Aggression and Violent Behavior 18 (2013) 101–112

Contents lists available at SciVerse ScienceDirect

Aggression and Violent Behavior

Combating intimate partner violence in Africa: Opportunities and challenges in five African countries

L. Olayanju [a], R.N.G. Naguib [a,*], Q.T. Nguyen [a], R.K. Bali [a], N.D. Vung [b]

[a] Biomedical Computing and Engineering Technologies (BIOCORE) Applied Research Group, Health Design Technology Institute and Faculty of Engineering & Computing, Coventry University Technology Park, Puma Way, Coventry CV1 2TT, United Kingdom
[b] Department of Demography, Institute for Preventive Medicine and Public Health, Hanoi Medical University, 1 Ton That Tung Street, Dong Da District, Hanoi, Viet Nam

ARTICLE INFO

Article history:
Received 27 February 2012
Received in revised form 3 November 2012
Accepted 6 November 2012
Available online 13 November 2012

Keywords:
Gender-based violence
Women
Spouse
Risk factors
Reproductive health

ABSTRACT

Recent research results emerging from Africa show a worrying situation regarding the levels of intimate partner violence (IPV) in various countries in the continent — levels that are quite high and place great financial burden on individuals and governments. This paper explores the magnitude, nature, and risk factors of IPV in five African countries, namely, Morocco, Nigeria, Namibia, Uganda, and Tanzania. The focus of the paper is to explore issues of IPV in these countries by considering the opportunities in each country that could assist in the prevention of violence, and also to identify inherent challenges that may pose threats to efforts in reducing the high IPV prevalence. As there are only limited studies on IPV in developing countries, new insights provided by this paper would afford relevant stakeholders a better understanding of the issue.

Contents

* Corresponding author.
E-mail addresses: olayanjl@coventry.ac.uk (L. Olayanju), r.naguib@coventry.ac.uk (R.N.G. Naguib), nguyentq@coventry.ac.uk (Q.T. Nguyen), r.bali@coventry.ac.uk (R.K. Bali), ndvung755@yahoo.com (N.D. Vung).

1359-1789/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.avb.2012.11.003

1. Introduction

Intimate partner violence (IPV) is a phenomenon that pervades all societies around the globe (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; WHO, 2010) and is associated with a number of immediate and long-term health issues, as well as being a drag on economic development as it comes with serious financial consequences (Duvvury, Grown, & Redner, 2004).

As an issue that has great impact on the victims, their families, the immediate environment in which it occurs, and even on the future generations (as it is deemed to have intergenerational effects (WHO, 2010)), IPV is a well recognized problem that has a central place in the political, social, and economic realms of developed countries such as the UK, US, and Canada. On the other hand, it has received very little attention in the developing world — most especially in developing countries in Africa — probably due to cultural barriers, level of poverty, lack of social support, absence of relevant state laws and institutions, or due to some other reasons. A common misconception of IPV in these areas that, perhaps, has contributed to its high level is the belief that such violence or related issues are private family matters that need to be treated or solved domestically within the family without interference from outsiders. In other words, IPV is considered as a normal occurrence that takes place in a domestic sphere where personal or customary rules predominate and, as a result, the state and social machinery tend to disincline to intervene.

Although a reasonable number of research studies have been conducted in developed (high-income) countries, and which have resulted in numerous theories explaining the occurrence of IPV, the dearth of research in low- and middle-income countries has prevented the exploration of how these theories explain the prevalence of violence in the developing world. Resko (2010) stated that 'theories are important because they influence the actions chosen to address a problem and frame the general population's understanding of a social issue'. Perhaps this explains why many of the developing countries are yet to have specific programs targeted at reducing IPV, and why populations of these countries still lack the necessary awareness of the issue (WHO, 2010).

Based on the above, it becomes apparent that to critically explore and address this multifaceted phenomenon of IPV in developing African countries endemic of the violence, one must be able to understand how the available theories could help explain the occurrence of IPV in these countries. This paper takes a theoretical look at the issues of IPV in Africa, by considering five such countries: Morocco, Nigeria, Namibia, Uganda, and Tanzania. The selection of these countries is not to slight their respective societies, but mainly based on geographical spread (i.e., North, West, South and East) as well as to respond to the limitation of space and dearth of comparable data.

The paper starts by succinctly discussing IPV from a general perspective, touching on the theories available to explain IPV occurrence. It then moves on to issues of IPV in Africa, before considering the violence in the context of the selected African countries. Subsequently, the study provides a detailed analysis to explore the violence in each country. The analysis is performed by using the available theories explaining how socio-demographic variables, such as education, employment, access to mass media, reproductive health and socio-cultural context of gender relations, that could lead to IPV occurrence in each country and their respective IPV status. As a conclusion, the paper discusses the identified

opportunities that could help mitigate the issues of IPV in Africa, as well as the challenges inherent in the different African countries that are likely to be an impediment to combating high IPV prevalence. It also offers recommendations to turn the attention of relevant stakeholders to exploit the identified opportunities as well as alert them to pay special considerations to the challenges posed.

2. Intimate partner violence

Intimate partner violence (IPV), is generally defined as any behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors (Heise & Garcia-Moreno, 2002). It has attracted a great level of attention from the research community over the years, mostly in the developed world. This is due not only to the fact that it is a violation of human rights, but because it comes with serious short- and long-term health consequences for victims, and it is also a drain on generally scarce public funds. Although IPV varies from one location to another, depending on a number of factors, the violence is pervasive and can be a grievous malice to many societies. The violence occurs among heterosexual as well as same-sex couples (Dutton, 1994). Research has shown that women are the major victims of IPV (Rennison & Welchans, 2000; WHO, 2010), but this is not to say that all perpetrators are male while all victims are female (Resko, 2010). In other words, as compared with IPV perpetrated by women, men-to-women partner violence is a more frequent event that has greater likelihood of resulting into injuries and other adverse consequences (Rennison & Welchans, 2000). Globally, the lifetime prevalence rates of IPV among ever partnered women range from 15 to 71% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005) and studies indicate that nearly one in every three women has experienced physical aggression, sexual coercion, or emotional abuse in an intimate relationship (Heise, Ellsberg, & Gottemoeller, 1999; Krug et al., 2002).

Presently, there is immense empirical evidence supporting the fact that IPV cuts across all socio-economic classes. Information is also available showing that a degree of unevenness exists in the broad path cut by the violence — for example, women with lower socioeconomic status experiencing IPV more often than those with higher status (Resko, 2010). This unevenness has given rise to different theories for understanding IPV over the years — theories such as: feminist, resource, exchange, power, social bonding, biological and psychological theories, among others. The sheer size of theories available explaining IPV occurrence is a testament to the fact that the issue has a great array of factors that increase the likelihood of its occurrence. A theoretical model greatly acclaimed by the World Health Organization (WHO) to consider the inclusion of risk and protective factors from multiple domains of influence, is the Ecological Model. With this Model, factors associated with IPV perpetration and victimization are organized in four levels of influence (individual, relationship, community, and societal) (WHO, 2010). Based on such a model, risk factors for IPV at the individual level include: low level of education, young age, low socioeconomic status/income, unemployment, antisocial personality, and harmful use of alcohol or illicit drug use. Educational disparity among couples has also been found to be a relationship level risk factor of the violence. Factors, such as high ratio of poverty, acceptance of violence, high ratio of male and female illiteracy, low access to media, weak community sanctions, and lack of societal legislation on IPV, are among those identified at the community and societal levels of the ecological model (Heise & Garcia-Moreno, 2002; WHO, 2010).

