

Intimate Partner Violence in Marriages: An Empirical Study of Zambia

Ireen Alanen
Schneider Kasongo

Degree Thesis in Health Care and Social Welfare
Bachelor of Health Care, Nursing
Vaasa 2021



BACHELOR'S THESIS

Author: Ireen Alanen, Schneider Kasongo
Degree Program: Nurse, Vaasa
Supervisor(s): Anna-Lena Nieminen

Title: Intimate Partner Violence in Marriages: An Empirical Study of Zambia

Date: 4th May 2021

Number of pages: 55

Appendices: 3

Abstract

Intimate partner violence (IPV) has is defined as any action in an intimate relationship that causes physical, psychological, or sexual harm to individuals involved in the relationship. In Zambia, the prevalence rate of Lifetime *Physical or Sexual Intimate Partner Violence currently stands at 45.9 %* and *Physical or Sexual Intimate Partner Violence in the last 12 months stood at 26.7 %* (United Nations Women 2016). **Aim:** The study aims to highlight the role of a nurse in Intimate Partner violence, exploring the impact of IPV on married women, the factors leading to IPV and investigate further why women choose to remain in abusive marriages. **Method:** This study is a qualitative empirical study with a collection of data done primarily by interviewing 24 Zambian married women that have experienced Intimate Partner Violence. Content analysis was used to analyse data. The theoretical framework reflected in the results is from the theory of Interpersonal relations Theory by Hildegard Peplau's and Ida Jean Orlando's Nursing Process Theory. **Results:** After analyzing the interviews, two themes emerged from the interviews' results: (1) the role of the nurse in Intimate Partner Violence and (2) the impact of culture on Intimate Partner Violence. After the analysis, it was discovered that how a nurse responds to IPV cases is vividly related to culture. It was also discovered that culture plays a vital role in women's decision regarding their mental health, reporting the abuse, seeking help at the health care centres. These decisions ultimately affect how the nurse would help the victims. It was discovered that among other roles, the nurse is considered as a listener, counsellor, and a trusted friend to the victims of IPV. **Conclusion:** At the end of the study, we can confidently state that the nurse's role is indicated. Women who experience IPV require empowerment from the health sector and government. Additionally, in collaboration with the health sector, the government must formulate group intervention seminars or couple strengthening and team-building strategies. These type of sensitization programs promotes equal gender equality attitudes between couples thereby reducing IPV cases.

Language: English **Keywords:** Intimate Partner Violence, nurses' role in IPV, sexual abuse, violence in marriages, gender-based violence in Zambia, and culture.

OPINNÄYTETYÖ

Tekijä: Ireen Alanen, Schneider Kasongo
Koulutus ja paikkakunta: Sairaanhoidaja, Vaasa
Ohjaaja(t): Anna-Lena Nieminen

Nimike: Lähisuhde Väkivalta avioliitossa: Empiirinen tutkimus Sambiasta

Päivämäärä: 4th May 2021

Sivumäärä: 55

Liitteet: 3

Tiivistelmä

Lähisuhdeväkivallaksi määritellään mikä tahansa lähisuhteessa tapahtuva teko, joka aiheuttaa fyysistä, psyykkistä tai seksuaalista vahinkoa parisuhteen toiselle osapuolelle. Sambiassa elinaikaisen fyysisen tai seksuaalisen lähisuhdeväkivallan esiintyvyys on 45,9 prosenttia ja fyysisen tai seksuaalisen lähisuhdeväkivallan esiintyvyys viimeisten 12 kuukauden aikana 26,7 prosenttia (United Nations Women, 2016). **Tavoite:** Tämän tutkimuksen tavoitteena on nostaa esiin sairaanhoidajan rooli lähisuhdeväkivaltatapauksien hoidossa, selvittää lähisuhdeväkivallan vaikutusta naimisissa olevaan naiseen, lähisuhdeväkivaltaan johtavia tekijöitä ja tutkia tarkemmin, miksi naiset päättävät jäädä väkivaltaisiin avioliitoihin. **Menetelmä:** Tutkimusmenetelmänä käytettiin laadullista empiiristä tutkimusta, ja aineisto kerättiin haastattelemalla 24 sambialaista naimisissa olevaa naista, jotka olivat kokeneet lähisuhdeväkivaltaa. Aineisto analysoitiin käyttämällä menetelmänä sisältöanalyysiä. Tutkimustulosten reflektoinnissa käytettiin teoreettisina viitekehyksinä Hildegard Peplau ja Ida Jean Orlandon hoitotyön prosessiteoriaa.

Tulokset: Tutkimushaastattelujen analysoinnin tuloksina nousi esille kaksi keskeistä teemaa: 1) hoitajan rooli lähisuhdeväkivallassa ja 2) kulttuurin vaikutus lähisuhdeväkivaltaan. Tutkimusaineiston analyysin tuloksena huomattiin, että sairaanhoidajien reagointi lähisuhdeväkivaltatapauksiin liittyy selvästi kulttuuriin. Lisäksi havaittiin, että kulttuurilla on keskeinen rooli muun muassa miten naisten kokevat oman mielenterveytensä, ilmoittavat väärinkäytöksistä ja hakevat apua terveyskeskuksista. Nämä päätökset vaikuttavat lopulta myös siihen, miten sairaanhoidaja auttaa uhreja. Muiden roolien joukossa sairaanhoidajaa pidetään lähisuhdeväkivallan uhrien kuuntelijana, ohjaajana ja luotettuna ystävänä. **Johtopäätös:** Tämän opinnäytetyön johtopäätöksenä voidaan todeta, että sairaanhoidajalla on selkeä rooli lähisuhdeväkivallan käsittelyssä. Lähisuhdeväkivaltaa kokeneet naiset vaativat oikeutusta myös niin terveydenhoitosektorilta kuin hallitukselta. Lisäksi hallituksen tulisi yhteistyössä terveydenhoitoalan kanssa laatia ryhmäinterventiona toteutettavia seminaareja tai strategioita, joilla vahvistetaan parisuhdetta sekä ja tiimien rakentamista. Tämän tyyppiset edukatiiviset tietoisuutta lisäävät ohjelmat edistävät parien tasa-arvoisia asenteita ja vähentävät siten lähisuhdeväkivaltatapauksia.

Kieli: Suomi **Avainsanat:** lähisuhdeväkivalta, sairaanhoidajien rooli IPV:ssä, seksuaalinen hyväksikäyttö, väkivalta avioliitoissa, sukupuoleen perustuva väkivalta Sambiassa, kulttuuri.

Table of Content

1.	Introduction	1
2.	Background	3
2.1	Global Perspective	4
2.2	African Perspective	7
2.3	Zambian Perspective.....	8
2.4	Zambian Laws Concerning Intimate Partner Violence.....	9
2.5	Risk Factors of Intimate Partner Violence	12
2.5.1	The Cycle of Violence.....	13
2.6	Types of Intimate Partner Violence (IPV).....	15
2.6.1	Psychological, mental, and emotional abuse	15
2.6.2	Physical abuse.....	16
2.6.3	Sexual abuse	17
2.6.4	Controlling behaviour	18
2.7	Consequences of Intimate Partner Violence	19
2.7.1	Physical Effects.....	19
2.8	Customary Marital Teachings and their Effects.....	21
2.9	The role of nurses in caring for victims of IPV	23
3.	Research Aim and Question.....	25
4.	Theoretical Framework with Interactive Application of Peplau’s and Orlando’s Concepts into Practical Nursing Care.....	26
4.1	Hildegard Peplau.....	26
4.2	Ida Jean Orlando	27
4.3	Interactive application of Peplau’s and Orlando’s concepts into practical nursing care	28
5.	Research method	32
5.1	Data collection	33
5.2	Inclusion and exclusion criteria.....	35
5.3	Data analysis	35
5.4	Transcribed interviews.....	38

5.5	Ethical consideration.....	38
6.	Presentation of Results.....	39
6.1	The role of the nurse in Intimate Partner Violence	39
6.2	The impact of culture on Intimate Partner Violence	40
7.	Discussion.....	42
7.1	Discussion of study method.....	42
7.2	Discussion of results.....	43
8.	Conclusions and Recommendations.....	45
	References	47

