

Experiences of Married Women about Domestic Violence in the Tourism Industry in Zimbabwe

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Abstract

The main aim of this paper was to examine the experiences of married women about domestic violence in the tourism industry in Zimbabwe. Domestic violence is a serious global health concern and a human rights violation that affects millions of people worldwide particularly women. Research estimates revealed that about 84% of married women had been subjected to at least one act of violence from a partner during their lifetime. Betty Neuman's Systems Model was used to guide this study. Data were collected from a purposive sampling of one hundred and fifteen participants consisting of married women aged between 19 – 49, church leaders and traditional leaders. A qualitative descriptive survey collected data through key informant face to face interviews, semi – structured questionnaires and audio tapes. Thematic data analysis using Nvivo software package revealed that domestic violence requires the effort of everyone to be eradicated. The study findings revealed that married women are experiencing multiple forms of domestic violence, namely sexual abuse, social abuse, physical abuse, emotional abuse and spiritual abuse. It was concluded that religious leaders play a unique and vital role in response to and elimination of domestic violence. The study recommended that there is need for community members to honour the rights of every woman who experience domestic violence and the law should recognize the prevalence of domestic violence affecting married women so that corrective measures can be taken.

Keywords: *Community members, domestic violence, experiences, married women, prevention.*

1. Introduction

Domestic violence is a serious global health concern and a human rights violation that affects millions of people worldwide particularly women. Research estimates revealed that about 84% of married women have experienced at least one act of violence from a partner during their lifetime. According to Sebastian and Lorenzetti (2015) domestic violence is a barrier to building healthy families and safe communities. It can include emotional, verbal, physical, sexual, financial and spiritual forms of abuse and neglect. Domestic violence is the infliction of physical pain or injury with the intent to cause harm which may include pushing, shoving, biting, slapping, punching, kicking, hair pulling, choking, burns, arm twisting and fractures or even strangling through physical aggression (Bibi, 2014 and Rahman, 2014).

Women working in the hospitality sector - such as in hotels, bars, restaurants, casinos and tourism often risk violence and harassment. As with other workers in predominantly non-standard forms of employment, where risk factors for violence and harassment prevail, many do not raise complaints for fear of losing their jobs. Factors such as wage-based tipping, alcohol consumption and the notion that the 'customer is always right' contribute to sexual harassment by third parties (Nordic Hotel, Restaurant, Catering and Tourism Union, 2015). In addition, long working hours, more so during the night, make travel to and from work unsafe.

The objectives of this research were addressed under the following questions;

1. What are associated factors to domestic violence?
2. What are the experiences of domestic violence among married women in the tourism industry?
3. What are effective strategies to minimise domestic violence in the tourism sector?

2. Literature review

The study's primary constructs are discussed in this section.

2.1 Factors associated with domestic violence against married women

According to Mukamana (2020) having a low economic status has been observed to increase women's vulnerability to domestic violence, as they will be financially dependent on their husbands. In addition, average level of education of African women is usually lower than of their husbands and there are more likely unaware of their rights and of the laws regarding to domestic violence. The Rational Approach Theory suggest that differences in educational achievement, age and carrier development may increase women vulnerability against domestic violence (Chireshe, 2012). Financial circumstances of women may expose them to domestic violence. Some men may resort to violence so as to enhance their positions especially where they feel powerless and threatened by their female partners' socio-economic achievements (Chireshe, 2012). Furthermore, socio-economic and cultural factors have been found to be associated with domestic violence.

Poverty was highly eminent as a major factor causing domestic violence. In addition, factors associated with domestic violence against married women were found to be independently associated with age being younger than 18 years at the time of marriage and having a husband who drinks alcohol and smokes cigarettes. On a different view, Weitzman (2014) linked domestic violence with women who have more education and earning more than their spouses, or women who are sole earners in marriage as they threaten men's dominant status. Whereas, McCloskey, Williams & Larsen (2014) found that women with less education are more liable to abuse than their educated counterparts at a ratio of 1:7. In Sub-Saharan Africa characteristics associated with domestic violence include having many children, having been subjected to sexual abuse during childhood and having less than eighth grade of education (McCloskey 2014: 2). Partner characteristics most predictive of domestic violence include lower educational attainment, alcohol abuse, multiple partners, illegal drug use and irregular or intermittent employment (Madhvanan 2014).