Research studies show that a low level of education is the most consistent factor associated with both being a perpetrator and victim of IPV with the risk of exposure to IPV increasing between 2 and 5 fold in women with just primary education or no education at all (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Garcia-Moreno et al., 2005). Similarly, young age is also likely to be a risk factor for perpetration and experiencing of IPV. Antisocial personality has also been consistently reported to be associated with IPV perpetration. A plausible explanation for this, as suggested by various studies, is that individuals with such attitude are likely not to respect social norms and are often aggressive, which ultimately results into perpetration of partner violence (WHO, 2010). Although research shows that harmful use of alcohol is associated with IPV, the precise role alcohol plays in the occurrence of the violence is still unclear, as the associations often found are weak (Gil-Gonzalez, Vives-Cases, Alvarez-Dardet, & Latour-Perez, 2006). As stated earlier, low socio-economic status and unemployment are associated with IPV, but just as in the case of alcohol, the associations found between IPV and these factors are not equally strong (WHO, 2010). Nonetheless, acceptance of violence has been found to be strongly in relation to IPV exposure. Studies show that men who strongly justify wife-beating are four times more likely to perpetrate IPV when compared with those who do not believe in such acts (Johnson & Das, 2009). Besides, women acceptance of wife-beating has also been positively associated with IPV exposure (Uthman, Lawoko, & Moradi, 2010). Disparities in the level of education between couples in an intimate relationship are also likely to result into IPV occurrence (Ackerson et al., 2008). A probable explanation for this, as posited by the Resource Theory, is that men with very limited resources are likely to indulge into the use of violence to gain power within their relationship (Fox, Benson, DeMaris, & Van Wyk, 2002). Furthermore, other factors, such as access to mass media, weak community sanctions, and lack of societal legislation on IPV, have also been associated with IPV, although their relationships have not been as strongly and consistently established as in the case of low education and acceptance of violence (WHO, 2010).

3. Intimate partner violence in Africa

The African continent has witnessed fewer research studies in the area of IPV in comparison with the rest of the world, especially in developed countries. Nonetheless, research carried out in African nations shows IPV to be pervasive. Findings from a combination of studies — mainly population-based — show that current prevalence of IPV against women varies from 12% in Morocco (Hassan II University, 2009) to about 54% in Ethiopia (Garcia-Moreno et al., 2005), while the results also show that lifetime prevalence of violence from an intimate partner ranges from 31% in Nigeria (NPC & ICF Macro, 2008) to as high as 80% in Uganda (EPRC, 2009).

According to Lawoko (2008) the African continent harbors some peculiar risk factors for IPV that are culture-induced. As an illustration, wife-beating is widely justified by both men and women as a normal part of an intimate relationship, with women even more likely to justify such grievous acts (Uthman et al., 2010). Besides, patriarchal relations are the order of the day in most African countries and these expose a lot of women to partner violence as well as diseases (such as HIV) that could result from the abusive behavior (WHO, 2010).

Widespread poverty in the African continent can also be presumed to have great influence on the occurrence of IPV. As pointed out by Jewkes (2002), IPV should not just be viewed as an expression of male dominance over women but also as male vulnerability stemming from social expectations of manhood that are unattainable due to factors such as poverty experienced by men.

3.1. Morocco

3.1.1. Overview

The Kingdom of Morocco is located at the western extreme of North Africa and has a population of about 32 million people. The dominant ethnic group is the Arab-Berber and Islam is practiced by the majority of Moroccans (98.7%) (Kwintessential, 2011). Morocco is classified as a middle income country with high levels of agricultural export and thriving industrial, tourism, and telecommunications

sectors (Zito, 2011). The constitution of the country provides for a very strong monarchical system, but rather weak parliamentary, judicial, and executive arms of government. The major authority is vested in the King, who presides over the Council of Ministers and appoints the Prime Minister following legislative elections (USDS, 2011a).

3.1.2. Education

In terms of educational attainment and literacy level, Morocco fares well when compared with some other North African countries. Education in the country is free and compulsory at the primary school level, with the establishment of a Universal Primary Education Scheme. However, despite this, many children — most especially girls in rural areas — do not attend school. The literacy rate in the country reflects the sharp gaps in education, both in terms of gender and location (with country-wide literacy rates estimated at 39.6% for women and 65.7% among men) (USDS, 2011a). The result of the Demographic and Health Survey (DHS) carried out in Morocco in 2004 further corroborates the literacy level of women, as it shows that 50% of women in the country have at least primary education and out of whom a proportion is literate (note that, surprisingly, the completion of primary education does in no way imply being literate) (Ministère de la Santé, ORC Macro, & Ligue des États Arabes, 2005).

3.1.3. Employment

Recently, the Moroccan economy has witnessed macroeconomic stability with low inflation and sustained high growth rates (USDS, 2011a). This economic buoyancy has translated into drastic decline in unemployment rates in Morocco and, as of 2009, the unemployment rate was 9.1%, which is relatively low when compared with other African countries. Moreover, female unemployment rates which used to exceed those of male in the 1990s have greatly decreased in recent times, and the difference between the male and female unemployment rates has become narrower (9.5% for women and 9% for men) (Zito, 2011).

3.1.4. Reproductive health

Fertility rates have been on the decline in Morocco over the last few years. The index of fertility which was approximately 5.5 children per woman in the early 1980s has dropped to about 2.4 in recent times (WHO, 2009a; Zito, 2011). The sharp decline in fertility as pointed out by Zito (2011) can be explained by the great socioeconomic improvements the country has lately enjoyed. Socioeconomic improvements that include factors, such as the increase in women's educational attainment and equal increase in women's participation in the labor market, have been of particular importance to the reduction. Besides, as marriage patterns are important determinant of fertility levels in any given population, the median age at first marriage in Morocco is about 20 years which is not too early compared with those of other developing countries. In addition, the initiation of sexual activity before marriage is very uncommon in Morocco, and as a result teenage pregnancy is low (Hassan II University, 2009).

3.1.5. Access to mass media

Exposure to the mass media in Morocco is generally high. Even among women (the fraction of the population often considered as having restricted exposure to the media (Davis & Davis, 1995)), research shows that access to the media is quite high — with the majority of women (81%) reporting that they watch the television at least once a week, while one out of every two women declaring exposure to the radio at least once a week (Ministère de la Santé et al., 2005).

3.1.6. Socio-cultural context of gender relations

Despite reasonable achievement in the areas of economic development and educational attainment, the Moroccan cultural realm is still marked by patriarchal structures that place women in the guardianship of their fathers or as subordinates to their husbands. This repressive culture contributes to violence against women in the home, at work, and in public places. The abusive behavior of violence against women is so deeply rooted in the country that it is more or less a right that is bestowed upon men by the society and only becomes illegal or against the law at the 'theoretical level' (Hassan II University, 2009). Besides, as stated by a multidisciplinary team at Hassan II University (2009), the Moroccan legal system is characterized by legislative pluralism in which *Sharia* or Islamic law coexists with modern legislation. Islamic law continues to be exclusively applied in *Moudawana*, or family code, and personal status code, while other areas such as labor law, the penal code, and the nationality code follow modern law. This legal duality is largely responsible for the serious gaps in the legal protection of abused women.

Although prevention of gender discrimination has been stalled by the complexity in the legal system and the repressive attitude against women inherited from the past, it is worth noting that the Moroccan society in recent times could still be considered among those in Northern Africa that fare relatively well in the protection of women against partner violence (SIGI, 2011a)

3.1.7. IPV magnitude and dimensions

In many cases, IPV is not perceived as a serious violation of human rights or a criminal act in the Moroccan society. Rather, it is seen as a private matter that takes place within the confines of the household and beyond the purview of any formal or state establishment. Besides, the requirement that IPV victims should produce a witness, and also medical certificates, prevents many women experiencing the violence from seeking legal recourse. Moreover, the dominant culture of patriarchy greatly influences government officials charged with the handling of IPV cases, as the reported occurrence of the violence is often trivialized (Hassan II University, 2009). These barriers tend to discourage women from disclosing their exposure to IPV, which ultimately undermines the documentation of IPV prevalence in the country. Nonetheless a couple of studies have tried to use innovative ways to estimate prevalence of such violence in Morocco. A population-based study conducted in the country shows that the life-time prevalence of IPV amongst ever-partnered women is about 45%, while current prevalence is around 12% (Hassan II University, 2009).

Regarding the attitude towards IPV in Morocco, report from the last DHS carried out in the country shows that about 64% of women justify wife beating, further strengthening the assertion that women in the country always adhere to certain traditional norms according to which the role of women remains subordinate to that of the man (Ministère de la Santé et al., 2005).

