicates a strong recognition of its importance in addressing women's health issues in Soroti.

Addressing the high prevalence of malaria among women also received high support, with a mean score of 3.52. About 48.5% of respondents agreed, and 15.2% strongly agreed with the need to

focus on malaria prevention and treatment. Malaria remains a major health challenge in many regions, including Uganda, as highlighted by studies such as those by T. M. O. (2015) and W. J. D. et al. (2016). Efforts to combat malaria include improving access to prevention tools such as insecticide-treated bed nets, enhancing treatment options, and promoting public health initiatives. The high level of support for addressing malaria indicates a recognition of its impact on women's health and the need for continued efforts to control and prevent the disease.

Increasing access to family planning resources received a moderate level of support, with a mean score of 2.85. The data show that 24.2% of respondents agreed, and 21.2% strongly agreed that improving access to family planning is essential. This reflects the findings of previous research, such as that by Cleland et al. (2006) and Tsui et al. (2010), which underscores the importance of family planning in enhancing reproductive health and preventing unintended pregnancies. Access to family planning resources enables women to make informed choices about their reproductive health, which can positively impact their overall wellbeing. The moderate level of support suggests an understanding of the importance of family planning, but also indicates that more efforts might be needed to increase access and availability.

Enhancing mental health support services for women received moderate support, with a mean score of 3.06. About 36.4% of respondents agreed that mental health services are important, and 30.3% were concerned but did not strongly agree. Mental health support is critical for addressing the psychological impact of various health issues and life stressors, as supported by studies such as those by Patel et al. (2010) and Lund et al. (2010). Providing mental health services can improve overall wellbeing and support women in managing mental health challenges. The moderate level of support indicates a recognition of the importance of mental health services but also suggests that further development and integration of these services may be needed.

Finally, advocating for better nutrition and health awareness programs received a moderate level of support, with a mean score of 2.76. The data show that 30.3% of respondents agreed, and 42.4% were concerned but did not strongly agree. Nutrition plays a crucial role in maintaining overall health and preventing various health issues, as highlighted by research from Smith et al. (2005) and Bhutta et al. (2013). Health awareness programs can educate women about proper nutrition, preventive care, and healthy lifestyle choices. The moderate level of support indicates an awareness of the importance of nutrition and health education but suggests that further efforts

might be needed to enhance program implementation and outreach.

Overall, the findings from Table 4.12 reflect a moderate level of concern and commitment to improving women's health and wellbeing in Soroti District. While there is substantial recognition of key issues such as healthcare access, maternal mortality, reproductive health education, malaria prevalence, family planning, mental health support, and nutrition, the moderate ratings across these areas suggest that continued efforts and targeted interventions are necessary to address these challenges effectively. The data underscore the need for comprehensive strategies and collaborative efforts to enhance the health and wellbeing of women in the district.

## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter covers the summary of the findings, conclusions based on the findings, and recommendations based on the conclusions.

## **5.1 Summary of the findings**

### **5.1.1. Types of domestic violence amongst women in Soroti District**

Findings from Table 4.5 present a comprehensive overview of the types of domestic violence experienced by women in Soroti District, revealing significant concerns across several categories. Physical abuse is reported by 25.4% of respondents who strongly agree and 23.8% who agree, totaling 49.2%, indicating a major issue consistent with previous research by Decker et al. (2017) and Jewkes et al. (2015). Emotional abuse is recognized by 17.5% strongly agreeing and 27.0% agreeing, making a total of 44.5%, aligning with García-Moreno et al. (2015) and Campbell (2002). Economic abuse, with 19.0% strongly agreeing and 11.1% agreeing, is acknowledged by 30.1%, in line with Postmus et al. (2012) and Anderson (2013). Sexual abuse is reported by 11.1% who strongly agree and 22.2% who agree, totaling 33.3%, reflecting findings by Campbell et al. (2009) and Black et al. (2011). Psychological abuse is noted by 17.5% strongly agreeing and 14.3% agreeing, resulting in 31.8%, supporting research by Stark and Flitcraft (1996) and Evans et al. (2011). Lastly, neglect is recognized by 12.7% strongly agreeing and 15.9% agreeing, amounting to 28.6%, consistent with Houghton and Lussier (2012) and Meyer (2016). These findings underscore a pressing need for targeted interventions, comprehensive support systems, and policies to address and mitigate various forms of domestic violence effectively in the district.