The common risk factors associated with domestic violence reported from United Kingdom, India and Uganda are drug addiction, extramarital relations, contraception, number of children, male dominant society, household affairs, subordinate status, lack of knowledge, obeying husbands according to socio-cultural norms social isolation, adolescent marriage (Bibi. 2014 p124). Unequal power relations between women and men contribute substantially to spousal violence (USAID, 2009 p 2). All these issues should be taken cognisance of when planning strategies for educating women about their constitutional rights in regard to domestic violence. Domestic violence reflects and re-enforces differences between men and women (Zimbabwe Women Lawyers Association (ZWLA) 2011).

2.2 Experiences of domestic violence among married women

The experiences of domestic violence among married women are as shown in Figure 1.

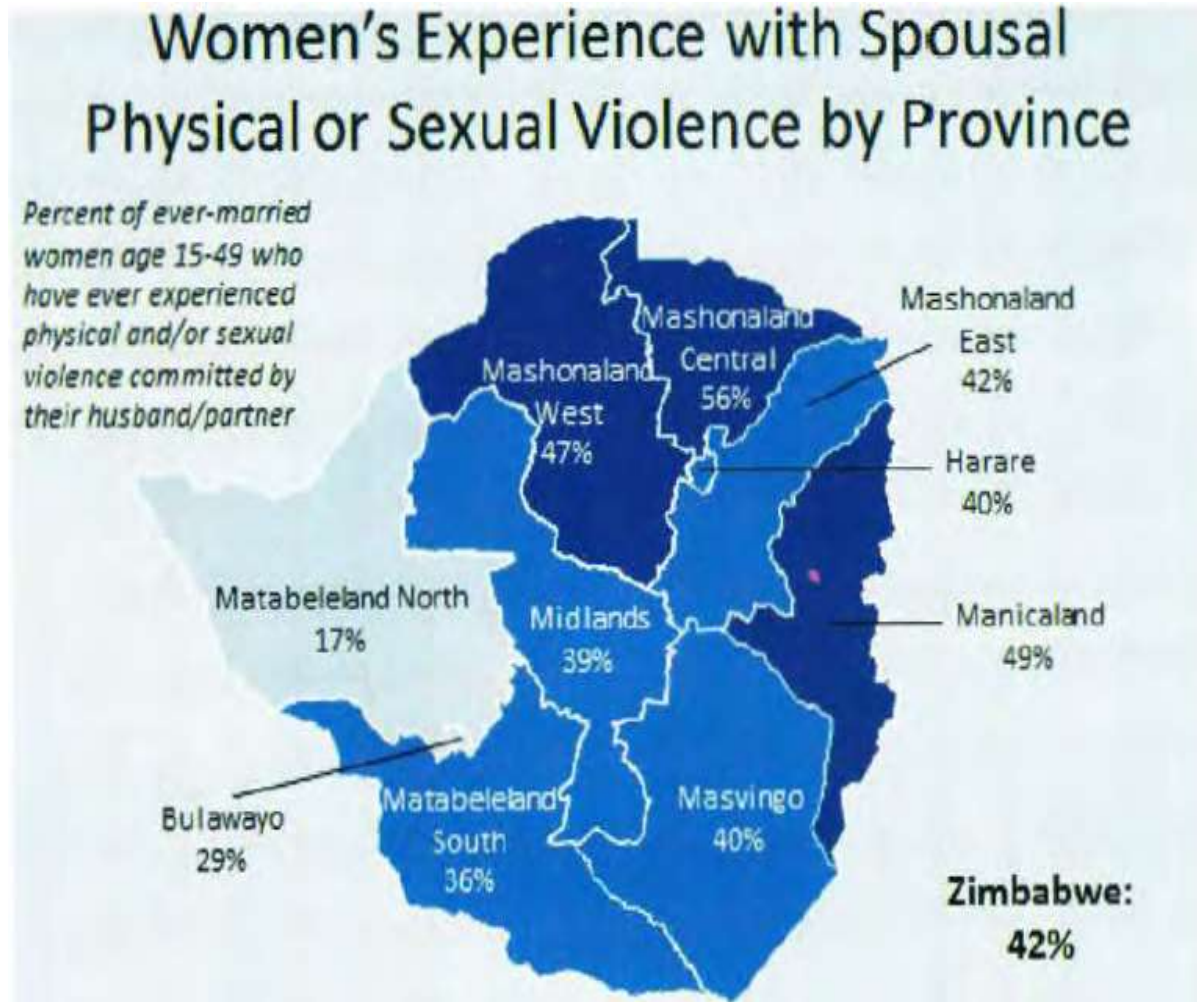


Figure 1: Experiences of domestic violence among married women (Adapted from UN Country Analysis Report for Zimbabwe, 2010)

Figure 1 illustrates the experiences of married women about domestic violence which ranges from 17 percent in Matabeleland North Province to 56 percent in the Mashonaland Central. 42% of women in Zimbabwe have experienced physical, emotional or sexual violence (or both) at some point in their lives. (UN Country Analysis Report for Zimbabwe, 2010). In Zimbabwe domestic violence is seen particularly as human rights violation because of the physiological make up and gender roles performed. In addition, women are the more affected than men, (Zimbabwe Women Lawyers Association (ZWLA), 2011).

According to data from demographic health survey (DHS) about 35% of women had experienced physical violence from the age of 15 and 14% had experience sexual violence once in their life time. The report further reviewed that 32% of married women had experienced spousal emotional violence (BMC, 2020 p43). According to Mukamana (2020) one out of three women experiences either physical or sexual violence in their life time worldwide. In addition, domestic violence was

observed to higher in Africa 37% and South East Asia 38% then Europe 25% and in the Americans 30%.