Although some services are available to IPV victims in Morocco, the utilization of such services has been shown by the Hassan II University (2009) to be minimal — only 17% of women victims of IPV in 2006 had recourse to a hospital, 14% to the courts, 9% reporting the IPV incident to the police, and 7% to non-governmental organizations (NGOs) or women's organizations.

With regard to specific programs on IPV prevention and support available to IPV victims in Morocco, tangible effort has been recently made to tackle the violence, with issues related to IPV against women given a reasonable consideration in the political, economic, and social reforms agenda of the country over the past decade. According to the report by the Hassan II University (2009), in recent years, a series of policies was launched and supported by few NGOs and United Nations agencies such as UNIFEM and UNFPA. These have been at the forefront of the battle against IPV and other gender-based violence. Some institutional measures and legal mechanisms have also been established to strengthen women's rights and care of women victims of IPV. As pointed out in that report, such measures include the:

- Creation of a Secretariat of State that deals with family matters.
- Introduction of the *Moudawana* (family code) which recognizes shared responsibilities between the spouses in the family. This

code allows girls over 18 years to marry if they wish without the consent of their fathers or guardians.
- Introduction of a national plan to address violence against women.
- Support of NGOs working on human and women's rights.
- Support from international organizations, such as UNIFEM and UNDP, for the establishment of networks, such as *Anaruz*, which consists of about 40 organizations throughout Morocco that work to combat violence against women.
- Initiation of hotlines at the Ministry of Social Affairs to take calls and provide support for women subjected to violence.
- Creation of support units to assist abused women in lower courts and hospitals. These units are part of a national strategy to improve the protection of abused women.

3.2. Nigeria

3.2.1. Overview

Nigeria is the most populous nation in Africa with nearly a quarter of the population on the continent — over 140 million people. It is a multi-ethnic nation with over 250 different ethnic groups, although there are only three predominant groups (Hausa, Ibo, and Yoruba). Nigeria is a federation which runs three tiers of government: the federal, state, and local. Despite its high income from crude oil sales and high external reserves, there is still a high level of poverty in the country. As the economic growth has not improved the welfare of the majority of the people, efficient socioeconomic policy reforms and programs are still needed to reach the poor and most vulnerable groups in the society (WHO, 2009b).

3.2.2. Education

Based on the national policy on education, every child in Nigeria has a right to tuition-free primary education (NPC & ICF Macro, 2008). This has reflected, over the years, positively on educational attainment and literacy level in the country. Nigerians generally have high literacy rates, with males within the age range of 15–25 years having a literacy level of 78% and that of females being approximately 65% (UN, 2011). Based on these statistics, it is obvious that a slight gender disparity exists in literacy levels supporting the fact that Nigerian women are still, to some extent, considered subordinate to their male counterparts and are thereby given less opportunity to attend school — despite the fact that primary education is free (SIGI, 2010). Nonetheless, results from the Nigerian Demographic and Health Survey (NDHS) conducted in 2008 show that younger women are more likely to have some education than older women (as an illustration, nearly twice the number of women aged 15–24 have attained an educational level as compared with women in the 45–49 age bracket). Besides, level of education among women varies by residence; female rural dwellers are far less likely to be educated than their urban counterparts (NPC & ICF Macro, 2008).

3.2.3. Employment

Regarding employment, the NDHS 2008 shows that about 60% of women are currently employed as compared to 80% of men in current employment (NPC & ICF Macro, 2008). Although the aforementioned employment rates seem high, many of these individuals earn no income from their work as they are mostly into subsistence farming, and a large proportion of those who are engaged in paid employments earn meager wages, just enough to survive. In fact, considering the availability of paid jobs, a report by Balogun (2011) states that the unemployment rate in Nigeria is currently about 43%, one of the highest in the world.

3.2.4. Reproductive health

With regard to women fertility and pregnancy, Nigeria has a high level of fertility (with 5.7 births per woman). As mentioned earlier, marriage patterns are an important determinant of fertility levels in any population. The median age at first marriage among women in Nigeria aged 25–49 is about 18 years which is quite early in comparison with those of developed and some developing nations. Besides, the initiation of sexual activity before marriage is not uncommon in Nigeria, and as a result teenage pregnancy is high in the country (23% of young women within the age range of 15–19 have begun childbearing) (NPC & ICF Macro, 2008).

3.2.5. Access to mass media

Generally, there is a decent exposure to the mass media in Nigeria, as reasonable proportions of people in the country read newspapers, listen to the radio or watch television. Nonetheless, as shown in the 2008 NDHS report, men tend to have better access to mass media than women — with one in ten women reading a newspaper weekly as compared to three in ten men. Besides, 50% of men watch television at least once a week, while just 40% of women do so (NPC & ICF Macro, 2008).

3.2.6. Socio-cultural context of gender relations

Nigeria is a multi-ethnic nation with very rich customs and traditions, both indigenous and modern. However, despite the modernity in traditions, the cultural context is still marked by patriarchy, with a wide-spread bride 'price' (*Sadaqqi*), or dowry, system — where a bride's family places certain financial, and at times material, demands on a prospective groom, which gives men a kind of proprietary ownership of their spouses (Bamgbose, 2002). Although the Constitution of Nigeria prohibits discrimination on the grounds of gender, the deeply rooted customary and religious laws continue to restrict women's rights, as the combination of federation and a tripartite system of civil, customary, and religious laws makes it very difficult to harmonize legislation and remove discriminatory measures (SIGI, 2010)

3.2.7. IPV magnitude and dimensions

It is important to state that, just as in a number of other developing countries, there are limited baseline data in Nigeria that can be used to calculate a representative prevalence rate of IPV. Nonetheless, there are some epidemiological research studies that have been carried out in the area of IPV in the country, although most of the studies are 'service-based'. The emerging results from some of the studies show that the lifetime prevalence of IPV (physical, sexual violence or both) in ever-partnered women is about 31–36% (NPC & ICF Macro, 2008), while current prevalence of IPV ranges between 29 and 31% (Fawole, Aderonmu, & Fawole, 2005; Okenwa, Lawoko, & Jansson, 2009).

As suggested by the available studies on IPV in Nigeria, potential risk factors of the violence in the country include: low age and number of children (Ayinmode & Tunde-Ayinmode, 2008; NPC & ICF Macro, 2008). Indeed research shows that women below the age of 29 years have higher exposure to IPV, while the likelihood of those experiencing spousal violence increased from 23% among women with no children to 34% for those with five or more children (NPC & ICF Macro, 2008). In addition, women whose partner uses alcohol or drugs were also more likely to experience the violence (Okenwa et al., 2009). Women structural empowerment indicators, such as education/literacy and employment, were found by studies to likely protect women against IPV (Aimakhu et al., 2004). Moreover, according to Okenwa et al. (2009), access to information through the mass media is more likely to reduce the exposure of women to IPV in Nigeria.

Considering the dominant patriarchal structure of the Nigerian society, it becomes even more intriguing to explore the help-seeking behavior of IPV victims, as well as the attitude of people towards the violence in the country. Studies have shown that approximately 45% of women in the country never told anyone about their experience of physical or sexual violence, while only about 34% of Nigerian

women who ever experienced physical or sexual violence (mostly in the context of an intimate relationship) sought help to stop the violence. Moreover, studies have also shown that fewer women who are unemployed are likely to seek help (28%), compared with women who are either employed for cash (35%) or those who are in unpaid employment (37%) (NPC & ICF Macro, 2008). Furthermore, the NDHS study 2008 shows that the majority of women who experienced IPV sought help mainly from their family (65%), while very few sought help from religious leaders, police and social service establishments (3%, 2%, and <1%, respectively) (NPC & ICF Macro, 2008).

With regard to the general attitude of Nigerians towards IPV, research shows that women are highly likely to justify IPV against them (61%), as compared to men who are less likely to justify the occurrence of such violence (Uthman et al., 2010).