### **5.1.2. Causes of domestic violence on the health of women in Soroti District**

Findings from Table 4.8 reveal a nuanced understanding of the causes of domestic violence and their impact on the health of women in Soroti District. The data show a moderate recognition that low socioeconomic status contributes to domestic violence and negatively affects health, with a mean score of 2.94, where 36.4% of respondents agreed and 30.3% strongly agreed. This aligns with research by Kessler et al. (2003) and Patel et al. (2007), emphasizing the link between financial instability and increased violence. The lack of education and awareness was also recognized as a contributing factor, with a mean score of 2.76, supported by 48.5% of respondents who agreed or strongly agreed, reflecting the need for better educational programs (Morrison and Orlando, 2004; Garcia-Moreno et al., 2015). In contrast, the impact of substance abuse on domestic violence and health showed lower recognition, with a mean score of 2.24, where 24.2% strongly agreed and 45.5% agreed, highlighting a potential gap in addressing substance abuse (Caetano et al., 2008; Leonard, 2005). Gender inequality and cultural norms were moderately acknowledged,

with a mean score of 3.12, reflecting the critical role of societal norms in perpetuating violence, as noted by Heise et al. (1994) and Jewkes et al. (2002). Legal protection was recognized with a mean score of 3.29, with moderate support for strengthening legal measures to protect women (Koss et al., 2004; Walby, 2009). Mental health challenges associated with domestic violence received moderate commitment, with a mean score of 2.79, underscoring the need for better mental health support (Campbell, 2002; Coker et al., 2002). The recognition of socioeconomic status's impact was consistently reflected with a mean score of 2.67, while the impact of a lack of education was noted with a mean score of 2.27, indicating a need for increased emphasis on educational initiatives (Morrison and Orlando, 2004; Garcia-Moreno et al., 2015). Overall, the findings underscore the complex interplay of various factors contributing to domestic violence and its health impacts, highlighting the need for comprehensive and targeted interventions to address these issues effectively.

### **5.1.3. Ways of stopping domestic violence amongst women in Soroti District**

Findings from Table 4.11 provide a comprehensive overview of the approaches being utilized to address domestic violence among women in Soroti District, reflecting varied levels of commitment and effectiveness. The data indicate a moderate emphasis on increasing community awareness and education about domestic violence, with a mean score of 3.03, where 33.3% of respondents agreed and 30.3% strongly agreed, aligning with recommendations for educational initiatives (Heise et al., 1999; Fulu et al., 2013). Advocacy for stronger legal protections and enforcement received a moderate level of support, with a mean score of 3.21, where 36.4% agreed and 24.2% strongly agreed, emphasizing the need for robust legal frameworks as noted by Koss et al. (2004) and Walby (2009). The establishment of local support services and shelters for victims garnered very high support, with a mean score of 4.00, with 42.4% agreeing and 39.4% strongly agreeing, highlighting the crucial role of such services in aiding survivors (Davis and Srinivasan, 1995; Lippman et al., 2005). Economic empowerment programs to help women gain financial independence were supported moderately, with a mean score of 2.94, reflecting that 33.3% agreed and 27.3% strongly agreed, underscoring the importance of financial stability for escaping abuse (Morrison and Orlando, 2004; Garcia-Moreno et al., 2015). Encouraging local leaders and stakeholders' involvement received a high level of support, with a mean score of 3.94, where 36.4% agreed and 39.4% strongly agreed, emphasizing the role of community leaders in addressing domestic

violence (Jewkes et al., 2002; Heise et al., 1994). Providing mental health support and counseling for survivors was moderately supported, with a mean score of 2.76, where 33.3% agreed and 21.2% strongly agreed, highlighting the need for psychological recovery services (Campbell, 2002; Coker et al., 2002). Fostering a culture of respect and gender equality received moderate support, with a mean score of 2.64, reflecting the importance of addressing cultural norms that perpetuate violence (Heise et al., 1999; Fulu et al., 2013). Overall, the findings reveal a broad recognition of the need for a multifaceted approach to combat domestic violence, with significant emphasis on support services, legal protections, and community involvement. The overall moderate rating of 3.178 suggests that while there is considerable commitment, there are also opportunities for further development and intervention in addressing domestic violence and improving women's well-being in Soroti District.