List of tables and figures

Table 1.	Inclusion and Exclusion Criteria	35
Figure 1.	Global statistics of IPV using Demographic and Health Surveys (WHO 2012)	6
Figure 2.	“The Cycle of Violence,” 2021.....	14
Figure 3.	A conceptual practical framework model of Peplau’s and Orlando’s theories working interactively (Peplau, 1952; Orlando, 1961)	29
Figure 4.	Data collection process	34
Figure 5.	Steps of Data Content Analysis	37

1. Introduction

United Nation Women (2019) and the World Health Organization (2017) both stated that one-third of the women globally are violated by their male partners. Violation of women is a severe offence, and 38% of the global murder cases are committed by the victim's male intimate partners, whereas 7% of global women report being sexually violated by someone who is not their partner (World Health Organisation 2017). According to a world value survey conducted by Tausch (2019), it suggests that to eliminate this global pandemic, it is cardinal for society to stop accepting IPV as a normal lifestyle. According to the same study, 72 global countries were examined, and the opinion data was drawn and prior to this survey, statistics showed that Intimate Partner Violence (IPV) was common in the sub-Saharan region, South Asia, and Andean Latin America. Acceptability of Intimate partner violence (IPV) is more common and high in Montenegro, Mali, Burkina Faso, India, Serbia, the Philippines, Egypt, Rwanda, Algeria, and Zambia and thus, paving the way to rampant violent cases on women. Ephesians 5:25 states, "*husbands love your wives as Christ loved the church*". Zambia is a Christian nation with a solid marital and patriarchal background as commanded from the bible and tradition. Zambia has many ethnic groups (72tribes), each having traditional customs that govern married couples intending to have a healthy marriage. The marriages can fall either under customary or statutory law. However, what is intended to be a happy and safe marriage becomes a nightmare for some women. They are subjected to rape, assault, battery, and mental abuse, also known as Intimate Partner Violence (IPV). Current laws are not sufficient to deter would-be offenders, as most cases go unpunished (Zambia Penal Code, WY). The common practice is that the punishment of the perpetrator depends on the object used to commit the crime and the extent of the wound inflicted on the victim (Mukuka 2007). Many women, as a result, choose not to report to the relevant authority. In recent years, there has been a rise in violence and mental abuse in marriages.

In Zambia, the prevalence rate of Lifetime *Physical or Sexual Intimate Partner Violence* currently stands at 45.9 % and *Physical or Sexual Intimate Partner Violence in the last 12 months* stood at 26.7 % (United Nations Women 2016). The lifetime rampancy of violence among married

women worldwide was discovered at 30.0% (95% CI = 27.8% to 32.2%), with regional estimates at 36.6% in Africa, 29.8% for America, 25.4% in Europe, 24.6% Western Pacific, 37.7% South-East Asia and Eastern Mediterranean at 37.0% (World Health Organization 2020). Sadly, women have been accepting IPV as a norm. Some will say, “it means he loves me, and he cares”. Unknowingly or knowingly, most women have become enslaved in their own homes with no or little choice but to endure and “be there” for their husbands and the children. Recently, the National Coalition Against Domestic Violence (2020) carried out a study comparing how much Intimate Partner Violence (IPV) occurs between women and men. The results were startling. In America, women are at a higher risk of experiencing IPV than men, with statistics showing that 23.2% of women in marriages between the ages of 18-24 have gone through IPV in their existence. It has also been reported that 1 in 4 women have been affected by IPV with reports of Post-Traumatic Stress Disorder (PTSD) and not feeling safe in their daily life activities. Of the abused women, 1 in 5 decide to take legal action against their perpetrators.

In the fight against IPV, attention must also be paid to women with severe mental illnesses because they also are victims of this problem besides other challenges. Additionally, the rare needs they present to the people attending to them are unknown or go unnoticed. These women face high levels of continued victimization and violence as their caregiver’s face barriers to serving them (Van Deirse et al., (2019). Intimate Partner Violence against women is a significant public health problem worldwide. According to a study by Pathak et al. (2019), IPV essential physical and psychological health effects and tremendous economic and social costs must not go unnoticed. The study indicates that IPV (lifetime prevalence 16.5% - 54.5%) is generally encountered by older women. However, because of their age and life changes, they can experience violence differently from younger women and face specific obstacles to obtaining assistance, such as disability and reliance on their partners. The research also suggested commissioning programs that are designed specifically to suit their needs. The study, therefore, indicates that professionals who work in frontline facilities where older women are often seen must be trained to better recognize and respond to IPV.

Having come from Zambia, IPV experiences are felt closer because it might be happening in a parent's house, close relatives, or friends. Due to high incidences of the problem, researchers dug deeper into the case to realise some of the pressing reasons that make women stick to an abusive partner, what role society has played in the escalation of the problem and most importantly, to shed light on the roles of a nurse in intimate partner violence.

2. Background

Intimate partner violence (IPV) has been defined by World Health Organization and Pan American Health Organization as any actions in an intimate relationship that causes physical, psychological, or sexual harm to individuals involved in the relationship. The most common cases of IPV are physical violence, emotional or psychological abuse, controlling behaviour and sexual abuse (World Health Organization and Pan American Health Organization 2012).

Intimate partner violence in Zambia, like any other country, happens for different reasons.

Thus, in this chapter, the study intends to explore the different forms of IPV, the laws used to support victims of IPV, the effects of traditional marital teachings have on women, and finally, previous studies on IPV in different countries to make a comparison thereby giving an in-depth and clear view of the topic. Hence, the following terminologies will be used and are defined below: Intimate partner violence, wife battery, gender-based violence, mental abuse, and gender inequality.

- a) Wife battering refers to violent actions committed by an attacker against his wife to influence the wife by inducing fear and pain (Herbert 1983).
- b) Psychological abuse also referred to as emotional violence, where an individual exposes another individual to actions that may lead to psychological distress, anxiety, chronic depression, or Post-Traumatic Disorder (PTSD).
- c) Gender-based violence (GBV) is violating someone sexually, physically, emotionally, verbally, and mentally, economic, educational deprivation, coercion, threats, and, whether occurring in public or private life due to their gender identity or biological sex (Ott 2017).

2.1 Global Perspective

On global ratings, IPV has succeeded to be the oldest top society challenge and has become prominent in the last thirty years (Pathak et al., 2019). National Council on Family Relations et al. (2018) held a conference which yielded that IPV rates are the same on an international level as the victims face stigma and shame to report the cases. Therefore, NGOs and advocacy groups have vital roles to play in alertness and provide adequate IPV information. Funds for such services are limited, making it hard for the victims to access help. To sum up, the conference participants discovered that the US, India, China, and Colombia had set laws governing IPV while Russia and Iran have no laws on prosecuting IPV offenders. In a recent study done in Finland by Hisasue et al. (2020), it was discovered that, even though women are the person of interest in an IPV relationship, children have been discovered to suffer trauma and other social disassociations because of the violence witnessed. However, in this study, it is wise to mention how much children's quality of life was affected was not explored in detail, and it just leaves room for future studies to be done on the said case. In Finland, Intimate Partner Violence against women is at a recent statistical rate of 7.6% (Hisasue et al. 2020). In the study *ibid*, it was brought to light that women who had experienced any form of violence by the partner and had children below 18 manifested psychological distress, suicidal thoughts, and alcohol abuse effects.

Additionally, the quality of life was at its lowest in young women with no educational background and less self-esteem mentioning the fact that even though IPV can also happen to men and experience the exact effects of IPV, the women, however, were discovered to suffer more mental severe effects compared to men. WHO (2012) shows that 61 – 93% of women in the Caribbean who were reported to have experienced physical IPV in the past 12 months had also experienced emotional abuse. The above mentioned was sourced from the Data Health Survey that also included 12 other Latin American countries. Furthermore, in their multi-country study, *ibid* reported that different forms of IPV could coexist; for example, a woman experiencing physical abuse may also be experiencing sexual and emotional abuse. It was evident in 23 – 56% of women that had reported either physical or sexual abuse.