Having considered the magnitude of IPV in Nigeria, it is equally imperative to discuss specific programs on IPV prevention and support available to Victims of the violence in the country. At the moment, very limited social support is available to IPV victims. Although the country is a signatory to some international conventions that protect the rights of women (e.g., the United Nation's Convention on the Eradication of all forms of Discrimination Against Women — CEDAW — and Dakar Declaration 1994), most of these conventions (especially the CEDAW) have not yet been adopted into Nigeria's legal code. This demonstrates the level of work that is still required to ensure gender equality and protection of women against all forms of violence in the country. Moreover, the Nigerian Constitution guarantees freedom from all forms of discrimination (including gender discrimination). Yet, despite these provisions there are no federal laws specifically criminalizing violence within the family context (NPC & ICF Macro, 2008).

Furthermore, the Nigerian government has recently made changes to the country's health policy so as to provide better support for the primary care sector and improve on primary prevention of ill-health (WHO, 2009b). However, very few, or perhaps no, specific programs targeted at IPV prevention were developed as part of this new arrangement.

3.3. Namibia

3.3.1. Overview

Namibia is situated in the south-western part of Africa and has a population of about 2 million people. The country has a relatively young population — nearly 43% under the age of 15 years. The population is predominantly Christian, with about 77% of women and 70% of men being Protestant Christians and a smaller proportion being Roman Catholics (MoHSS — Namibia, 2008). Although smaller in size, Namibia has a rich array of ethnic groups, just like Nigeria and other ethnically diverse countries in Africa. The country runs a democratic system of government, with functional executive, legislative and judicial arms (USDS, 2011b). Namibia is classified as a middle-income country but has a highly skewed income per capita. The great disparities in per capita income among the population are as a result of lopsided development, which shaped the Namibian economy in the past (MoHSS — Namibia, 2008).

3.3.2. Education

As regards education, the Namibian government recognizes the fact that education is a major factor in sustaining development, and the Constitution of the country guarantees free, as well as compulsory, primary education. The majority of the population receives at least primary education and the national literacy rate is quite high (approximately 88%), but the attainment of higher education is still relatively low — the net enrollment for secondary school was just about 55% in 2009 (Ombudsman Namibia, 2010) — consequently, the number of functionally literate and highly skilled individuals is significantly reduced in the country (USDS, 2011b). Nonetheless, estimates from the Namibian Demographic and Health Survey (DHS), carried out in 2006–7, show that nearly equal proportions of male and females have no education at all (16% and 15% respectively) (MoHSS — Namibia, 2008).

3.3.3. Employment

The majority of Namibians live in the rural areas, and the main occupation in such areas of the country is subsistence farming. Even with the subsistence nature of farming in these areas, people still find it very difficult to sustain themselves, as the climate is very arid and often subjected to drought. Lately, Namibia has shown a high unemployment rate. In 2004, the unemployment rate was about 37% (MLSW — Namibia, 2004), but in more recent times it has been estimated to be approximately 50% (Ombudsman Namibia, 2010).

3.3.4. Reproductive health

Namibia has a relatively low fertility rate of approximately 3.6 children per woman, despite the fact that unplanned pregnancies are common in the country. Overall, two in three births are either unwanted (41%) or mistimed/wanted later (22%) (MoHSS — Namibia, 2008).

Although marriage and cohabitation are generally considered primary indicators of exposure to the risk of pregnancy, many women in Namibia bear children outside of a stable union. Visiting relationships — having partners without formal marriage — are common and many women have children in the context of such unions.

3.3.5. Access to mass media

The Namibian DHS shows that there is significant access to the mass media, as 83% of men and 81% of women listen to the radio at least once a week. Other forms of mass media (e.g., newspapers and television) are also reasonably accessible to both men and women, with only 11% of men and 11% of women not having any exposure to the mass media on a weekly basis (MoHSS — Namibia, 2008).

3.3.6. Socio-cultural context of gender relations

Prior to independence in 1990, the Namibian society was deeply patriarchal and women were treated as their husbands' property and subordinates. However, in recent times there has been a paradigm shift, especially with the introduction of the 1990 Namibian Constitution. The Constitution provides for equality in all aspects of marriage and forbids discrimination on the basis of gender (Ambunda & De Klerk, 2008). Nonetheless, in some certain parts of the country, decision-making powers are still usually vested in men, with women largely regarded as dependants and, as a result, are obliged to follow the decisions and commands of their male counterparts (Ambunda & De Klerk, 2008). Besides, payment of a bride dowry — often referred to as *lobola* in the customary law system of Namibia — is still the main criterion for a valid customary marriage in the country (Ruppel, 2008). This system, which may be regarded as 'bride buying', makes women mere subordinates to their husbands and exposes them to greater abuse.

3.3.7. IPV magnitude and dimensions

Just as in other African countries, there are very few studies conducted in Namibia to assess the level of IPV in the country. Fortunately, Namibia was one of the 10 countries considered in the WHO — Multi-Country Study. Results show that lifetime prevalence of IPV (physical or sexual violence, or both) in ever-partnered women in the country is approximately 36%, while current prevalence is approximately 20% (Garcia-Moreno et al., 2005). Besides, controlling behaviors are associated with IPV in Namibia, with the above study also showing that only 30% of women whose husbands exhibit no controlling behaviors have ever experienced physical or sexual violence, or both, compared to 55% of women whose husbands exhibit high levels of controlling behaviors. Lower educational level is also one of the factors found in the study to be associated with increased risk of partner violence in the country (Garcia-Moreno et al., 2005).

As pointed out by the WHO (2010), the rate of IPV is likely to be higher in settings where acceptance of IPV against women is normative.

Therefore, the relatively low levels of IPV in Namibia may be as a result of the low degree of acceptance of wife-beating by Namibians, with only 37.7% of women justifying IPV against women and 40.2% of men justifying the usage of violence (Uthman et al., 2010). Moreover, about 80% of ever-physically abused women had told someone about their experience of IPV and about 40% of ever-physically abused women had sought help against IPV from formal services. Although very few cases of complaints regarding IPV are normally recorded by formal services in developing countries, a significant number of IPV victims were reported doing so in the WHO Multi-Country study — 20% of women contacted the police, while 20% sought help from health services (Garcia-Moreno et al., 2005) — which is really remarkable. With regard to specific programs on IPV prevention and support available to IPV victims in Namibia, the country has very few policies in place guiding against the violence. The Ministry of Gender Equality and Child Welfare is also still in the process of drafting a plan to combat violence against women. Nonetheless, Namibia has a legislation (Combating of Domestic Violence Act, 2003) which upholds the rights of women and their protection from domestic violence. However, again, not all women have equal access to the protection, as the terms of the act stipulate that only magistrates can issue such protection orders and there are many towns in Namibia without resident magistrates (Ombudsman Namibia, 2010).

In terms of health services and programs relating to wellbeing, the Namibian Ministry of Health and Social Services uses a public health care (PHC) approach to deliver health services to its population. According to the DHS report, the PHC programs are mainly targeted on the following areas:

- Promotion of proper nutrition and adequate supply of safe water;
- Maternal and child care, including family spacing;
- Immunization against the major infectious diseases;
- Basic housing and basic sanitation;
- Prevention and control of locally endemic diseases;
- Education and training in the prevention and control of prevailing community health problems;
- Appropriate treatment for common diseases and injuries; and
- Community participation in health and social matters with no specific programs designed to ameliorate the issues of IPV in the country (MoHSS — Namibia, 2008).

3.4. Uganda

3.4.1. Overview

Uganda is an East African country that has a population of about 30 million people. The country has a decentralized system of governance, with several functions ceded to the local governments. However, the central government retains the major policy making role, setting standards and supervising its local arms. The economy is predominantly agricultural with the majority of the population engaged in subsistence farming and light agro-based industrial activities. The country is self-sufficient in food, but the general distribution in the different regions of the country is uneven. Nonetheless, Uganda also exports large proportions of its agricultural produce, with coffee accounting for most of the country's export revenues (UBOS, 2007).