## **5.2 Conclusion**

### **5.2.1. Types of Domestic Violence amongst Women in Soroti District**

Findings from Table 4.5 provide a detailed view of the types of domestic violence experienced by women in Soroti District, showing significant concerns across several categories. Physical abuse is a major issue, with nearly half of the respondents acknowledging its prevalence. Emotional abuse is also recognized as a significant problem, affecting a substantial proportion of women. Economic abuse, though less reported than physical and emotional abuse, still poses a serious concern, reflecting its impact on financial autonomy and vulnerability. Sexual abuse is another critical issue, with a notable portion of respondents recognizing its prevalence, highlighting its severe consequences. Psychological abuse and neglect are also acknowledged, though to a lesser extent, reflecting their impact on mental health and overall well-being. These findings underscore the need for targeted interventions and comprehensive support systems to effectively address and mitigate various forms of domestic violence in the district.

### **5.2.2. Causes of Domestic Violence on the Health of Women in Soroti District**

Findings from Table 4.8 reveal several causes of domestic violence and their impact on women's health in Soroti District. The data highlight that low socioeconomic status and lack of education are significant contributors to domestic violence and negatively affect health. Substance abuse's

role in domestic violence and health is less recognized, indicating a potential gap in addressing this issue. Gender inequality and cultural norms are acknowledged as contributing factors, emphasizing the need for societal changes to address violence. Legal protection and mental health challenges associated with domestic violence receive moderate recognition, pointing to the need for enhanced support systems and legal measures. Overall, the findings underscore the complex interplay of these factors and highlight the necessity for comprehensive interventions to effectively address the root causes of domestic violence and its health impacts.

### **5.2.3. Ways of Stopping Domestic Violence amongst Women in Soroti District**

Findings from Table 4.11 outline various approaches to addressing domestic violence in Soroti District, showing diverse levels of commitment and effectiveness. Increasing community awareness and education about domestic violence is emphasized, reflecting the importance of educational initiatives. Advocacy for stronger legal protections and enforcement is also supported, indicating the need for robust legal frameworks. The establishment of local support services and shelters for victims receives high support, highlighting their crucial role in aiding survivors. Economic empowerment programs are moderately supported, emphasizing the importance of financial independence. Encouraging local leaders and stakeholders' involvement is recognized as crucial, reflecting the role of community engagement in tackling domestic violence. Providing mental health support and fostering a culture of respect and gender equality also receive moderate support, suggesting areas for further development. Overall, the findings reveal a broad recognition of the need for a multifaceted approach to combat domestic violence, with significant emphasis on support services, legal protections, and community involvement, while also identifying opportunities for further improvement in addressing domestic violence in the district.

## **5.3 Recommendations**

### **5.3.1. Types of Domestic Violence amongst Women in Soroti District**

The findings from Table 4.5 indicate significant issues with various forms of domestic violence, including physical, emotional, economic, sexual, psychological abuse, and neglect. To address these concerns, several actions should be taken. First, comprehensive support systems should be developed and strengthened, including accessible shelters, counselling services, and legal aid to

address the effects of these abuses. Second, there should be an increase in community awareness and education through campaigns and programs to inform the public about domestic violence and reduce stigma. Third, it is crucial to enhance reporting mechanisms by creating safe and confidential channels for survivors to report abuse without fear. Lastly, intervention strategies should be tailored to the specific needs of women experiencing different forms of domestic violence, ensuring more effective support and protection.

### **5.3.2. Causes of Domestic Violence on the Health of Women in Soroti District**

Table 4.8 highlights several causes of domestic violence and their impact on women's health, including low socioeconomic status, lack of education, substance abuse, gender inequality, cultural norms, legal protection, and mental health challenges. To address these issues, socioeconomic programs should be implemented to improve financial conditions and educational opportunities for women. Awareness of the role of substance abuse in domestic violence should be increased, with programs developed to address this issue. Promoting gender equality and challenging harmful cultural norms through community-wide efforts are essential. Additionally, legal protections should be enhanced and effectively implemented, and mental health services for survivors should be expanded. These actions aim to address the root causes of domestic violence and improve the overall health and well-being of women.