Gender violence may be triggered by occupation, poverty (economic disruption), civil conflict, and other reasons to be mentioned later. Intimate Partner Violence is conjoined with social strife, aggression, and inequality, making it hard to reduce violence directed towards women (Andarge and Shiferaw 2018). Furthermore, older, and physically challenged women are no exception from this act of violence and what makes it worse is the inadequate services to help the victims. Unfortunately, older women's abusers have been discovered to be those individuals that have been trusted with their care (Pathak, Dhairyawan and Tariq 2019). These abusers range from their partners to their grandchildren. Compared to younger victims, older women that are abused tend to develop constantly recurring health challenges that make them in need of more support and care by expert professionals (Crockett et al. 2018). It is, therefore, a social worker's or nurse's responsibility to understand and be discerning to the women's situations keeping in mind that the abuse will have a direct risk escalation to their health decline as they age (Bows 2017).

Hackett (2011) conducted a study in India which yielded data on domestic abuse and violence against women, and below is one of many sad stories from the study.

"Charanpreet Kaur, 19, had been married less than nine months when her husband and his family decided it was time for her to go. According to a police document, her husband and his father trapped her in the bathroom. While her husband clamped his hand over her mouth, his father drenched her with kerosene and lit a match, setting his daughter-in-law on fire. Charanpreet lost consciousness and was taken to the hospital by her husband and father-in-law, who believed she was close to death and would not be able to incriminate them, the young woman's relatives said. But Charanpreet regained consciousness a few hours later and gave her statement to a magistrate; her in-laws were arrested the same day. Charanpreet died five days later." (Hackett 2011).

Another study by Both et al. (2020) pointed that IPV is ubiquitous and can be very severe depending on what a woman is subjected to withstand. The study further stated that the abused women stay in relationships despite their partners being controlling, aggressive, and offensive making them vulnerable and scared that they will be abandoned. Van Deirse, Wilson, Macy and Cuddeback (2019) IPV and women with severe mental illnesses: Needs and challenges from the perspectives of behavioural health and domestic violence providers state

that women who are severely suffering from mental illness are violated and victimized. Nonetheless, the unique needs and challenges these women go through are silent to the community and the health practitioners attending to them. This problem is great fear to the people rendering help as the rates of sexual and physical abuse on mentally challenged women is greater than that of mentally challenged men. The researchers concluded that behavioural health and domestic violence agencies must be trained and attain some speciality for intervention while providing basic needs and support networks for women with mental illness. Below is Figure 1. That illustrates the statistics of Intimate Partner Violence on a global aspect with data collected from over ten countries using comparative data analysis of Demographic and Health Surveys (DHS).

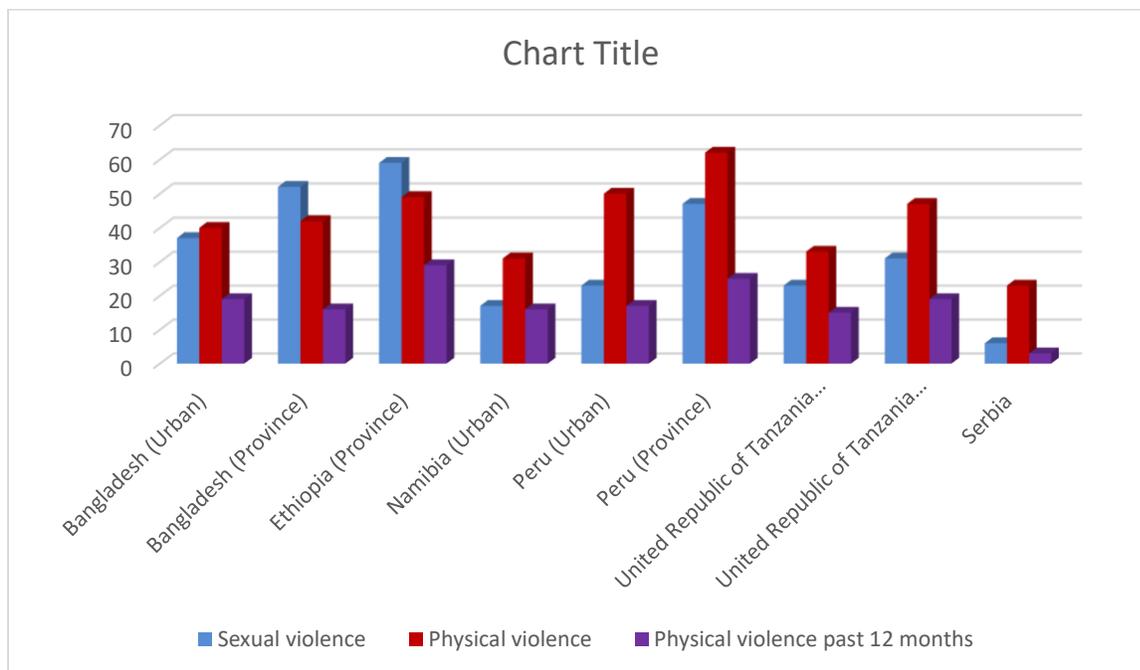


Figure 1. Global statistics of IPV using Demographic and Health Surveys (WHO 2012)

2.2 African Perspective

In the Sub-Saharan region of Africa, Intimate Partner Violence IPV against women has reached its peak in that the situation is frightening. According to a study by Kusanthan and Chansa-Kabali (2018), the writers projected that 20%-71% of African women face IPV. Westernization or modernization is the contributing factor and encouragement they have now about acquiring education or any empowerment that helps them be self-reliant. Furthermore, the writers searched more about wanting to know if women also believed in some of the African cultural values and norms that tolerate, hold on to and indulge in acts of women abuse. According to Uthman et al. (2009), it was analysed that a woman is bound for punishment whenever she neglects her expected roles as both sexes shared the sentiment.

According to a study conducted in Ethiopia by Tiruye et al. (2020), women primarily seek to tackle problems leading to this inhumane behaviour from an individual's point of view, relationship, community, and societal level, unlike previous studies from the same country that only researched on personal problems leading to the same act of violence. The study concluded that IPV cases are high in Ethiopia. The determinants to the problem are not personal and community, society level, and relationship, which calls for the government and other stakeholders to alleviate or eliminate the problem. In a recent meta-analytical study by Turner et al. (2020), the researchers aimed to find the impact that Psychosocial interventions of intimate partner violence (IPV) had in low- and middle-income countries (LMICs) using randomized controlled trials (RCTs). The study discovered that complications that victims of IPV face are directly linked to the fact that they experienced the abuse and are being victimized for it. The survivors will usually have mental and physical health complications, including chronic diseases, posttraumatic stress disorder (PTSD), substance abuse, depression, chronic pain and gastrointestinal or gynaecological complications. According to the study, at least 30% of women all over the world have experienced some form of IPV. The findings proved that psychosocial interventions did help reduce IPV in LMICs and communities by up to *"39% for any form of IPV and up to 38% for physical IPV"*. This was an excellent outcome as they had initially estimated that IPV would be reduced by up to *"27%*

for any form of IPV, up to 27% for physical IPV and up to 23% for sexual IPV” after interventions. However, they did point out that from a meta-analytical angle, concluding on the specificity of intervention methods used to decrease IPV towards women would be premature. Despite the earlier mentioned statement, the study still praises the interventions used in the LMICs and communities to assist and shelter IPV survivors. (Turner et al. 2020). Additionally, a study conducted in Uganda showed that (27%) of married women had reported Intimate Partner Sexual Violence (IPSV) (Wandera et al., 2015).

2.3 Zambian Perspective

In a recent news article by Zulu (2017), he reported that the Victim Support Unit of the Zambia Police Service conducted an annual survey and discovered that in 2016, 18,540 cases were recorded the preceding year had 18,088 cases. The figures represent the reported cases; otherwise, many cases go unreported. Zambian women submit to their men because masculinity is mostly exalted as men are heads of families. In this setting, Intimate Partner Violence is justified as it is believed that wrongdoing must be corrected or punished. Simona, Muchindu, and Ntalasha (2018) reported that in the 12 months prior to the 2013-2014 Zambia Demographic and Health Survey (ZDHS), there was substantial evidence proving that 43% of women aged 15-49 have experienced physical violence and that 37% experienced physical and sexual violence. According to a study by Kusanthan and Chance-Kabali (2018), it is stated that if death is not the result of the violent act, work-life and family activities must carry on while covering the wounds. According to a study by the Human Rights Watch (2005), it was discovered that married women were at a 10% higher risk of contracting HIV as compared to unmarried women. Even though married women are put at greater risk of contracting HIV, charges against the men are dropped by the complainants, as reported by the Women in Law and Development in Africa (WiLDAF), Victim Support Unit in Zambia (VSU) as well as Women and Law in Southern Africa (WLSA) (Mukuka 2007).