3.4.2. Education

The vast majority of Ugandans have attended school, although as regards educational attainment many do not complete primary school. Besides, among the few who have never attended school at all, there are more females than males. Nearly one in four females (23%) aged 6 years or older in Uganda has never been to school, compared with 12% of males. Moreover, males aged 20 years and older are less likely to have no education and more likely to have attained some secondary education than females aged 20 and older (UBOS, 2007). This shows the huge disparity in education that exists between men and women in the country. In its effort towards tackling this gender disparity in educational attainment, the government established a Universal Primary Education (UPE) program. Despite this, it is important to note that 38% of females from the poorest households have never attended school as compared with a meager 8% of females from the wealthiest households who have never attended (UBOS, 2007).

3.4.3. Employment

The agricultural sector of the Ugandan economy provides about 80% of the employment in the country, and the dwindling capacity of this sector in recent times has resulted in high levels of unemployment (USDS, 2011c). The level of youth unemployment in the country was estimated to be around 83%, putting the unemployment rate second only to that of Niger on the table of the highest unemployment rates in the world (The Pepper Publication, 2011).

3.4.4. Reproductive health

With regard to fertility, the rate is quite high in Uganda as results show that the total fertility rate is about 6.7 children per woman (UBOS, 2007), despite the relatively high age at first marriage. This is likely to be due to the fact that having children before marriage is a common practice in Uganda and the median age at first birth is about 19 years (UBOS, 2007).

3.4.5. Access to mass media

As information is a key factor in the way people perceive their environment and behave, it is important to consider the level of exposure of Ugandans to some form of media. According to the Uganda DHS 2006, most of the population of the country is exposed to some form of mass media. In general, men are more likely than women to have access to mass media — whether through newspapers, television, or the radio. Approximately 9 in 10 men listen to the radio at least once a week, and 7 in 10 for women. However, with the limited television broadcast coverage in Uganda, as well as the level of poverty, lower percentages of both men and women have access to television or read a newspaper on a weekly basis (UBOS, 2007).

3.4.6. Socio-cultural context of gender relations

Just as in many other African countries, Ugandan society is deeply rooted in patriarchal traditions, and discrimination against women is rife. Although the Constitution of the country condemns gender discrimination, customary laws that at times contradict human rights (especially rights of women) still dominate in 'family matters' or what happens within a union of husband and wife. Moreover, by Ugandan national laws, the minimum age of marriage for men and women is 18 years, but many girls below this age in the rural areas are wedded to older men by their parents. Besides, the marriage code in the country grants widows the right to inherit some of their husbands' properties, but the persistent and conflicting local traditions dictate that women do not have any right to inheritance. Furthermore, women's ownership rights are limited in Uganda. Although the government laws grant women access to land and the right to manage their properties, deeply rooted traditional practices deprive them of the power to administer their land holdings and give men the decision-making powers over such holdings (SIGI, 2011b).

3.4.7. IPV magnitude and dimensions

There are very few studies of the levels of IPV in Uganda. Nonetheless, there have been some recent efforts made to achieve this. Results from the Ugandan Economic policy research center (EPRC) study show that lifetime prevalence of IPV (physical or sexual violence, or both) in ever-partnered Ugandan women is quite high, with suggestions that 4 out of every 5 Ugandan women have ever-experienced IPV (80% of women), while the current prevalence is approximately 53% (EPRC, 2009).

According to the Ugandan DHS 2006, some of the factors that are likely to increase a woman's exposure to IPV in the country include a higher number of children (with women having three or more children more likely to have experienced the violence), and the extent of poverty. Furthermore, regarding the help-seeking behavior of victimized women, as stated in the Ugandan DHS report 2006, approximately 63% of ever-physically abused women had told someone about their experience of IPV and a reasonable number of IPV victims (about 42% of the ever-physically abused women) had sought help against IPV from formal services (UBOS, 2007).

Concerning the attitude towards IPV against women in Uganda, research shows that a very high proportion of Ugandans (both male and female) justifies the act of wife-beating. Approximately 70% of women and 60% of men justify the usage of such violent act (Uthman et al., 2010).

Moreover, in terms of specific programs on IPV prevention and support available to IPV victims, Uganda has laws against IPV, but these laws exist without a comprehensive strategy to address the issue. For example, Uganda has ratified the United Nations CEDAW and the country's penal code (amended in 2007) provides protection to ward off all forms of assault against women. Besides, the Ugandan police use a special handbook to guide them in responding to domestic violence/IPV (Turyasingura, 2007). Despite these efforts, women continue to face difficulties in trying to ensure that the perpetrators of the violence are brought to justice, most probably due to the inadequate national strategy for preventing IPV as well as the dearth of specific services to cater for abused women in the country (EPRC, 2009).

3.5. Tanzania

3.5.1. Overview

Tanzania is the largest country in the eastern part of the African continent, and has a projected population of about 43 million (NBS — Tanzania & ICF Macro, 2011). The Republic of Tanzania runs a democratic government that has executive, legislative (unicameral national assembly), and judicial branches. The country has a mixed economy dominated by agricultural and service industrial sectors, with the major exports of the country including coffee, cotton, and tea. Tanzanian society is multicultural and contains over a hundred ethnic groups. Citizens of the country have a strong sense of national identity and are committed to Swahili as the national language (USDS, 2011d).

3.5.2. Education

There is a high primary school enrollment rate in Tanzania, as the education at this level is free to all its citizens. Nonetheless, educational attainment — especially, in terms of secondary and higher education — is poor due to the cost of education at these levels, as well as the limited funding to support secondary and tertiary educational establishments (Ndulu, B., Mutalemwa, C. and World Bank, 2002). According to the results of the Tanzania Demographic and Health Survey (TDHS)-2010, despite the poor overall educational attainment, there is yet again a gap in educational attainment between males and females, with males having a far better attainment than the females. Moreover, the most substantial variation in educational attainment is across the wealth quintiles with only 7% of females in the wealthiest households never having attended school, compared to 46% of females from the poorest households. Despite this starkly marked variation in the females, the effect of wealth disparity in education is less evident amongst males (NBS — Tanzania & ICF Macro, 2011; UN, 2011).

3.5.3. Employment

Regarding employment, studies show that the employment rate is as high as 88% in Tanzania. Although the country has a mixed economy dominated by agricultural and service industrial sectors, 75% of the population are employed in the traditional agricultural sector (USDS, 2011d). The aforementioned employment rate may seem very high, but the majority of people in the agricultural sector are into subsistence farming and only about 10% and 4% of employed men and women, respectively, are in paid jobs, either in the formal or informal sector. Nonetheless, the distribution of men and women across the sectors is uneven — with women slightly in the majority in agriculture (52%) and in trade (55%), whereas men are more dominant in areas such as manufacturing, construction, transport and finance (Ellis, Blackden, Cutura, MacCulloch, & Seebens, 2007).

In addition, the results of TDHS-2010 show that employment also varies by residence; rural residents are more likely than those in urban areas to be employed. This is a testament to the fact that the agricultural sector is the largest contributor to the country's economy, as most agricultural activities take place in rural areas (NBS — Tanzania & ICF Macro, 2011).

3.5.4. Reproductive health

Tanzania has a high total fertility rate of approximately 5.7 children per woman (WHO, 2009c). The median age at first marriage for women in Tanzania (which is about 19 years) is not too low (NBS — Tanzania & ICF Macro, 2011). Therefore, the high fertility rate might be as a result of high levels of unemployment and poverty as well as the low educational attainment in the country.

3.5.5. Access to mass media

Considering access to the media, findings from the TDHS-2010 indicate that there is a generally limited access in Tanzania — with only 9% of women and 20% of men exposed to all the three major media types available (newspapers, radio, and television). Nonetheless, 58% of women and 77% of men listen to the radio, the most common type of mass media in Tanzania, at least once a week (NBS — Tanzania & ICF Macro, 2011).

3.5.6. Socio-cultural context of gender relations

Tanzanian society is multicultural and comprises a variety of ethnic groups as well as religions. There still exists a dominant traditional view about the role of women that exposes them to discrimination. Although the Constitution of Tanzania officially forbids gender-based discrimination, the legal protection available to women in the country is still very limited. This dearth of legal protection is largely as a result of the tripartite nature of the judicial system in the country that includes the civil, customary, and Sharia (religious) laws. Furthermore, the minimum legal age for marriage is 15 years for women and 18 for men (SIGI, 2011c). This relatively low age is likely to expose women to IPV and other marital issues.