It has been noted that Zimbabwe endorsed elective protocols which address domestic violence to individual complaints. In addition, domestic violence protocols seem to be stalled by poor implementation and administrative practices by both states and non-state institutions (BMC, 2020). This has negatively influenced women. Sources report that domestic violence is an issue of ongoing concern in Zimbabwe (United States (US), 2010, Sec. 6, Freedom House, 2010 & Musasa Project, 2009). Zimbabwe / Macro International, (2007), observed that 4,658, married or previously married experienced a form of physical, social or emotional violence by their husband or partner. Among Zimbabwean women between 15 and 49 years, 41, 1 percent has experienced a form of sexual violence, physical or emotional violence by their husband or partners. To be specific 27, 3 percent have experienced emotional violence, 29, 5 percent have experienced physical and sexual, 18, 9 percent have experienced sexual violence, 10, 2 percent have experienced physical and sexual violence and 38, 2 percent have experienced physical or sexual and sexual violence (United States, 2010; Freedom House, 2010; Musasa Project, 2009).

2.3 Effective strategies to minimise domestic violence

2.3.1 Neighbours' relationships

The relationships with neighbours and active involvement of the community goes a long way in minimising domestic violence. Sebastian & Lorenzetti (2015) opine that these initiatives make domestic violence a community issue

2.3.2 Breaking the cycle of domestic violence

Their continuum of support includes helping married women to identify the warning signs of abuse, developing safety plans and providing legal services for those who are already in the cycle of abuse. Their flagship programs focus on women leadership and education within community settings, where they encourage married women to speak out about domestic violence in order to promote home safety. The program teaches married women to distinguish between what are healthy, unhealthy and abusive behaviour, Sebastian & Lorenzetti (2015: 22). An effective prevention strategy also must focus on making the home and public spaces safer for married women, ensuring women's economic autonomy, security, increasing women's participation, decision-making powers in the home, relationships, as well as in public life and politics. Awareness raising and community mobilisation, including through media and social media, is another important component of an effective prevention strategy (Made, 2015). The most effective programs are those that work across a range of actors and levels of society. To address the deep roots of domestic violence, CARE works simultaneously with individuals, couples and families, communities, and state institutions using a combination of prevention and response strategies. This includes working with the community at all levels, including government agencies and civil society movements (Sofia Sprechmann, Kathleen Christine & Marchia Walker, 2013).