Additionally, they also reported that inadequate financial resources, social pressure, families and being dependent on the men for food and housing influenced the withdrawal of charges on their husbands despite receiving free legal services. The Zambian healthcare sector has a lot to

improve in protecting women against intimate partner violence and marital abuse. The law does not account for cases of marital rape. Zambia (Penal Code, chapter 15, section 132); describes rape as any illegal sexual activity of any woman or girl in the absence of her consent, and even if she does consent, her consent must not be influenced by manipulation, threat to her life, or by fear of being assaulted physically. This law does not anticipate the prospect of a husband having carnal knowledge of his wife. Such situations are most common in a customary law type of marriage, where the husband gets to pay dowry, traditionally called lobola, for his wife. Unfortunately, the practice of paying lobola gives men the misconception that they own women, and the latter is obligated to providing men with sexual satisfaction whenever they demand. Thus, this thesis intends to enlighten the role of a nurse in Intimate Partner Violence in affected Zambia women in marriages. In 2006, WiLDAF, a Non-Governmental Organization in association with other NGO's came up with a bill called the Sexual Offences and Gender Violence Bill. This bill tackles the issues that are not covered in the Zambian Penal code of violence against women. Additionally, the bill also covers fortification for the victims and provides legal help with as little intrusion on the victim's life as possible. This is because some victims are those affected and infected by HIV.

2.4 Zambian Laws Concerning Intimate Partner Violence

The Zambia Penal Code Act of 1931 has no direct law that pertains to domestic violence in marriages. However, a few laws can be used to punish the offenders of some related offences of IPV. Laws regarding the punishment of rape, bigamy, assault, sexual harassment and neglecting of children.

- a) Penal Code Act Cap 87/15/133, Punishment of rape, states that "Any person who commits the offence of rape is liable to imprisonment for life."

It is well-known that husbands force their wives to have sexual intercourse even when their wives do not feel like engaging in the act. Without full consent from the wife, it should be considered rape, but these cases go unreported as these are considered minor issues that must not be shared or reported. In the Zambian culture, when a woman is being sent off to her marital home, they pass through a mandatory traditional

ceremony of “insightful” teachings. During these ceremonies, women are taught not to share details of their marital issues except traditional teachers (Bana chimbusa). Telling one's misfortunes and problems to friends or family is considered disrespectful to the husband, leaving one with a terrible wife's victimised status. As a result, married women tend to harbour everything to themselves. Therefore, upon realising that they have been a victim of rape by their husbands, women would rather accept it as a form of love or become happy that their husbands are sexually active with them.

b) Penal Code Act Cap 87/15/166, Bigamy, states that,

“Any person who, having a husband or wife living, goes through a ceremony of marriage which is void by reason of it taking place during the life of such husband or wife, is guilty of a felony and is liable to imprisonment for five years.”

According to the bible (Genesis 2:24; Matthew 19:5-6, King James Version) and modern Christian marriage code, Zambian men are expected to marry and live with one wife by virtual of Zambia Christian nation. Unfortunately, this is not the case in some marriages. For example, a married man will knowingly get into marriage with another woman and actively live two separate lives without any of the wives knowing or knowing the nature of the situation. In such cases, when the lawful wife becomes knowledgeable of this felony, she fights to stay with him instead of reporting the husband to relevant authorities because she does not want to be labelled as a divorcee. On the other hand, women recently have been getting married for wrong reasons, such as, envy, and some consider marriage an achievement. Women are looking for stability, and men take advantage of such situations. This act of bigamy, however, is a felony and must be reported. It does, unfortunately, go unreported as such situations are usually resolved with the traditional teachers, family and not the appropriate offices.

c) Penal Code Act Cap 87/16/169, Neglecting to provide food, etc., for children, states that,

“Of a child that is unable to provide for itself, refuses or wilfully neglects to provide, being able to do so, sufficient food, clothes, bedding or other necessities for such child, and thereby injures the health of such child, commits an offence and is liable, on conviction, to a fine not exceeding one hundred thousand

penalty units or to imprisonment for a term not exceeding three years or to both." *(As repealed and replaced by Act No. 15 of 2005)*

Children are innocent and must not suffer in whatever way but instead must be protected. In most households, children are the victims of domestic violence and IPV. As per tradition in Zambia, a husband is the head of the house and, as such, is the breadwinner of the family. Unfortunately, they neglect to provide for the family. They would rather spend the money on extramarital affairs and take care of the children they have produced out of wedlock forsaking the other children in the marital home. For example, a typical abusive husband will leave his wife with as little as ZMK20 (Zambian Kwacha), which is equivalent to about €2 irrespective of his capability to give a reasonable allowance. With this bit of money, he expects the wife to buy breakfast, lunch, and dinner for the whole family of 6, children included. This is classic negligence to provide and is punishable by law. Unfortunately, women do not report this as they are scared; they will not be given even the ZMK20 or, worse still, be battered for questioning and daring to report him. Similarly, confiding in the family member or friends about the ordeal is embarrassing and disrespectful to the husband. Women going through this must be encouraged to come forward.

- d) Penal Code Act Cap 87/24/247-248, common assault, and section 248, Assaults occasioning actual bodily harm, respectively states that,

"Any person who unlawfully assaults another is guilty of a misdemeanour and, if the assault is not committed in circumstances for which a greater punishment is provided in this Code, is liable to imprisonment for one year" and "Any person who commits an assault occasioning actual bodily harm is guilty of a misdemeanour and is liable to imprisonment for five years."

This may be one of the laws that can be used when dealing with marital IPV. As previously stated in chapter two of this study, there is no mention of any law related to IPV in marriages. However, this is also one of the laws of Zambia that is significantly underrated and not fully practised. Men batter their wives, who in the long run might decide to report the case, depending on their physical appearance, they are not taken

seriously. Apart from the physical appearance determinants, legal offices like the police are so full of red tape and corruption that it is uncertain whether help will be granted. For example, the police may request money to put fuel in their police car or, preferably, call a taxi for them to apprehend the offender. All these factors inhibit women from coming forward to report. This may be one of the laws that can be used when dealing with marital IPV.

2.5 Risk Factors of Intimate Partner Violence

World Health Organization (2012) suggests that violence may erupt due to personal factors, relationship factors, societal and community factors. Other risk factors may be different depending on the settings (rural and urban).

Personal Factors may be triggered by so many things, including childhood witnessing or experiences of violence (sexual or physical), substance abuse, lack of education, accepting IPV as a norm, personality disorders and age factors (Kouyoumdjian et al., 2013).

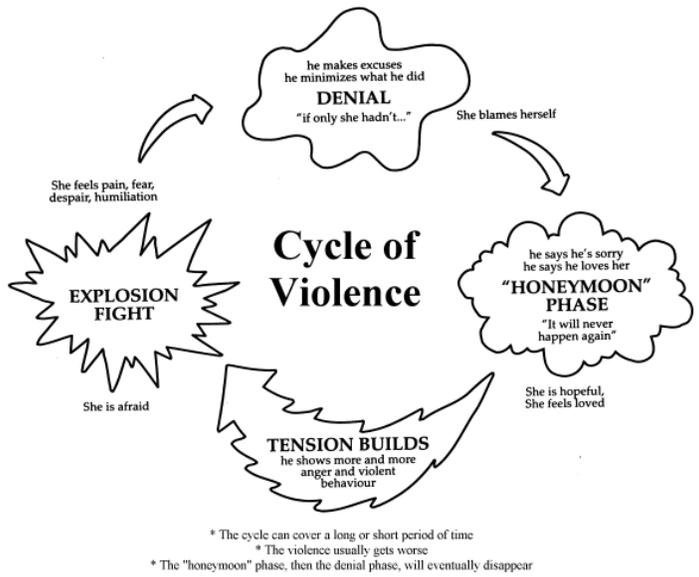
Relationship Factors are results of unfaithful male partners who cannot be satisfied by having one woman. As this partner searches for satisfaction, the woman at home is suffering different forms of violence. Additionally, stress can be a source of IPV and arises from different life situations such as pregnancy. Because of some hormonal changes a pregnant woman undergoes, she can have suspicions of infidelity and jealousy. On the other hand, the man develops feelings of negligence by the woman, and the problem may escalate (Hellmuth et al., 2012). Adding to the factors, economic pressures, house dominated by a man, different education levels on the parties involved, the male partner may feel intimidated hence easing his anger through violence in cases where the woman is of higher education. In such cases, the uneducated partner feels they are not worthy of the educated partner.

