

# Mental ill health and factors associated with men's use of intimate partner violence in Zimbabwe

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# Background

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- Factors associated with IPV perpetration in different settings include:
  - socioeconomic factors (e.g age, education, employment status)
  - history of child abuse
  - attitudes towards gender relations
  - risky sexual behaviors
  - alcohol abuse
- The associations of PTSD and depression in exacerbating IPV perpetration is well documented from studies with military samples of men, clinical samples, and court-referred offender samples.
- Population-based IPV studies with samples of men from developing countries are emergent.
- The studies are important to understand profiles of perpetrators and to inform prevention programmes.

# Study aims and objectives

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1

Determine prevalence of men's use of violence against female intimate partners in Zimbabwe

2

Investigate factors associated with men's use of violence in Zimbabwe

3

Elucidate pathways associated with men's use of violence



# Methods

**Study Design:** Nationwide survey employing a random and multi-staged sampling method.

**Location:** Zimbabwe

**Inclusion Criteria:** Men aged 18 years and above living in selected household

**Response rate:** 78%

**Sample size:** 2838 men who had been in heterosexual romantic relationships

**Implementing partners:** Ministry of Women's Affairs, Gender and Community Development & Gender Links

**Data analyses:**

- Multivariate regression modelling
- Structural equation modelling

# Key variable measurement

Variable/ Scale	Measurement tool	Number of items	Scale reliability coefficient
Sexual IPV	WHO Domestic Violence Questionnaire	3	
Physical IPV		5	
Emotional IPV		6	
Child abuse	Childhood Trauma Questionnaire	13	0.74
Gender attitudes	GEM Scale	10	0.74
Other life trauma	Life Events Checklist	10	0.71
Sexual relationship power	Sexual Relationship Power Scale	12	0.77
Depression	CESD Scale	20	0.81
PTSD	Harvard Trauma Questionnaire	30	0.95
Binge drinking	AUDIT Scale	2	

# Characteristics of men and IPV prevalence

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88.7%  
Child abuse

64.3%  
Secondary school  
education and above

57.5%  
Unemployed

41%  
Lifetime IPV

10%  
PTSD score >30  
(Range 0-90)

22.1%  
Binge drank

20.5%  
Depression score >16  
Range (0-60)