2.3.3 Advocating for public policies to end domestic violence

Laws and policies relating to gender equality and domestic violence play an important role in preventing and responding to domestic violence. CARE's advocacy work spans all levels to create, revise, or improve implementation of laws and policies to tackle domestic violence. This work is firmly based on international agreements, such as the Declaration on the Elimination of Violence

against Women and Security Council Resolution 1325. Their focus is both on advocating for new policies and laws and ensuring that they are effectively resourced and implemented.

Both approaches involve awareness raising, public mobilization, lobbying and following up on individual domestic violence cases all of which help to transform policies, as well as cultural and social attitudes and norms, leading to a more favourable climate for domestic violence prevention. In addition to these strategies, CARE conducts regular research and evaluations to better understand the complex causes and consequences of domestic violence. CARE reviews which strategies are successful in reducing domestic violence and how research and evaluation can help improve their programs (Sprechmann, Christine and Walker, 2013).

Behaviour change strategies can contribute to the shifting of domestic violence from a private matter to one that merits public attention and prevention, acknowledging the wide spread nature of the problem which can as well contribute to reducing domestic victims' isolation and creates an environment which is conducive (Zimbabwe Demographic and Health Survey (ZDHS), 2010-11). Furthermore, sensitization of community leaders on domestic violence will create a critical mass of opinion leaders to promote the message of social change for a zero tolerance to domestic violence (Zimbabwe Demographic and Health Survey (ZDHS), 2010-11). (Zimbabwe Demographic and Health Survey (ZDHS), 2010). Women should be empowered economically to reduce their dependence on men and hence their vulnerability to violence. Income generating projects for women should be initiated and created. Furthermore, credit facilities should be introduced for women so as to increase women's access to resources for economic initiatives (Zimbabwe Demographic and Health Survey (ZDHS), 2010-11).

These intervention strategies can be credited for an increase number in the magnitude of survivors who have the bravery to report cases of violence. However, the issue still remains a challenge despite different effective strategies that has been advanced. The study utilised Betty Neuman's Systems Model. Health, person and environment were the selected concepts for this study. Betty Neuman (1992).

3. Data collection methods

A triangulation of qualitative research design was adopted as it allows the researcher to discover the participant's inner feelings, opinions, thoughts, values, and beliefs to figure out how meanings are shaped through in a cultural set up. The study collected data from a purposive sampling of one hundred and fifteen participants consisting of eighty married women, church leaders and traditional leaders. The qualitative descriptive survey collected data through key informant face to face interviews, semi – structured questionnaires and audio tapes. The observation method and the documentary analysis were also established. Data was analysed using NVivo.

4. Findings

Data were analysed using NVivo. Interviews were transcribed, interpreted and then categorised according to themes. Data analysis was done through recurrent and emergent themes. Recurrent themes were generated from ideas expressed in most of the married women's stories. The data were obtained from participants who were purposefully sampled among married women, church leaders, traditional leaders and family members in Chinhoyi rural and urban community. The selected married women were living in abusive relationships.

4.1 Factors associated with domestic violence among married women

The factors are shown in Table 1 below.

Table 1: Factors Associated with Domestic Violence among married women

	Frequency	Percent
Cultural beliefs	20	40.0
Ignorance of rights and laws	13	26.0
Emasculation of husbands from unemployment	4	8.0
Influence of relatives	6	12.0
Lack of financial independence	4	8.0
Lack of education	1	2.0
Men are cruel and insecure	2	4.0
Total	50	100.0

4.2 The experiences of married women about domestic violence

The study showed that multiple forms of domestic violence were being experienced by the respondents, despite the laws guarding against domestic violence in Zimbabwe. Physical abuse was the most common form of abuse which is linked to physical injuries such as bruises, broken bones, homicides, unwanted pregnancies, miscarriages, induced abortions, HIV and other sexually transmitted infections. This finding is similar to the findings of a study carried out in Uganda, which showed that domestic violence impacts negatively on the women's reproductive health.