Community and Societal Factors include Poverty and its ramifications, such as high unemployment rates and overcrowding, lack of community support and solidarity. Additionally, community measures against IPV are ineffective (for example, the

unwillingness of neighbours to intervene in situations where they witness violence). Traditional norms such as being submissive and aggression that is welcomed due to the traditional and cultural norms, health, educational, economic, and social policies/laws are all weak. (“Risk and Protective Factors|Intimate Partner Violence|Violence Prevention|Injury Center|CDC,” 2021)

2.5.1 The Cycle of Violence.

Every violent act has a stage. In this case, most battered women go through what is known as battered woman syndrome (Scholz, WY). This psychological condition is developed when the victim has been abused for a long time and ultimately becomes the deciding factor that makes it difficult for the victims to leave the abusive relationship. In other literature (FindLaw’s Team, 2018), the cycle of violence has been described to have 3-4 stages whilst others only describe 3.



The Cycle of Violence Over Time

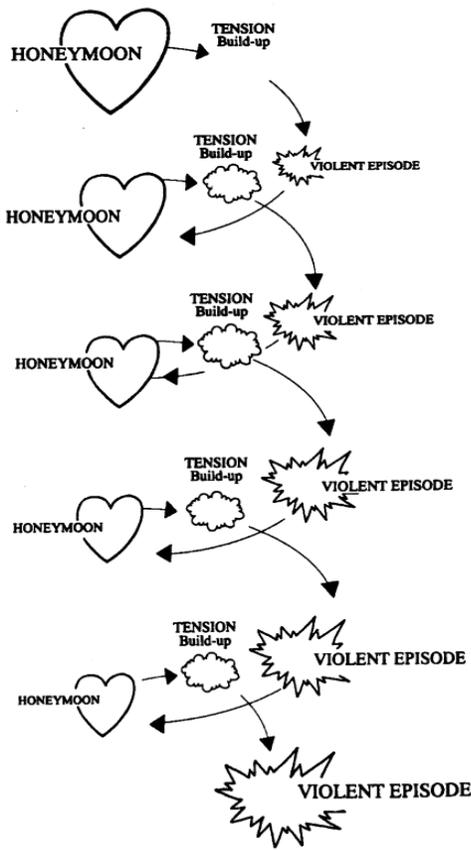


Figure 2. "The Cycle of Violence," 2021

The first stage in the cycle of violence is the tension building stage. During this stage, the abuser will react to minor incidences that will create tension in the relationship. This tension will usually leave the victim feeling they did something wrong even when they did not and start feeling uncomfortable; hence the “tension stage”, the abuser, on the other hand, will feel that the tension towards the partner is justified because they are either feeling neglected or wronged (FindLaw’s Team, 2018). The second stage is the act of violence itself. The violence can either be short or long-lived. In this stage, the abuser will unleash his harboured feelings by way of violence on the victim. The third stage is what is known as the denial stage. At this stage, the victim is in denial as to the true nature of what has just transpired between the couple. As mentioned in the literature, the abuser will usually have a loving and charming persona that captures his victim's attention. Therefore, it is only reasonable that the victim must go through a denial stage. The last stage is the honeymoon stage. The abusers will entice the victims again with their loving and charming persona. This is usually a way for the abuser to apologise and promises not to act like that ever again. Furthermore, as soon as the victim accepts the apology, the cycle begins again (FindLaw’s Team, 2018).

2.6 Types of Intimate Partner Violence (IPV)

Abuse comes in different forms; however, in this academic research, the focus will be on Intimate Partner violence in marriages. This type of abuse falls under domestic violence, commonly known as Intimate Partner Violence (IPV). With reference from the National Institute of Justice - NIJ (2007), World Health Organization – WHO (2012) and Elite Healthcare (2014), they have all included physical violence, sexual violence, emotional/psychological, and controlling behaviours under one umbrella of the types of violence experienced in IPV.

2.6.1 Psychological, mental, and emotional abuse

O’Hagan (1995) believed that there is a difference between psychological and emotional abuse. Quoting from his article *Emotional and psychological abuse: problems of definition*, he defined

them as; **Emotional abuse** - This involves how we feel, what we feel, and the coping mechanisms we develop for both. In a nutshell, emotional abuse involves emotions. **Psychological abuse** - however, has more effect *mentally*. That includes the development of cognitive function and memory. Psychological and emotional abuse poses a significant threat to an individual's well-being because not everyone will understand that abuse is taking place as there are usually no visible physical injuries. Threats to one's life and children must also be considered psychological abuse. The abuse mentioned above can be manifested in one or more of the following examples: insults, belittling, constant humiliation, intimidation (e.g., destroying things), threats of harm, and threats to take away children (O'Hagan 1995). The abuse can start very suddenly, and most abusers will first create a loving and trusting relationship with the victim, in these cases, their wives (Office on Women's Health 2018). Because there was a trusting relationship formed from inception, it is tough for women to believe and see through the abuse as they believe he will re-transform to the loving and respectful man he was before. Moreover, even if they recognize the abuse, it is usually too late for them to leave as the partners have isolated them from their loved ones, making the victim believe the only person who cares about them is the abuser.

2.6.2 Physical abuse

Physical abuse is any physical force exerted on another individual and causes any type of injuries or puts one's health in danger. Many examples can be included in the definition of physical abuse, namely, shaking, burning, choking, hair-pulling, hitting, slapping, kicking, and any type of harm with a weapon like a knife or a gun. It is imperative for nurses treating any patient that comes with physical wounds to suspect more significant injuries as nurses are unable to assess the extent of internal injuries through observation.

In our study, it was discovered that married women who were abused physically mostly had the same thing to say about how the abuse started and how it gradually increased.

"The first time he hit me, he apologized and said he had lost his temper. He told me he did not know what came over him, and he swore he would never lay his hands on me ever again. He took me shopping

to forget about the whole ordeal. I thought he had regretted his actions because we managed to stay for some months without any abuse. Then he did it again, I think it was more like just twisting my hand... I forgave him again. And before I knew it, I was his punching bag at least every second week..." narrated one of our participants (Informal Interview with a participant, 9.10.2020).

Physical abuse has detrimental effects on abused women. The effects could either be long term as well as short term. The confidence levels of someone that has been abused over a long period is almost non-existing. Most of them will start abusing alcohol and drugs whilst others, unfortunately, might develop medical conditions that will affect them for life. National Coalition Against Domestic Violence (2020) reported that it is common for physical violence to come with controlling behaviour and emotional abuse in one package; they usually go hand in hand. The consequences of physical violence that nurses should be on the lookout for in a patient include psychological trauma, brain trauma and other physical injuries that could lead to death if left untreated.

2.6.3 Sexual abuse

According to the World Health Organisation (2012), "sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force." Such actions of sexual exploitation have not left any boundaries, and it is happening in most homes worldwide. The statistics same usually are obtained from the police, clinical settings, population surveys and Non-Governmental Organizations.

World Health Organization (2012) also mentioned that despite some cases being reported, it is believed that there are some hindrances as to why not all cases of sexual violence go unreported. These may include fear of being blamed, not believed, mistreated, shame and no meaningful support system. In the Zambian culture, the institution of marriage generally tries to justify sexual violence towards women because wives certainly must act by their husband's

demands as it is believed that once lobola (bride price) is paid to the woman's family, then the woman automatically becomes the man's "property" (Rasing 2010).