3.5.7. IPV magnitude and dimensions

As pointed out by McCloskey, Williams, and Larsen (2005), women in Tanzania are socialized to accept and remain silent about their exposures to partner violence, which makes the precise estimation of the magnitude of such violence very complex. Nonetheless, results from the WHO Multi-Country Study carried out in Tanzania in 2003 show that lifetime prevalence of IPV (physical or sexual violence, or both) in ever-partnered Tanzanian women is about 41%, while the current prevalence is about 22% (Garcia-Moreno et al., 2005). Furthermore, results indicate that controlling behaviors are strongly associated with IPV in Tanzania, as 5% of women whose husbands exhibit no controlling behaviors have ever experienced physical or sexual violence, or both, compared to 84% of women whose husbands exhibit high levels of controlling behaviors. Other factors associated with the violence include young age (with women within the age range of 15–19 years being at higher risk of experiencing IPV), and lower educational level (Garcia-Moreno et al., 2005). Concerning the acceptance of IPV, which may also contribute towards the occurrence of the violence in the country, research shows that a

relatively high percentage of Tanzanians justify wife-beating. As high as 57% of women justify the perpetration of IPV by men and 43% of men justify the usage of the violence (Uthman et al., 2010).

In terms of help-seeking behavior, nearly 75% of ever-physically abused women had told someone about their experience of IPV and approximately 42% of ever-physically abused women had sought help against IPV from formal services, including the police, social services and legal advice centers (Garcia-Moreno et al., 2005).

With regard to specific programs on IPV prevention and support available to victims of violence, Tanzania seriously lacks such programs and this might be part of the reasons why the level of IPV is high in the country. Besides, Tanzania lacks laws that particularly prohibit or punish IPV. The only law close to this is the one passed by the government, in 1998, prohibiting sexual assault and the purview of which criminalizes spousal rape, provided that 'the affected couple are legally divorced' (SIGI, 2011c).

4. Country-by-country opportunities and challenge analyses

Having considered the demographic, social, and economic contexts in which IPV exists in different African countries, as well as the magnitude of the violence, one would appreciate how pervasive and widely spread the issue is in Africa. The previous sections of this paper have also examined, to some extent, the availability of support and safety-nets for victims of IPV and preventative measures available in the different countries that could reduce the impact of the violence and stop its occurrence.

At this juncture, it is worth reiterating that responding to the violence requires an evaluation of how factors, such as education, employment, reproductive health, socio-cultural, and other conditions in the countries, influence IPV occurrence, as well as the likely achievements and failures of support programs and reforms in the different countries aimed at reducing the violence. In other words, a balance sheet of opportunities can be derived from the different policies, as well as the identification of the challenges inherent in the respective countries. This is the subject of the analyses given in the following sections on a country-by-country basis.

4.1. Morocco

4.1.1. Opportunities

The Moroccan government has been very active in stemming the rise of IPV in recent times, by putting in place institutional actions to strengthen women's rights and care for abused women. Such actions that criminalize violence against women and also empower them will, no doubt, go a long way towards reducing the occurrence of IPV.

The relatively low unemployment rate among men and women in Morocco could be a major advantage in tackling IPV, as research studies show that high unemployment rate for men is likely to be a risk factor for IPV perpetration (WHO, 2010).

Another possible opportunity may be the relatively low fertility among women in Morocco, since studies have demonstrated that there is a relationship between number of children and the occurrence of IPV — with women having more children (5 or more) experiencing greater IPV exposure.

4.1.2. Challenges

As pointed out earlier, the Moroccan legal system is characterized by 'legislative pluralism', where *Sharia* (Islamic law) coexists with modern law. Under this pluralism, family, and personal status codes fall within the purview of Islamic law; while penal code, labor law, and other relevant codes fall under the modern law. This legal duality, as described by researchers at Hassan II University (2009), creates huge gaps in the legal protection for women, and as a result may stand as a challenge to reducing issues of IPV in the Moroccan society.

Educational disparity between men and women in Morocco is a major issue — with literacy rates estimated at about 39.6% for women and 65.7% for men. This disparity is a major threat to IPV prevention, as research shows that such disparities may result in higher rates of IPV (Ackerson et al., 2008).

As stated earlier, the Moroccan cultural realm is still marked by patriarchal structures, which come with attitudes that are accepting of discrimination against women. Therefore, if the patriarchal structures remain unaddressed it could undermine efforts towards reducing IPV.

4.2. Nigeria

4.2.1. Opportunities

Given that there are no specific programs or policies targeted at IPV prevention in Nigeria, the only likely opportunity the country has in terms of prevention of such violence is the fact that it is a signatory to the UN CEDAW, which lays out a comprehensive policy for upholding women's rights. Nonetheless, the efficacy of such opportunity is restrained as the convention is yet to be fully integrated into Nigeria's legal code.

Nigerians have high educational attainment rates and literacy levels, which could be advantageous in the quest of reducing the rates of IPV in the country, as research studies indicate that low educational attainment is a plausible explanation for high IPV prevalence (Ackerson et al., 2008; Boyle, Georgiades, Cullen, & Racine, 2009). According to the WHO (2010), a low level of education is the most consistent factor associated with both the perpetration and experiencing of IPV across studies, with women who report lower levels of education (primary or none) having a 2- to 5-fold increased likelihood of intimate partner violence compared to those with higher educational attainment.

The decent exposure to the mass media in Nigeria is also a good opportunity to address the IPV issue in the country because, when harnessed properly, their capacity to reach wide audiences could help change cultural values that condone violence. Research, such as that of Morrison and Biehl (1999), has described the potential of the mass media.

4.2.2. Challenges

One major challenge that could be discerned is that Nigeria still does not have in place reasonable policies or programs specifically targeted at IPV prevention.

A relatively high level of discrimination against women in Nigeria and the lack of enthusiasm on the side of the government towards the dastardly act is a major threat to reducing IPV levels in the country. The fact that 45% of IPV victims in the country never sought help from any source, nor informed anyone of their experience of the violence, is a testament to how damaging the level of discrimination and neglect on the side of the government could be in terms of IPV occurrence. As shown above, in the case of Morocco where the government recently took great steps towards tackling IPV through the adoption of specific policies and programs targeted at the violence, the level of current IPV prevalence is as low as 12% (Hassan II University, 2009) compared to that of Nigeria which is presently as high as 29% (Okenwa et al., 2009).

In Nigeria, the low median age at first marriage and very early initiation of sexual activities before marriage, which often lead to teenage pregnancies in the country, could be a major challenge to the reduction of IPV occurrence, as research shows that young age is highly likely to be a risk factor for being either a perpetrator or victim of IPV (Romans, Forte, Cohen, Du Mont, & Hyman, 2007).

The unemployment rate in Nigeria which currently stands at approximately 43% may also be considered as a major challenge to IPV prevention, as research studies show that high unemployment rates for men and women is a likely risk factor for being a perpetrator or victim of IPV (Hindin, Kishor, & Ansara, 2008; WHO, 2010).

4.3. Namibia

4.3.1. Opportunities

The fact that the Constitution of Namibia provides for equality in all aspects of marriage and forbids discrimination on the basis of gender is a crucial opportunity, as this would help protect the rights of women and further policy development to prevent IPV could be made on the basis of the provision.

There is significant access to the mass media in Namibia, and this is a great opportunity that could be harnessed in the fight against IPV in the country. The mass media could be used to raise public awareness about the extent of the issue of IPV. Besides, media campaigns could be used as a way of promoting as well as advocating for a change in social and cultural norms that support IPV against women.

Research shows that Namibians exhibit low acceptance of IPV, especially in terms of wife-beating. This is a wonderful opportunity that could help reduce IPV in the country, if used judiciously. For example, with the low degree of acceptance of IPV, a media awareness campaign that exposes the extent of this issue in the Namibian society could go a long way towards reducing the level of this type of violence in the country.

4.3.2. Challenges

The dearth of specific programs targeted at preventing IPV poses a major challenge to the Namibian society. Although the Constitution provides for equality in all aspects of marriage, the fact that IPV remains pervasive in the country and decision-making powers are still usually vested in men, with women largely regarded as dependants, shows how important the introduction of specific programs on IPV is in the country.