The findings also revealed that victims end up developing problems of self – esteem, self – worth, suicidal and mental health problems. These findings are similar to findings from studies carried out on domestic violence. (Madhivanon 2014, Hasan, 2014, Nonell, 2013, Stephenson 2013 “(Cited in Chin 2009”. Feseha, 2012, Victorian Government, 2012: 27, Rahman 2011:1, 2 and Women Trends and Statistics, 2010). In addition, the results showed that most women experiencing domestic violence were from poor families as they lack economic resources. The findings are similar to findings from a study carried out on domestic violence experiences (Sand deep, 2014). However, Thupayagale-Tshweneagae & Seloilwe, 2013) study contrast this finding as their study found that domestic violence is rife among the educated and the affluent.

4.3 Effective strategies to minimize domestic violence

The spiritual leaders provide various ways of handling domestic violence cases within the church context. The following effective strategies were outlined in the interviews:

- Counselling – This includes the use of Bible and Christian messages to help the victims and also the perpetrators to move on and accept comfort in God. For women this type of counselling is done in such a way that it does not challenge the patriarchal order or empower them to leave an abusive marriage. One of the participants noted the process they use as follows:

“We talk to the affected person first providing relevant counselling from the word of God”.

“When the victim is comfortable we then counsel the perpetrator”.
“Where applicable they can call me for professional help”.

One of the church leaders however noted that in their church they advise victims to report to the police if the violence continues.

- Mediation –This is one of the most important aspects of how churches respond to domestic violence. All the church leaders noted how divorce is shunned and thus the idea for mediation is to find a resolution that brings the couple together and saves the marriage. Chapters and verses in the Bible are used to promote reconciliation.
- Campaigns against violence - Some of the church leaders noted that they are involved in programmes, which denounce domestic violence. Such campaigns include training, advocacy and couples’ retreat. These awareness campaigns are geared towards changing attitudes and promoting peaceful conflict resolution within the home.

The researcher found that (n=7) of participants offer counselling to both the victim and perpetrator of domestic violence. The belief here is that marriage is a sacred institution, which should be, promoted at all cost including reconciling couples even after multiple episodes of beatings. This is built on a strong Christian ethos that promotes marriage survival over the safety of women. According to the research findings, (n=2) participants noted that community prays for the domestic violence victims, which again shows the importance of religion in any discussion of domestic violence in Zimbabwe. Study results also worryingly indicates that (n=6) participants thought that there are more people who will do nothing (n=6) before calling the police. In addition, study results indicated that (n=2) participants actually noted that the victim is stigmatized by the community. These responses show serious gaps in how the community views domestic violence. It shows that communities are ill equipped to deal with domestic violence. There appears to lack of systems which effectively with domestic violence.

In addition, the findings also revealed suggested plans of action that the community can embark on to prevent domestic violence. The findings from (n=15) of the participants were for the idea of forming support groups for victims to ensure that they are not isolated and that they have a support structure to lean on. The study results indicated that (n=11) participants highlighted the need for more awareness campaigns focusing on ensuring women and men are capacitated with knowledge of laws and knowledge of what to do in the event domestic violence is experienced.

The research went on to understand the perception of the church leaders on their successes in resolving domestic violence cases. The findings were varied but the majority of the church leaders thought their methods were effective as there were low numbers of couples reporting future incidences of violence. The leaders also outlined various ways in which they resolve domestic violence cases. Some of the experiences of the church leaders are outlined in the quotes below:

“We resolve cases by monitoring and giving advice on their day-to-day living. The older women in the church are responsible for this task”.
“Family counselling programs and seminars are conducted and we invite victims of domestic violence to attend”.

“We have group couple meetings and also through teaching the word of God and ensuring salvation of people. Those who are born again are less likely to be involved in domestic violence”.

“We try and bring them together by taking them for an outing and encourage them to have dialogue”.

“We give women advice on how to handle their husbands perfectly so as to avoid conflicts”.

“For serious cases we actually refer to the police. As a church we are not going to follow traditional and cultural practices”.

4.4 Advice given to women who are victims of domestic violence

The advice given to married women is of interest in the context of this research. They highlight the patriarchal underpinnings of Zimbabwean society that seeks to shape how women behave within the home.