As mentioned above, the husband's sexual satisfaction is mostly emphasized and denying him this conjugal right results in abuse (Kimuna and Djamba 2008). According to a study done in Nepal, 58% of the female participants have been sexually abused by their partners. Some factors that might instigate sexual abuse include the age difference between the husband and the wife, the husband who abuses alcohol as well the power men obtain the moment they marry (Adhikari and Tamang 2010). Additionally, women subjected to sexual IPV are put at a greater risk of contracting HIV/AIDS, which may hinder their empowerment and the value of life (Turner, D.T. et al. 2020).

2.6.4 Controlling behaviour

Controlling behaviour in an abusive relationship comes with physical violence at some point (National Coalition Against Domestic Violence 2020). This type of abuse goes unnoticed, and the victim cannot change the situation as she only recognizes the abuse at an advanced stage. The abuse can start with simple things, for instance, the types of clothes to wear or to be given a curfew to be home and will gradually get worse and advance to controlling the medical care of a person, controlling all financial matters of the household and the victim's account, or even ordering the wife to stay home as a housewife. Married women who have experienced this type of abuse will also testify that their social circle would have reduced to their husbands and herself before they realized the extent of their situation. The husband will manage to isolate her from family and friends. Social media is another source that gives birth to controlling behaviour. Sheldon et al. (2019) explain explains that in marriages, abusive husbands tend to control whom their wives interact with. Additionally, the abused wife's privacy is significantly violated when the husband demands/commands to go through his wife's private messages and chats.

According to the results of a study by Klomegah (2008), a large group of women than men believe it is acceptable to suffer the violence, especially when a woman tends to go out without

the knowledge of her husband. Additionally, place of residence, marrying a younger husband, how long they have been married, and cultural beliefs concerning wife battering are factors relating to IPV (Appendix 1). The study shows percentages of why both sexes justify wife battering. And making mention of how the Zambian Society and culture have shaped a woman's thinking concerning Intimate Partner Violence justifications.

2.7 Consequences of Intimate Partner Violence

Eyre (WY) said, "Every action has a consequence, so always try to be good.". There is no exception; it is the way the universe works. Just like soldiers that come back from the war have PTSD, so do victims of IPV. The impact of IPV on victims is singular with every individual; some may manifest physical effects, which may be severe injuries and trauma, whilst others manifest psychological effects and everything else in-between. This section tackles some of the most common consequences of IPV on the victim's lives and quality of life.

2.7.1 Physical Effects

World Health Organisation (2012) reported that evidently, a woman who has suffered physical violence would have physical manifestations to show on her body, like, bruises, scratches, and permanent bodily damage, or even death. The American Psychiatric Association (2021) and Domenech del Rio and Sirvent Garcia del Valle (2017) also reported that after the abuse, women would have symptoms of insomnia, injuries, chronic pain, constant headaches; sometimes, they will even have the feeling that someone is choking them most known as a 'choking sensations', they will experience hyperventilation, and gastrointestinal symptoms, chest, back, and pelvic pain among other indications. Additionally, patients who come in with head injuries symptoms might also have a Traumatic Brain Injury (TBI), which can only be confirmed by MRI or CT scan. If these injuries are left untreated, patients are predisposed to a high risk of short or long-term neurologic abnormalities and, in the worst-case scenario, death. Furthermore, some other indirect effects of IPV on physical health include chronic diseases resulting from long-term stress and violence.

Psychological and Mental Effects

Psychological and mental health is a vital part of a human's well-being. Therefore, a clear and sane mindset are qualities that must never be underrated because once the mindset is unstable, a person is prone to making decisions that could be harmful to oneself or others around them. Domenech del Rio and Sirvent Garcia del Valle (2017), in their study, reported that effects of IPV against women had been unswervingly documented of having psychological significances of anxiety, nightmares, depression, anger, and rage, lowered self-esteem, dissociation, shame, addictive behaviour, somatic problems, sexual problems, and other impaired functioning. The manifestations mentioned above of IPV based on psychological and mental health are also well supported by Walker's (2009) battered women syndrome. WHO (2012) multi-country study shows that abused women usually present with suicidal thoughts, attempted suicide, and are stressed emotionally. This vice is also associated with substance abuse, post-traumatic stress disorder (PTSD), unsafe sexual conduct, physical immobility and eating disorders and risk of self-harm.

Sexual Effects

There are many health concerns for women in relationships that involve IPV regarding their sexual and reproductive aspect. These concerns include sexually transmitted diseases like HIV, unwanted pregnancies, abortion, and unsafe abortion, pregnancy complications, sexual malfunction, pelvic inflammatory diseases, and urinary tract infection (UTI) (Campbell 2002). Similarly, IPV makes it hard for women to have a say on the type of contraception they will want to use as their partners may not allow them. This exposes the women to sexually transmitted infections and unwanted pregnancies, as mentioned above. (World Health Organization 2012)

Effects on Children

World Health Organization (2012) describes IPV as a vice that impacts children negatively even though mothers are the primary target. Like the women, significant numbers of children subjected to IPV suffer physical and psychological effects that can be severe to cope with. Some of the effects may include emotional instability, behavioural complications, and may become oppressors themselves in the latter stages of their lives, weak school performances,

withdrawal, anxiety, and depression (Romano et al., 2019). Ibid, in their meta-analysis study, reported that in a 2013 child welfare investigation conducted in Ontario, Canada by (Fallon et al., 2015), it was discovered that 48% of their investigations correlated to IPV and that the said percentage were all predisposed to high chances of some form of other cases of abuse.

Violence during pregnancy

When a pregnant woman is subjected to IPV, their state of well-being is significantly compromised and that of the unborn. Some of the problems that arise from this act of violence include abortions or miscarriages, stillborn, foetal injuries, underweight births, prematurity of labour and birth. Violence during pregnancy has statistics ranging from 1% in urban Japan and 28% in provincial Peru. Additionally, 19 countries like Denmark, Cambodia and Australia had 2% IPV prevalence while Uganda had 13% and the highest prevalence found was with Egypt estimated at 32%, and other prevalence is from Africa at 40% in different settings. (Campbell, 2002.)

Homicide, Suicide, and other mortalities

World Health Organization (2012) reported that homicide, suicide, emotional distress, and thoughts of suicide had been highly recorded among women that have experienced IPV. Additionally, most of the homicides are committed by a husband who cannot control himself and or the wife who feels revenge is the only way to free herself from the abusive marriage. Furthermore, IPV can exacerbate the risk of women contracting HIV/AIDS, increasing, and adding to HIV deaths in the country.

2.8 Customary Marital Teachings and their Effects.

Most Zambians believe in traditional marriages, and such are considered successful. For some couples, traditional teachings yield positive results while other men take advantage of the traditional rights are given to them and abuse women. The following are some of the traditional marital teachings.

Sexual Teachings: Women are taught how to satisfy their men sexually no matter the circumstance. According to the teachings, men have the right to demand and receive sex

whenever they want. According to some of the Zambian traditional culture teachings, a woman should put a red cloth or red beads on the bed to show that she is menstruating. When she is done, she puts on the bed a white cloth or wears white beads around her waist to show that she is ready and clean. Regardless of the teachings, most men feel entitled to having sex with their wives without much regard for the mood or other circumstances favouring women. Therefore, sickness, menstrual periods, not in the mood or occupied with other house chores, a man must receive sex (Phiri, Male traditional teacher, personal communication, 30.01.2021). It is emphasized in the teachings that a woman's satisfaction (orgasm) is not a priority; instead, more effort must be made for her husband's satisfaction. Failure to satisfy the husband sexually, he will look for satisfaction from other women.

Additionally, most men abuse their wives verbally, physically, and mentally if they cannot conceive children. In most cases, the blame is on women, even if men may be impotent. (Rasing 2010).