### **5.3.3. Ways of Stopping Domestic Violence amongst Women in Soroti District**

According to Table 4.11, addressing domestic violence in Soroti District requires a multifaceted approach. First, increasing community awareness and education about domestic violence through educational programs is vital. Second, advocating for stronger legal protections and enforcement will provide a robust framework for addressing abuse. Establishing and supporting local services, such as shelters and counselling centres, is crucial for providing immediate and long-term assistance to survivors. Economic empowerment programs should also be promoted to help women achieve financial independence, which is essential for escaping abusive situations. Encouraging local leaders and stakeholders to get involved in combating domestic violence will help mobilize community support. Providing mental health support and fostering a culture of respect and gender equality will further contribute to addressing domestic violence effectively. These recommendations collectively aim to enhance support systems, legal frameworks, and

community involvement to improve the well-being of women in Soroti District.

#### **5.4 Contribution of the study**

This study contributes significantly to understanding domestic violence in Soroti District by providing a detailed analysis of the various forms of abuse experienced by women, including physical, emotional, economic, sexual, psychological, and neglect. It highlights the prevalence of these issues and identifies critical areas needing intervention, such as improving support systems, enhancing community awareness, and addressing underlying causes like socioeconomic status and gender inequality. By examining the impact of domestic violence on women's health and evaluating current strategies to combat it, the study offers valuable insights for policymakers, community leaders, and organizations. It underscores the necessity for targeted, multifaceted approaches to address domestic violence effectively, advocating for comprehensive support services, stronger legal protections, and increased community involvement. These contributions provide a foundation for developing informed, evidence-based policies and programs aimed at reducing domestic violence and improving the well-being of women in the district.

#### **5.5 Areas for further research**

Future research should explore several areas to deepen the understanding of domestic violence and its impacts in Soroti District. Firstly, longitudinal studies could assess the long-term effects of various forms of abuse on women's physical and mental health, providing insights into recovery and resilience. Research could also investigate the effectiveness of current intervention strategies and support systems, evaluating their impact on reducing domestic violence and improving survivors' quality of life. Additionally, studies focusing on the role of substance abuse in domestic violence and its health consequences could address gaps identified in the current research. Examining the intersection of cultural norms, gender inequality, and domestic violence could offer a more comprehensive understanding of societal influences on abuse. Exploring the effectiveness of legal protections and advocacy efforts in other regions might provide comparative insights and best practices. Lastly, research into the experiences and needs of specific subgroups, such as marginalized communities or individuals with disabilities, could help tailor interventions to address diverse needs more effectively. These areas for further research can contribute to more robust strategies and policies aimed at combating domestic violence and supporting affected

women.

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## **APPENDIX I**

Dear Respondent,

My name is ANYIRO JOYCE, a third year student at Uganda Christian University pursuing a bachelor's degree in Business Administration. I am currently carrying out a research study under the topic “EFFECTS OF DOMESTIC VIOLENCE ON THE HEALTH AND WELL BEING OF WOMEN IN SOROTI DISTRICT” a necessary requirement for the awarding of my credentials. You have been chosen as one of my respondents and your full cooperation in administering this instrument will go a long way in ensuring success of this study. Responses will only be used for academic purposes and will be treated with utmost confidentiality.

### **Section A: Background information of the respondents**

Please tick where necessary

**Gender**

1. Male { }                      2. Female { }

**Age**

1. 20-24 years { }    2. 25-29 { }    3. 30-34 { }    4. 35-39 { }  
40 above { }

**Educational back ground**

1. Certificate { }    2. Diploma { }    3. Degree { }    4. Master { }  
5. Others { }

**Marital status**

1. Single { }    2. Married { }    3. Others { }

**Nature of the business**

1. Trade { }    2. Service { }    3. Manufacturing { }

**SECTION B: Health and the wellbeing of women in Soroti District**

For this part, please put a tick according to the level of agreement where 1=strongly disagree, 2=disagree, 3=Neutral, 4= Agree and 5= strongly agree.

I am aware that access to healthcare services for women in Soroti is limited.					
I am concerned about the high rates of maternal mortality in the district.					
I am committed to improving reproductive health education for women in Soroti.					
I am focused on addressing the high prevalence of malaria among women in the region.					
I am dedicated to increasing access to family planning resources for women.					
I am working on enhancing mental health support services for women in Soroti.					
I am advocating for better nutrition and health awareness programs for women.					