One of the leaders noted:

‘Our modern day women should understand the cultural norms of their society or where they are married.’ Another leader noted that they advise women to choose what to do depending on the level of abuse. To show the patriarchal nature of church messages one leader noted: “I greatly encourage the women to submit themselves under their men/husbands”. There is nothing in this message that focuses on the perpetrators of the violence. Women in many ways are blamed for the violence they suffer. One other church leader noted that:

“We normally encourage self-introspection first and ask them to try to identify if there are any riles they have played in the emanation of conflict after which an appropriate counselling route is chosen”.

The experiences at one of the churches were indicated as involving:

“We advise women to forgive their husbands. If the couples cannot accept, we advise them to separate for a season when the tempers are calm; they can change and come together”.

A leader at Goshen City Church noted:

“We advise women to make a report first with the police or organisations such as Musasa before seeking spiritual counselling. “

“Advised to seek help with the pastors to verbalise their feelings”.

This Goshen City Church leader was different from most that actually cited husbands.

The church leaders in Zimbabwe have admitted that domestic violence is a major problem even in churches. The church leaders revealed that they constantly counsel women and men experiencing violence. They indicated that despite of many initiatives that presently exist to address domestic violence in their churches in Zimbabwe; domestic violence is still highly prevalent. The church leaders also revealed that Zimbabwe is a larger Christian community and it would be expected that religious values would contribute to ending domestic violence and ensuring peaceful families, but unfortunately this is not the case.

Most of the church leaders indicated that women should submit themselves under their husbands and in most cases women are blamed for the violence they suffer. Handling of domestic violence within the churches is more or less the same by church leaders as most of them counsel the affected

parties, educating the affected parties on the negative effects of domestic violence to the whole family.

Overall comments: Most participants were advocating for equal treatment of both sexes and that misinterpreting the message can contribute to domestic violence. In addition, faith and belief should reinforce the spirit of love, peace and equity in dealing with one another.

Participants reported on activities they have already undertaken related to domestic violence in their churches. The range of activities was broad, with participants representing numerous organizations that address these issues. Several organizations highlighted were Musasa Project, ZWALA, Kushinga, Zimbabwe Republic Police and Ministry of Women affairs and Gender.

4.5 Traditional leaders and strategies to combat domestic violence

4.5.1 Importance of traditional leaders

In this section, the discussion turns to the role of traditional chiefs in combating domestic violence. Traditional leaders remain an important and influential citizenry in Zimbabwe. Zimbabwe requires the full participation of this traditional group. Domestic violence is heightened in a system of injurious practices, which are justified using religion and custom under a patriarchal worldview that has no place in any democratic spaces. It is thus important to highlight how traditional leaders, as the custodians of culture in Zimbabwe, can be used to fight these practices. A study by Safaids (2010) [2] indicates that traditional leaders and structures remain influential among a large majority of the population in urban and rural Southern Africa. Traditional leaders exercise influence and command much respect in their communities. Therefore, they are in numerous ways the gateways to any intervention seeking the participation of local people.

They are viewed as the custodians of culture that makes them important drivers of change because most of the discriminatory practices are justified as culturally acceptable forms of behaviour. As part of the governance structure, traditional leaders have an important role in the development of societal values and ethics, including those on domestic violence. Traditional leaders have a constitutional role to respect human rights and to uphold family values. Within the confines of the Customary Law and Local Courts Act, traditional leaders are part of the judiciary and they play an important role in dispute resolution.

4.5.2 Ways used in mediating domestic violence cases by traditional leaders

It also important in the context of this research to understand the practices utilised at traditional courts when dealing with domestic violence cases. Responses to this question elicited the following responses:

“The cases do not include me only as the leader but other committee members in the village. The committee is there to assist me in all matters and to ensure that there is consensus over decisions. In cases of domestic violence, we mainly lean towards reconciliation through elderly men counselling the husband and elderly women counselling the wife”.

“I first listen to both parties so as to better understand the whole issue as a way of reconciling the two”.

“There some serious matters we send to the police but this is dangerous because when the police get involved it is difficult to reconcile the parties”.

The responses mainly point towards the need to promote reconciliation as regards domestic violence. Traditional leaders are interested in protecting the family unit thus discouraging any strategies that further escalate the situation especially by involving the police.