Cooking: In Zambia, the phrase “the way to a man's heart is through his stomach” is mainly used, and women cook to impress their husbands. In some home settings, men do not even attempt to give money to their wives, but they expect to find food the moment they return home. A woman cooks even when she is sick, especially that most husbands refuse to eat food prepared by someone else besides their wives. Women are expected to serve warm food to their husbands even when they are late. Mismanagement of funds meant for food and not knowing how to prepare the man's favourite traditional meals results in IPV (Mumba, Primary School Teacher, personal communication 30.01.2021). It is almost an unspoken rule not to burn food that is meant for your husband intentionally or not. Due to such traditional teachings, which require women to always cook for their husbands, men become abusive when food is not prepared. (Rasing 2010)

Cleaning: Traditionally, Zambian men rarely help with the household chores, and women must carry on with or without their help. The cleaning starts from the used dishes, dirty laundry, surroundings and bathing younger children. Women can do all this in full view of their husbands

(Chongo, Housewife, personal communication, 30.01.2021). In Zambia, there is a saying that goes as follows, *“Umwaume bamumwena kuli londo”* meaning one can tell that a man is well married from his well cleaned and ironed clothes. Failure to fix her husband’s clothes will not only bring disrespect and shame on the husband, but it can also result in physical or verbal violence directed towards the wife. (Rasing 2010)

Respect: Women are taught to respect their husbands, husbands' relatives, and friends, regardless of their malicious behaviour towards the wife. When a woman tries to stand up for herself, she will be considered disrespectful, and risk being divorced and violated depending on the instances. (Rasing 2010)

Unspoken Rule of Childbearing: Getting married is one step, otherwise to have a successful marriage, a woman is expected to bear children for her husband regardless of her ambitions and goals in life (Mwiinga, Lawyer & Phiri, Male traditional teacher, personal communication 30.01.2021). Barren women are usually mistreated and considered as not “women enough”. Even before medical tests are done to determine the source of the problem, some women feel they deserve to be beaten as they believe they are the ones with the problem. Failure for the woman to conceive will result in the woman being disrespected by her in-laws and husband. (Rasing 2010)

2.9 The role of nurses in caring for victims of IPV

Nurses have essential roles in women experiencing IPV as the problems the women encounter have prolonged effects post abuse. Some of the persistent effects may include deteriorated health, which involves their mental state that will result in suicidal thoughts and attempts of suicide (Hewitt 2015). Therefore, every healthcare personnel's onus offers consultation, referrals, emotional support, advice/counselling, and physical health care to IPV victims, especially nurses, as they are always in the front line to assist clients. Similarly, when screening IPV victims, a nurse role is to be flexible in action, empathetic and knowledgeable and must be able to collaborate with co-workers that can offer help for the wellbeing of the victims (Al-

Natour, Qandil, & Gillespie, 2016). Ibid also narrates that some nurses felt that it is essential to gather details about the victim's and the partner's job and how they communicate so that their nature of life can be highlighted, leading to show how violent episodes start whilst maintaining their privacy.

IPV exposes the women to untimely deaths as their husbands are likely to commit this inhumane act against them. Therefore, to prevent prolonged suffering and deaths of some of the women experiencing IPV, nurses are encouraged to arrange routine screening (Hewitt, 2015), which will aid in identifying the abuse and health talks about the vice (Guruge, 2012). Additionally, both writers Guruge (2012) and Hewitt (2015) stated that as a tool to help break or prevent IPV, nurses are still encouraged to promote safety by intervening in the situation as soon as IPV victims come to the emergency ward.

Besides nurses having a significant and essential role in IPV, some barriers faced by nurses in caring for women must be brought to light. Bradbury-Jones and Clark (2016) state that nurses fear worsening the condition or making things go wrong for the victims of IPV hence the fear to intervene as in most cases, the violence is not spoken of publicly.

According to Guruge (2012), the barriers may include language barriers, inadequate support from both the communities and hospitals, dangers of one's safety, and healthcare hierarchy that may prevent a lower status nurse from acting before the consultation to her superior's is made. According to a study done in Taiwan, nurses lack knowledge/skills to deal with IPV cases. The study pertained to nurses' preparedness to care for women exposed to IPV in rural communities (Yang et al., 2015). When IPV victims are not treated accordingly, it may lead to disappointment, frustration making them not want to visit the health centre in the future if they go through the abuse again (Al-Natour, Qandil, & Gillespie, 2016).

3. Research Aim and Question

Drawing from the introductory section, the study aims to highlight the role of a nurse in Intimate Partner violence, exploring the impact of IPV on married women, the factors leading to IPV and investigate further why women choose to remain in the abusive marriage. The primary research question (RQ) is, therefore, formulated as follows:

RQ: What is the role of a nurse in Intimate Partner Violence in marriages?

To answer the central question, three sub-questions (SQ) are:

SQ1: What are the factors leading to Intimate Partner Violence in marriages?

SQ2: Why do married women choose to live with an abusive husband/ spouse?

SQ3: How do Intimate Partner Violence impact married women in Zambia?

4. Theoretical Framework with Interactive Application of Peplau's and Orlando's Concepts into Practical Nursing Care

This chapter discusses the two nursing theories by Hildegard Peplau and Ida Jean Orlando selected for this academic research study. Additionally, we describe how these two theories can be applied interactively by nurses in practical nursing care.

4.1 Hildegard Peplau

Peplau (1952) stressed that the foundation of the nursing system should start with the nurse and patients bond encouraging them to converse and allow room for questions, and the same must apply to the nurse when implementing doctor's orders. Peplau also emphasized that nurses fully understand themselves to be of great help to those in need. Her theory textbook is considered the first as Nightingale's work was done in 1850. Due to her theoretical and clinical work, Peplau is known to have birthed psychiatric nursing. The impact she made in the nursing field made her become an author, teacher, theorist, and a great nursing leader who also served as the president of the American Nurses Association (ANA). Freud's, Maslow's, and Sullivan's interpersonal relationships theories and the coexistent psychoanalytical model motivated Peplau's work as the psychological model was borrowed to synthesize her Interpersonal Relations Theory known on a global level used for research and nursing care practice. (Alligood 2014).

Additionally, as described by Current Nursing (2004-2021), Peplau's major concepts explain that nurses must employ human relations principles to handle problems encountered as nurses are required to help others with their difficulties. To obtain great results when a nurse is rendering help, ibid states that a series of the pattern must follow as nursing is an interpersonal relationship, requiring nurse-patient to work together. They both mature and attain knowledge in the process.

4.2 Ida Jean Orlando

Orlando came up with the Nursing Process Theory after observing and gathering enough data from a Yale University School of Nursing study, integrating mental health concepts into a primary nursing curriculum (Alligood, 2014). Orlando believed her work to be valid as she used it and applied it to her study that later generated a good amount of data. She later used the same data to construct the nursing process theory (Alligood, 2014). According to Nursing Theories Conference Group & George (1980), Orlando, through her theory, is credited to have paved the way for critical thinking in nursing development. Her theory accentuates the cardinal role of involving the patient in the nursing role. Behaviour is the essential aspect that Orlando aimed to improve in a patient. Being able to display that the patient is suffering less is considered positive in a patient's recognizable behavior. Orlando's major concepts and definitions for her theory are:

- *Distress: being the unmet needs of the patient,*
- *Nursing role: she believed that the role of the nurses is to find immediate help for the patient. Additionally, the way a patient presents her behaviour may not represent their true need. Therefore, it is the responsibility of the nurse to use her perception, feelings, observations to confirm his/her understanding of the need with the patient.*
- *Nursing action: the nurse must attend to the patients' immediate need.*
- *The outcome: being how the patient behaves after receiving the care, she may be relieved or still in distress, which means that the needs of the patient have not been met. This can be communicated verbally or nonverbally. (Josephine, 2014)*

Schmieding (2006) states that Orlando highlighted that it is crucial for a patient to see if the nurse and patient's needs are compatible, such as nurses' perceptions, thoughts, and feelings about an issue. According to Orlando (1961), when a person is unable to take care of themselves and has needs that require nursing care, such as physical limitations, or if they have negative effects towards an environment and if they cannot express themselves by communicating effectively due to an experience, they are then considered as patients. Orlando

stated that the actions of both nurse and patient would affect them both hence the reason she accentuated the need for reciprocity between nurse and patient. Ibid emphasizes the need for attending to the patient's immediate needs as she believes that is the professional responsibility of nursing. Orlando's nursing theory (Alligood, 2014) interprets that the nurse must look at the bigger picture and make decisions that benefit the patient's care. To help the patient effectively, Orlando explains that the nurse must probe further investigating the patient's actions as that would be a sign of them needing help.

"Patients have their own meanings and interpretations of situations, and therefore nurses must validate their inferences and analyses with patients before drawing conclusions." (Orlando 1961).