I am aware that access to healthcare services for women in Soroti is limited.					
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**SECTION C: Types of domestic violence amongst women in Soroti District**

For this please put a tick according to the level of agreement where 1=strongly disagree, 2=disagree, 3=Neutral, 4= Agree and 5= strongly agree.

	1	2	3	4	5
I am aware that physical abuse, such as hitting and beating, is prevalent.					
I am concerned about emotional abuse, including verbal insults and humiliation.					
I am focused on addressing economic abuse, where financial resources are controlled or restricted.					
I am dedicated to tackling sexual abuse, which involves forced sexual activity or coercion.					
I am working on mitigating psychological abuse, including intimidation and threats.					
I am committed to reducing neglect, where essential care and support are withheld.					
I am aware that physical abuse, such as hitting and beating, is prevalent.					

**SECTION D: Causes of domestic violence on the health of women in Soroti District**

For this please put a tick according to the level of agreement where 1=strongly disagree, 2=disagree, 3=Neutral, 4= Agree and 5= strongly agree.

	1	2	3	4	5
I recognize that low socioeconomic status leads to increased domestic violence and negatively impacts health.					

I understand that a lack of education and awareness exacerbates domestic violence and harms women's health.					
I am addressing substance abuse, which contributes to domestic violence and results in severe health issues.					
I am working to combat gender inequality and cultural norms that perpetuate domestic violence and affect women's health.					
I see the need to improve legal protection to prevent and address domestic violence more effectively, impacting women's health.					
I am committed to addressing mental health challenges, as trauma from domestic violence can lead to significant psychological and physical health problems.					
I recognize that low socioeconomic status leads to increased domestic violence and negatively impacts health.					
I understand that a lack of education and awareness exacerbates domestic violence and harms women's health.					

**SECTION E: Ways of stopping domestic violence amongst women in Soroti District**

For this please put a tick according to the level of agreement where 1=strongly disagree, 2=disagree, 3=Neutral, 4= Agree and 5= strongly agree.

	1	2	3	4	5
I am working on increasing community awareness and education about domestic violence.					
I am advocating for stronger legal protections and enforcement to prevent domestic violence.					

I am supporting the establishment of local support services and shelters for victims.					
I am promoting economic empowerment programs to help women gain financial independence.					
I am encouraging the involvement of local leaders and stakeholders in addressing domestic violence.					
I am focused on providing mental health support and counseling for survivors of domestic violence.					
I am committed to fostering a culture of respect and gender equality to prevent domestic violence.					

**THANK YOU SO MUCH FOR PARTICIPATING**

**APPENDIX II: INTERVIEW GUIDE**

**Objective I: To Establish the Types of Domestic Violence amongst Women in Soroti District**

- i. Can you describe the different forms of physical abuse that women in Soroti District experience?
- ii. What are some common examples of emotional abuse reported by women in this area?
- iii. How prevalent is economic abuse among women in Soroti District, and what does it typically involve?

- iv. Are there instances of sexual abuse reported among women, and how is it manifested?
- v. What are the signs of psychological abuse that you have observed or heard about in the community?

**Objective II: To Find Out the Causes of Domestic Violence amongst Women in Soroti District**

- i. What role does socioeconomic status play in the prevalence of domestic violence among women in Soroti District?
- ii. How does the level of education and awareness influence domestic violence in this area?
- iii. What impact does substance abuse have on domestic violence incidents among women?
- iv. In what ways do gender inequality and cultural norms contribute to domestic violence in Soroti District?
- v. How does the lack of adequate legal protection affect the incidence of domestic violence against women?

**Objective III: To Establish Ways of Stopping Domestic Violence amongst Women in Soroti District**

- i. What community awareness and education programs are effective in preventing domestic violence in Soroti District?
- ii. How can legal protections be improved to better address and prevent domestic violence?
- iii. What role do local support services and shelters play in stopping domestic violence, and how can they be enhanced?
- iv. How can economic empowerment initiatives help in reducing domestic violence among women?

- v. What strategies can be implemented to involve local leaders and stakeholders in the fight against domestic violence?

### Appendix iii: Research Letter