On being asked whether women are satisfied with how their cases are handled at the courts a leader indicated that:

“In most cases I preside over women and they are generally happy because we prove that men are in the wrong and they apologise to their wives”.

The survey did not include women in rural spaces so it is difficult to ascertain such statements. The majority of interviewed leaders were also against the idea of women rushing to report to the police about their abuse. Some of the responses included:

Despite challenges being faced by married women on domestic violence, more work should be done by the family members, community members, church leaders and traditional leaders as they can play a vital role on the prevention and control of the problem. The health needs of the clients’ to be addressed to a level where they “derive some comfort “with their health, families and environment. The researcher is of the opinion that the physical needs, social needs, emotional needs, economic needs and psychological needs should be met. However the needs identified in this research appear universal and corroborate findings from other researchers from other countries showing similar major needs of domestic violence (Seema , 2014, Hasan, 2014, Stephenson, 2013 “(Cited in Heise, 2000: 1133)”, Stephenson, 2013 “Cited in Chin , 2009, Kaur, 2012, Hasan, Stephenson, 2013, Reed, 2010, Yigzaw, 2010, “(Cited in Duran, 2009)”, Nawaz, 2008 and Meyer 2009 “(Cited in Liang, 2005)”.

5. Discussion

Women are progressively attaining higher education qualifications in Zimbabwe. However, education does not immunize one from domestic violence. Educated, skilled and professional women are not immune to various forms of abuse. However, education helps women to understand and question specific behaviour. The majority of spouses are self-employed meaning they are experiencing economic difficulties leading them to be emasculated as wives take more and more household head roles.

Domestic violence is thus not a function of economy but rather socio-cultural and religious beliefs that are transmitted through socialization and promoted via social institutions. Such beliefs underpin community practices around domestic violence and are affected by legal institutions such as the police and courts.

Domestic violence affects work, family life and women’s ability to reach their full potentials. In addition, domestic violence affects the family unit as a whole for instance conflicts between and within the family. In Zimbabwe, culture and religion are important factors when considering the perpetual existence of domestic violence.

Traditional leaders remain an important and influential citizenry in Zimbabwe and they are the gateways to an intervention of domestic violence seeking the participation of local people and their constitutional role to respect human rights and to uphold family values. Custom, tradition and religion are habitually invoked to rationalize the use of violence against married women in Zimbabwe. Wife beating might be due to traditional gender norm that support wife beating and

women themselves accept wife beating. Domestic violence is a worldwide problem and it is significantly associated with substance abuse (alcohol consumption) family history of violence residence being rural and high density. This scourge is difficult to eradicate particularly in Zimbabwe where an unhealthy mix of tradition, inequality and even ignorance conspires against women.

Most women do not report the violence perpetrated on them to concerned arms of government. A significant number of married women had experienced domestic violence during their pregnancy period by their spouses and experienced several injuries and threats. Despite numerous interventions, domestic violence is still a widespread problem and goes unreported. Physical abuse is the most obvious form of domestic violence. Some effective strategies to minimise domestic violence are through family counselling, educative campaigns, meetings and workshops.

6. Conclusions

. The study explored the associated factors influencing domestic violence among married women, the experiences of married women about domestic violence in the tourism industry and the effective strategies to minimise domestic violence among married women. The findings were presented thematically on a research question by research question basis.

From the data analysis and review of literature, there is a consistent finding that study subjects were affected emotionally, physically and psychologically. In addition, their self-esteem and self-esteem is also affected. The study rose out of concern that given the availability of the constitution that protects the rights of women, married women are still violated. Cultural beliefs and religion are strongly related to domestic violence.

Communities are still ill equipped to deal with domestic violence as there is distinct lack of systems to deal with domestic violence. Effective strategies to minimise domestic violence are through counselling, adopting public policies to minimise domestic violence, educative campaigns and workshops.