Although the majority of Namibians complete at least primary education, attainment of higher education levels is still low in the country. This could be a major threat in terms of IPV occurrence, as studies show that low level of education is, more or less, the most consistent factor associated with perpetration and experiencing of IPV (WHO, 2010).

The unemployment rate in the country is high and this could also be of a major concern. Research suggests that unemployment, especially among men, could lead to perpetration of IPV (Resko, 2010).

Patriarchy has not yet disappeared from the Namibian society; in fact, it is still quite dominant in the rural areas and this could present a challenge to the reduction of IPV.

4.4. Uganda

4.4.1. Opportunities

Some of the major opportunities reside in the fact that Uganda has ratified the United Nations CEDAW, and the country's penal code (amended in 2007) provides protection to ward off all forms of assault against women. Nonetheless, the power of these laws remains limited, as there are no comprehensive strategies to specifically address the issue of IPV in the country.

Studies show that there is high level of exposure to the mass media (especially the radio) in Uganda and this may provide an excellent opportunity to advocate for the reduction and prevention of IPV in the Ugandan society.

4.4.2. Challenges

The fact that there are no specific programs targeted at preventing IPV in Uganda is of great weakness. A weakness might be partly responsible for the high level of IPV in the country.

Low educational attainment in Uganda is also a major challenge to IPV prevention, as it is consistently reported by research to be a likely risk factor for IPV occurrence. The huge unemployment rate is a major issue that could positively influence the occurrence of IPV in the country.

With research showing an association between higher numbers of children per woman and IPV occurrence, the high fertility rate in Uganda (which is as high as 6.7 children per woman) could as well be a serious threat to the prevention of such violence.

The fact that Ugandan society is deeply rooted in patriarchal traditions and that discrimination against women is rife, are also major challenges that need to be considered in the fight against IPV in the country.

4.5. Tanzania

4.5.1. Opportunities

The country has a law, which was passed in 1998, prohibiting sexual assault and the purview of which criminalizes spousal rape. This could provide a great opportunity in helping to reduce the perpetration of this form of IPV. Nonetheless, the scope of the law needs to be broadened to cover other forms of IPV and to make it more effective in reducing the violence.

The relatively high employment rate in the country is likely to provide adequate support for IPV prevention programs when implemented, as studies show that lower employment rates are associated with high IPV prevalence.

4.5.2. Challenges

One main challenge is the fact that Tanzania lacks robust and far-reaching laws as well as specific programs targeted at IPV prevention.

The low attainment of higher education in the country is a major issue.

The level of discrimination against women and the fact that women are socialized to accept IPV exposure is a major threat to the prevention of the violence in Tanzanian society.

Limited access to the mass media in Tanzania is also likely to compound the IPV issues in the country, as the usage of such promising means of IPV prevention would probably be more effective if adopted.

5. Discussion and conclusions

This paper has considered issues of IPV in Africa by juxtaposing the magnitude of IPV and socio-economic contexts within which the violence exists in a few African countries. Through this analysis, various opportunities and challenges have been identified in the context of each country that could impact on the occurrence of IPV. Drawing on the limited information available on IPV in this part of the world, it was noted that the dearth of specific programs targeted at preventing it in the majority of the countries considered in this study presents a serious challenge to the fight against the violence in Africa. Furthermore, the level of discrimination against women, stemming mainly from patriarchal traditional norms, is also high in Africa, and this is likely to expose many women to IPV issues. Equally, low median age at first marriage and very early initiation of sexual activities prior to marriage, which is rife in some societies in Africa and often leads to teenage pregnancies, may be a factor contributing to the high prevalence of IPV. In addition, when one considers the situation in a country such as Namibia, where factors that are likely to reduce IPV levels thrive — factors such as high awareness of IPV issues and low acceptance of the violence (as demonstrated by high level of IPV incident reports to the police and other formal services) — but where level of unemployment among men and women is relatively high, one could assume that high unemployment level is likely to have a great contribution towards the high IPV occurrence in the country and also in many other African countries.

Nonetheless, improved access to mass media and their usage in public enlightenment with regard to IPV could assist in the reduction of the violence. Research shows that increasing people's understanding and awareness of issues surrounding IPV — especially through the media — can greatly help contribute towards its reduction (WHO,

2010). Therefore, the effective use of mass media could go a long way in assisting countries, such as Uganda, which currently has a less comprehensive or, perhaps, no media-based policies on IPV prevention but whose population enjoys high exposure to mass media.

Finally, provision of general healthcare support that is accessible is important in achieving better wellbeing of populations around the world, but availability of specific healthcare support targeted at IPV, as suggested by some recent research (John, Lawoko, & Oluwatosin, 2011; Roark, 2010), could provide a major strength in the fight against the violence and help provide support for the abused women on the African continent. Such support can include screening for partner abuse at clinics or hospitals, among other healthcare-based measures.

Based on the above analyses, governments across Africa must recognize the fact that IPV is a major problem affecting many of their citizens and also hindering economic growth. Therefore, they need to spend more effort at improving their commitment towards tackling IPV through the introduction of comprehensive policies to address the violence in their respective countries. Such policies should include, but are not limited to, the passage of laws criminalizing IPV against women, provision of social support for abused women, and healthcare-based support mainly targeted at IPV, as well as media awareness campaigns that could help change social and cultural norms that promote IPV in the society. In addition, other stakeholders (i.e., researchers and NGOs) need to commit more effort and resources towards IPV issues on the African continent in order to get a clearer picture of the magnitude of the violence, risk factors as well as cost to individuals and the government. The combination of all such efforts would ultimately guide government actions and give rise to programs and policies that can effectively reduce IPV issues on the continent.

References

Ackerson, L., Kawachi, I., Barbeau, E., & Subramanian, S. (2008). Effects of individual and proximate educational context on intimate partner violence: A population-based study of women in India. *American Journal of Public Health*, *98*(3), 507–514.

Aimakhu, C., Olayemi, O., Iwe, C., Oluyemi, F., Ojoko, I., Shoretire, K., et al. (2004). Current causes and management of violence against women in Nigeria. *Journal of Obstetrics and Gynaecology*, *24*(1), 58–63.

Ambunda, L., & De Klerk, S. (2008). Women and custom in Namibia: A research overview. In C. Oliver (Ed.), *Women and custom in Namibia: Cultural practice versus gender equality?*. Windhoek: Konrad Adenauer Foundation.

Ayinmode, B., & Tunde-Ayinmode (2008). Family violence among mothers seen at the University of Ilorin Teaching Hospital, Ilorin, Nigeria. *South African Journal of Psychiatry*, *14*(3), 76–83.

Balogun, O. (2011). Nigeria: 2011 budget confirms the saying "a man on the edge of a precipice does not think". Retrieved November 10 2011, from http://www.workersalternative.com/economy/83-ola

Bamgbose, O. (2002). Customary law practices and violence against women: The position under the Nigerian legal system. Paper presented at 8th International Interdisciplinary Congress on Women, July 2002, Kampala. Department of Women and Gender Studies, University of Makerere.

Boyle, M., Georgiades, K., Cullen, J., & Racine, Y. (2009). Community influences on intimate partner violence in India: Women's education, attitudes towards mistreatment and standards of living. *Social Science & Medicine*, *69*(5), 691–697.

Davis, S., & Davis, D. (1995). The mosque and the satellite: Media and adolescence in a Moroccan town. *Journal of Youth and Adolescence*, *24*(5), 577–593.

Dutton, D. (1994). Patriarchy and wife assault: The ecological fallacy. *Violence and Victims*, *9*(2), 167–182.

Duvvury, N., Grown, C., & Redner, J. (2004). *Cost of intimate partner violence at the household and community levels: An operational framework for developing countries.* Washington D.C.: ICRW — International Center for Research on Women.

Ellis, A., Blackden, M., Cutura, J., MacCulloch, F., & Seebens, H. (2007). *Gender and economic growth in Tanzania: Creating opportunity for women.* Washington D.C.: The World Bank.