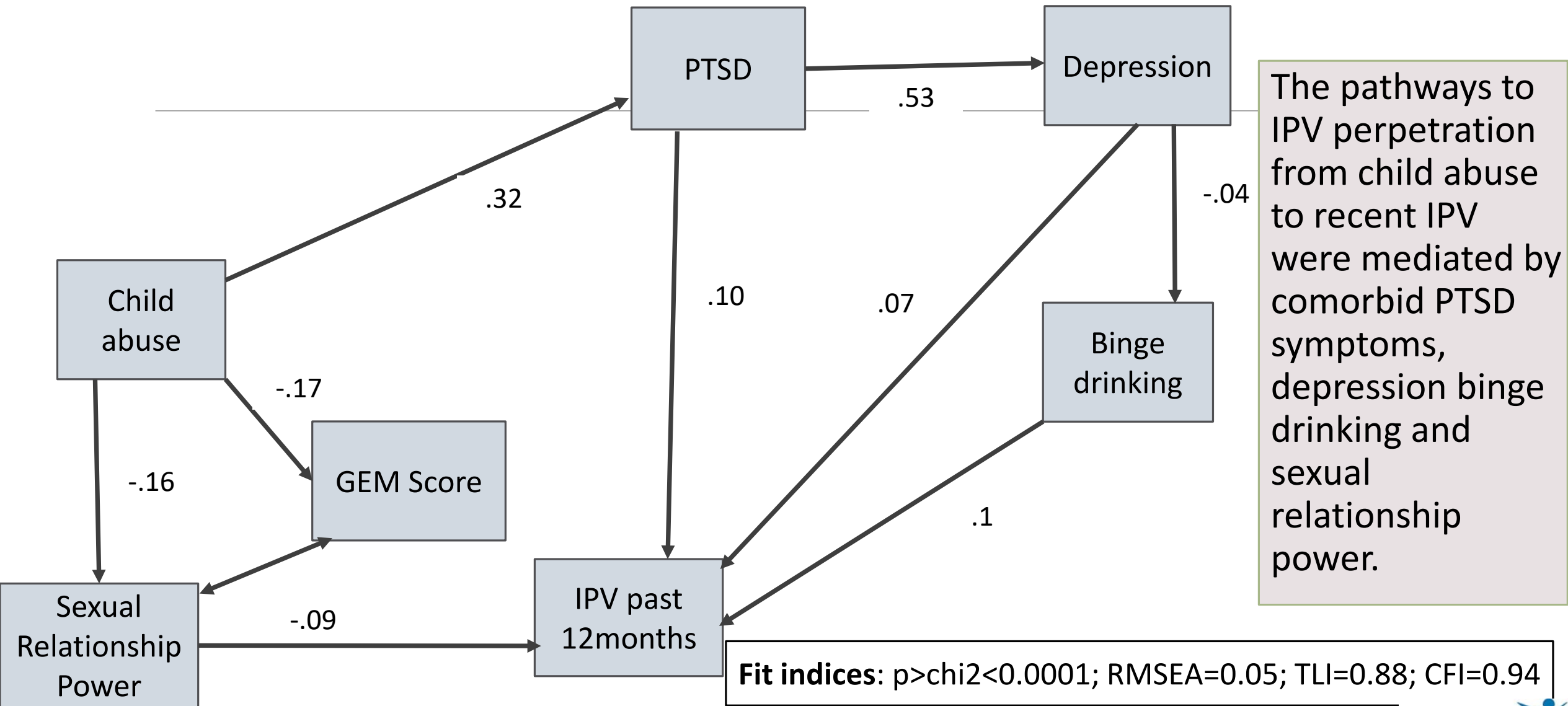
8.8%  
IPV in past  
12 months

# Factors associated with IPV

	Lifetime IPV perpetration		Past 12 months IPV perpetration	
	aOR	P value	aOR	P value
<b>Age group: 18-29 years</b>	1.0		1.0	
<b>30-44 years</b>	1.57	0.005	0.73	0.145
<b>45+ years</b>	2.0	0.008	0.61	0.208
<b>Education: Secondary school incomplete</b>	1.0		1.0	
<b>Secondary school complete only</b>	1.22	0.309	1.23	0.252
<b>Secondary school complete and higher</b>	1.87	0.011	1.18	0.669
<b>Child abuse score</b>	1.12	0.003	1.05	0.114
<b>Binge drinking</b>	1.9	<0.0001	1.81	0.002
<b>Depression score</b>	1.05	0.01	1.03	0.219
<b>PTSD score</b>	1.02	0.133	1.02	0.026
<b>Life events score</b>	1.18	0.011	1.02	0.626
<b>Sexual relationship power</b>	0.94	0.046	0.94	0.032
<b>GEM score</b>	1.04	0.122	1.0	0.771

- Lifetime**
- Older age
  - More educated
  - History of child abuse
  - Binge drinking
  - Depressive symptoms
  - Other life traumatic
  - Sexual relationship power
- Past 12 months**
- Binge drinking
  - PTSD
  - Sexual relationship power

# Structural pathways to IPV perpetration



The pathways to IPV perpetration from child abuse to recent IPV were mediated by comorbid PTSD symptoms, depression binge drinking and sexual relationship power.



## Limitations

- Cross sectional data
- Mental ill health self report
- No data on victimisation by partners
- Limited measures of socio-economic status

## Future research

- Longitudinal studies
- Clinical mental health measures
- Qualitative studies to understand mental ill health and men's use of violence.

# Conclusions

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1

Child abuse history, mental ill health, sexual relationship power and personal gender attitudes are associated with men's use of violence in Zimbabwe.

2

Interventions to reduce IPV in Zimbabwe need to address gender norms and engage men to address gender inequality, mental ill health and reduce alcohol consumption