7. Recommendations

- The hospitality and tourism industry should get involved in local communities as part of their corporate social responsibilities in minimising domestic violence.
- The tourism industry should inform government of the plight of married women against domestic violence in the community.
- There is need to launch church conferences preaching gospel in relation to domestic violence affecting married women in Zimbabwe.
- There is need to increase education and awareness among citizens of Zimbabwe so as to prevent and control domestic violence.
- There is need for government to introduce public policies to minimise domestic violence.
- The researcher also recommends further investigations into way traditional leaders, church leaders choose to manage domestic violence affecting married women in the tourism industry.

References

1. Author: Watch Tower Bible and Tract Society of Pennsylvania, the Secret of the Happy

2. Bibi S. Ashfaq, S. Shalkh, F. Mahammad, P. & Qureshi A. 2014. Prevalence, instigating factors and help seeking behaviour of physical domestic violence among married women of Hyder a bad, Sindh. *Pacific Journal of Medical Science*. 30: 122-125.
3. Chireshe, E. (2012). *The utility of the Zimbabwean Domestic Violence Act: Christian and Muslim women's experiences* (Doctoral dissertation).
4. Cornwall & the Isles of Scilly Domestic Abuse & Sexual Violence Strategy 2011 – 2015.
5. Creswell, JW. (2014). *Research design: quantitative & qualitative mixed methods*.
6. Croft, H. (2017). *Effects of domestic violence, domestic abuse on women and children*.
7. Demographic Health Survey (DHS), (2021). *BMC: Prevalence of Interpersonal Partner Violence (IPV) against women and associated factors*.
8. DeVry (2013). *Intimate partner violence: Economic costs and implications for growth and development*. The World Bank Group. www.worldbank.org/gender/agency.
9. Feseha, G. G/Marian & Gerbaba, M. 2012. *Intimate partner physical violence among women in Shimelba refugee camp, Northern Ethiopia*. (Public Health: 12-125).
10. Hasan, Muhaddes, Camellia, Selim & Sabina & Rashid 2014. *Prevalence and Experiences of intimate partner violence against women with disabilities in Bangladesh*.
11. Hawcroft, C. (2019) *BMC Public Health: Prevalence and health outcomes of domestic violence among clinical populations in Arab countries: A systematic review and Meta – analysis*.
12. Kivulin Women’s Rights Organisation Five Year Strategic Plan 2011- 2015.
13. Kumar, R. (2011). *Research methodology: a step-by-step guide for beginners*. 3rd edition. London: Sage Publications.
14. LucChristiaensen, (2016). *Domestic Violence and Poverty in Africa: When the Husband’s Beating Stick is Like Butter*.
15. Luckson, Mashiri, (2013). *Conceptualisation of Gender Based Violence in Zimbabwe*, *International Journal of Humanities and Social Science*.
16. Madhivanan, P. Krupp, K & Reingold, A. 2014. *Correlates of Intimate Physical Violence among Young Reproductive Aged Women in Mysore, India*. <http://aph.sagepub.com/content/26/2/169>.
17. Mayer, C, Williams, B, Wagner, EH, LoGerfo, J P, Cheadle, A & Phelan, EA. 2010. *Health care costs and participation in a community- based health promotion program for older adults. Prevention of Chronic Diseases 7 (2)*. From: http://www.cdc.gov/pcd/issues/2010/mar/09_0003.htm (accessed 22 September 2011).
18. Ministry of Women Affairs Gender and Community Development, 2015. *Anti-Domestic Violence Council. A Zimbabwean Society Free from Domestic Violence*.
19. Nealon, M. (2016). *The reality of domestic violence and its impact on our societies*.
20. Shidhani, N. (2020). *Prevalence, risk factors and effects of domestic violence before and during pregnancy on birth outcomes, an observational study of literate Omani women*. UN WOMEN July 07, 2020 *women in the hospitality and tourism sector*
21. World Health Organization [WHO]. (2013). *the ecological framework*. Retrieved
22. Zheng, B. (2020). *BMC Public Health. The Prevalence of Domestic Violence and its association with family factors: A cross sectional study among pregnant women in urban communities of Hengyang City, China*.
23. Zimbabwe Demographic & Health Survey (ZDHS) 2010 – 2011.

24. Zimbabwe. 2006. Domestic Violence Act. (UN Secretary-General's Database on Violence against Women).