EPRC (2009). *Intimate partner violence: Estimating its cost and effect in Uganda.* Kampala, Uganda: EPRC — Economic Policy Research Centre.

Fawole, O., Aderonmu, A., & Fawole, A. (2005). Intimate partner abuse: Wife beating among civil servants in Ibadan, Nigeria. *African Journal of Reproductive Health*, *9*(2), 54–64.

Fox, G., Benson, M., DeMaris, A., & Van Wyk, J. (2002). Economic distress and intimate violence: Testing family stress and resources theories. *Journal of Marriage and the Family*, *64*(3), 793–807.

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO Multi-country study on women's health and domestic violence against women.* Geneva: WHO.

Gil-Gonzalez, D., Vives-Cases, C., Alvarez-Dardet, C., & Latour-Perez, J. (2006). Alcohol and intimate partner violence: Do we have enough information to act? *European Journal of Public Health*, *16*(3), 278–284.

Hassan II University (2009). *Estimating the cost and impact of intimate partner violence in Morocco.* Casablanca, Morocco: In-service Training and R&D Centre.

Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). Ending violence against women/sb: maintitle>*Issues in World Health*, *27*(11), 1–44 (Series L).

Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. In E. Krug, L. Dahlberg, J. Mercy, A. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 87–121). Geneva: World Health Organization.

Hindin, M., Kishor, S., & Ansara, D. (2008). *Intimate partner violence among couples in 10 DHS countries: Predictors and health outcomes.* Calverton, USA: Macro International Inc.

Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *Lancet*, *359*(9315), 1423–1429.

John, I., Lawoko, S., & Oluwatosin, A. (2011). Acceptance of screening for intimate partner violence, actual screening and satisfaction with care amongst female clients visiting a health facility in Kano, Nigeria. *Journal of Family Violence*, *26*(2), 109–116.

Johnson, K., & Das, M. (2009). Spousal violence in Bangladesh as reported by men: Prevalence and risk factors. *Journal of Interpersonal Violence*, *24*(6), 977–995.

Krug, E., Dahlberg, L., Mercy, A., Zwi, A., & Lozano, R. (2002). *World report on violence and health.* Geneva: WHO.

Kwintessential (2011). Morocco — Language, culture and doing business. Retrieved November 2 2011, from http://www.kwintessential.co.uk/resources/global-etiquette/morocco-country-profile.html

Lawoko, S. (2008). Predictors of attitudes toward intimate partner violence: A comparative study of men in Zambia and Kenya. *Journal of Interpersonal Violence*, *23*(8), 1056–1074.

McCloskey, L., Williams, C., & Larsen, U. (2005). Gender inequality and intimate partner violence among women in Moshi, Tanzania. *International Family Planning Perspectives*, *31*(3), 124–130.

Ministère de la Santé, ORC Macro, & Ligue des États Arabes (2005). *Enquête sur la Population et la Santé Familiale (EPSF) 2003–2004.* Rabat, Morocco: Ministère de la Santé et ORC Macro.

MLSW (Ministry of Labour and Social Welfare) — Namibia (2004). *Namibia labour force survey 2004.* Windhoek, Namibia: Ministry of Labour and Social Welfare.

MoHSS (Ministry of Health and Social Services) — Namibia (2008). *Namibia demographic and health survey 2006–07.* Calverton, Maryland, USA: Macro International Inc.

Morrison, A., & Biehl, M. (1999). *Too close to home: Domestic violence in the Americas.* Washington D.C.: Inter-American Development Bank.

NBS (National Bureau of Statistics) — Tanzania, & ICF Macro (2011). *Tanzania demographic and health survey 2010.* Dar es Salaam, Tanzania: NBS and ICF Macro.

Ndulu, B., Mutalemwa, C. and World Bank (2002). *Tanzania at the turn of the century: Background papers and statistics.* Washington D.C.: The World Bank.

NPC (National Population Commission) — Nigeria, & ICF Macro (2008). *Nigeria demographic and health survey 2008.* Abuja, Nigeria: National Population Commission and ICF Macro.

Okenwa, L., Lawoko, S., & Jansson, B. (2009). Exposure to intimate partner against women of reproductive age in Lagos, Nigeria: Prevalence and predictors. *Journal of Family Violence*, *24*, 517–530.

Ombudsman Namibia (2010). *The Ombudsman: Namibia (NHRI) submission to the Universal Periodic Review mechanism.* Windhoek, Namibia: The Ombudsman.

Rennison, C., & Welchans, S. (2000). *Intimate partner violence: Bureau of Justice Statistics special report (NCJ 178247).* Washington, DC: United States Department of Justice.

Resko, S. (2010). *Intimate partner violence and women's economic insecurity.* Texas: LFB Scholarly Publishing.

Roark, S. (2010). Intimate partner violence: Screening and intervention in the health care setting. *Journal of Continuing Education in Nursing*, *41*(11), 490–495.

Romans, S., Forte, T., Cohen, M., Du Mont, J., & Hyman, I. (2007). Who is most at risk for intimate partner violence? A Canadian population-based study. *Journal of Interpersonal Violence*, *22*, 1495–1514.

Ruppel, O. (2008). Introduction. In C. Oliver (Ed.), *Women and custom in Namibia: Cultural practice versus gender equality?*. Windhoek: Konrad Adenauer Foundation.

SIGI (Social Institution, Gender Index) (2010). Gender equality and social institutions in Nigeria. Retrieved September 25 2011, from http://genderindex.org/country/nigeria

SIGI (Social Institution, Gender Index) (2011a). Gender equality and social institutions in Morocco. Retrieved November 6 2011, from http://genderindex.org/country/Morocco

SIGI (Social Institution, Gender Index) (2011b). Gender equality and social institutions in Uganda. Retrieved November 6 2011, from http://genderindex.org/country/Uganda

SIGI (Social Institution, Gender Index) (2011c). Gender equality and social institutions in Tanzania. Retrieved November 11 2011, from http://genderindex.org/country/Tanzania

The Pepper Publication (2011). Uganda 2nd in youth unemployment in the world. Retrieved November 6 2011, from http://redpepper.co.ug/welcome/?p=21652

Turyasingura, H. (2007). *Responding to domestic violence: A handbook for the Uganda police force.* Kampala, Uganda: CEDOVIP and Uganda Police Force.

UBOS (Uganda Bureau of Statistics) (2007). *Uganda demographic and health survey 2006.* Calverton, Maryland, USA: Macro International Inc.

UN (2011). Literacy rate. Retrieved October 7 2011, from http://data.un.org/Data.aspx?q=literacy+rates&d=UNESCO&f=series%3aLR_AG15T24

USDS (United States Department of State) (2011a). Background note: Morocco. Retrieved October 24 2011, from http://www.state.gov/r/pa/ei/bgn/5431.htm

USDS (United States Department of State) (2011b). Background note: Namibia. Retrieved October 24 2011, from http://www.state.gov/r/pa/ei/bgn/5472.htm

USDS (United States Department of State) (2011c). Background note: Uganda. Retrieved October 24 2011, from http://www.state.gov/r/pa/ei/bgn/2963.htm
USDS (United States Department of State) (2011d). Background note: Tanzania. Retrieved October 24 2011, from http://www.state.gov/r/pa/ei/bgn/2843.htm
Uthman, O., Lawoko, S., & Moradi, T. (2010). Sex disparities in attitudes towards intimate partner violence against women in sub-Saharan Africa: Socio-ecological analysis. *BMC Public Health*, *10*(223).
WHO (2009a). *WHO country cooperation strategy for WHO and Morocco 2008–2013.* Cairo: WHO Regional Office for the Eastern Mediterranean.
WHO (2009b). *WHO country cooperation strategy, 2008–2013, Nigeria.* Brazzaville: WHO Regional Office for Africa.
WHO (2009c). *WHO country cooperation strategy, 2010–2015, Tanzania.* Brazzaville: WHO Regional Office for Africa.
WHO (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence.* Geneva: WHO.
Zito, P. (2011). *Socio-economic context in Ivory Coast, Morocco and Peru: Comparative report.* Turin: Eloise.