4.3 Interactive application of Peplau's and Orlando's concepts into practical nursing care

The theoretical concepts of Interpersonal Relations and Deliberative Nursing Process have been employed and interpreted into a practice framework to highlight the nurse's role in Intimate Partner Violence (IPV). The chosen theories are similar in that they are both logical, and their centre of interest is the therapeutic relationship between a nurse and a patient. Additionally, they have the similarity of critical thinking and using problem deciphering skills to help the patient. Furthermore, the said theories use communication, recording and observation as the fundamental nursing tool. (Rendell Baldon, 2015)

The nursing theory used in this paper guides the nurse's role in this type of abuse. There is a need to converse and create an interpersonal relationship; only then is the nurse partially assured to understand what the patient is going through.

Hildegard Peplau's and Ida Jean Orlando's concepts can be applied in nursing practice using them interactively. Interpersonal relations theory has 4 phases; Orientation, Identification, Exploitation and Resolution, where the Deliberative Nursing Process theory has Assessment, Nursing Diagnosis, Planning, Implementation and Evaluation would be used interactively. It can be applied through clinical practice, nursing research and nurse education and benefits all forms

of practice. A conceptual practical framework model that illustrates Peplau and Orlando's theories working interactively is presented in Figure 3.



Figure 3. A conceptual practical framework model of Peplau's and Orlando's theories working interactively (Peplau, 1952; Orlando, 1961)

The two theories combined help illustrate and explain the nurse's role in caring for victims of IPV. Both theories can be used in all areas of clinical practices. Identifying IPV, empowering the patient, treating injuries, and learning from the experience itself and so on is the nurse's role in a nutshell. However, to meet the patients' needs and the desired target, the nurse needs to consider the factors that come along with the process.

Courey et al. (2008) carried out a study with victims of sexual violence. They discovered that the professionals who used Peplau's theory to communicate with the victims became significant people in their life stories. The said professionals were able to explain information that the victims needed thoroughly, and they also gave them good guidance on the following steps to take. Not only did they give good information, but they also took the time to understand the victim's stories and how they were coping. The researchers of this study (Courey et al. 2008) portrayed the global qualities by being compassionate and supportive as every patient deserves; however, it seems the victims of sexual violence need compassion and support.

Therefore, concerning Peplau's nursing theory, it has proved to be an excellent nursing tool for caring for patients and IPV victims. Additionally, Peplau emphasizes the need for the nurse to understand oneself and the patient's situation to avoid imposing her values over the wishes of her patients. Furthermore, Orlando (1962) accentuates the importance of individuals need for help and nursing as a sole profession that must care for the patient in a respectful approach. Ida Jean Orlando's (1961) theory makes it possible for nurses to design an effectual nursing care plan that engulfs but is flexible enough to include all the unpredicted events during patient care. In the nursing profession, to deliver help effectively, it is fundamental for the nurse and the patient to understand one another, emphasizing reciprocity.

Every person should be treated as an individual regardless of their circumstances, as our needs are ever-changing and evolving. Peplau's *Orientation* and Orlando's *Assessment* are the first phases in the treatment of an individual. IPV victims are not an exception to this concept. The nurse must use the first two concepts to understand the victim's problem or injury and what the victim's immediate needs are. A nurse must be able to build an interpersonal relationship with the victim confidently. Nurses can advocate, surrogate, teacher, and trusted friend to the

victim through the trusted relationship created. Patients who openly speak up to the nurses enable nurses to help them, hence alleviating their pain.

Before starting any treatment, the nurse's role is to *identify* how the problem started and the current problem/situation. Simultaneously, the nurse and the patient do clarity of views and expect results of the same problem. The nurse identifies the abuse the victim has faced and makes a care plan involving the victim in the *planning process* (Forchuk, 1991). The care plan must fit the victims' needs and bearing in mind the victims' strengths and weaknesses and what is best for them. Therefore, tackling the problem and patient will enhance trust and effective results (Nursing Path, 2013).

Implementing the care plan works interactively with the *exploitation* of resources. The Victim Support Unit of Zambia is one such resource that the victims can use. Based on these concepts, the victim realizes the importance of self-care, and they try as much as possible to make great use of all the services made available for their benefits (Forchuk, 1991). Because a nurse is considered a teacher, among other things, the violated women must be educated about the helpful NGO's and other supporting groups (Nursing Path, 2013).

According to the last concepts of Peplau and Orlando's, *Resolution* and *Evaluation*, it is at this point that the victim is satisfied with the role the nurse has played in helping her situation. The victim is empowered and ready to take on any challenge. Evaluating the target, the victim had set herself in the planning phase is crucial (Nursing Path, 2013). A nurse can do everything in her power to help the patient, but if the anticipated forces of the "environment" come into play, and the patient decides to go against the treatment plan, altering the treatment, Ida Jean Orlando's (1961) Deliberative Nursing Process theory makes it possible for nurses to design an effectual nursing care plan that engulfs but is flexible enough to include all the unpredicted events during patient care such as guiding and sending them to the appropriate professional personnel that offers services they require for help, as well as patient follow up to maintain their wellbeing.

5. Research method

Research methods are the means that was used to collect raw data that will be later analysed. An inductive method has been used following the intent of this analysis (Saunders et al., 2012). Silverman (2006) stated that the aim of a study would determine the methods used hence the choice of a qualitative method approach. Additionally, a cross-sectional time horizon (Saunders et al., 2012) was adopted for this thesis due to the time constraint imposed upon this research and Novia University of Applied Science curriculum to collect data.

Qualitative research has been identified as one that has four (4) major features, the frontend, the methods, the findings, and the backend. All parts are important, however, the frontend part, according to (Gopaldas, 2016) is prime and supreme as this is not only the summary of the problem, but it sets the stage for the findings of the literature that will be used, it helps the researcher formulate the research question, the theoretical problem, also highlights the research motivation and perspective and it helps lay down the empirical finding's expectation, sets theoretical contributions and practical implications to come (Gopaldas, 2016). Formplus Blog (2007), an empirical research study is different from other research because of its method and characteristics, so researchers must familiarize themselves with the investigation method they are using. This research method depends only on the evidence gathered through scientific data collection and survey/observation (Formplus Blog, 2007). To obtain in-depth and quality information about the topic in the background, sources such as books and studies on Intimate Partner Violence that have been done were used. Other sources such as google, google scholar, World Health Organization, Ebsco, CINAHL, Office on Women's Health, Pan American Health Organization, books from eBook Central, ZambiaLii (Laws of Zambia), PubMed Central, Zambian Ministry of Health and other online sources were used yielding a sizeable number of results. To find relevant data, some of the following keywords were utilized, "nurses' role in IPV", "wife battery in Zambia", "intimate partner violence", "sexual abuse", "violence in marriages," "gender-based violence in Zambia", "gender-based violence towards women" and "mental abuse in marriages".

5.1 Data collection

Boyce and Neale (2006) defined interviews as a “qualitative research technique which involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation.” Interviews can be conducted in three different ways: structured, semi-structured, and unstructured. Structured interviews are usually direct and easy to analyze because the interviewer has planned and arranged questions systematically and strictly follow the structure and numbering of the pre-determined questions. In contrast, Semi-structured interviews are free flowing. In this type of interview, the researcher has also prepared questions beforehand. However, in this case, the researcher could ask more questions if need be, to have the participant further explain a point. Semi-structured interviews are usually considered the most reliable form of interview research method as they give the interviewee possibility to explain things on a deeper level.

Consequently, most healthcare professionals adopt this method of collecting data in a research work (Jamshed 2014). Finally, unstructured interviews are unplanned and thus considered to be biased. There are no pre-determined questions beforehand; the researchers formulate the questions during the interview. Therefore, the researchers of this academic study adopted the semi-structured method of interviews. Research questions were formulated using the “How and Why” type of questions, this type of format aims at avoiding participants from giving “yes or no” answers. Participants were interviewed individually, and all chose to remain anonymous. However, they did give permission to be contacted if more information was needed.

This study is a qualitative empirical study with data collection done primarily by interviewing 24 Zambian married women between 24 - 45 who have experienced Intimate Partner Violence (IPV) using the snowball sampling method. Snowball sampling is a form of data collection in which one interviewee provides the researcher with the name of at least one other prospective interviewee. The interviewee then gives the name of at least one other prospective interviewee, and so on, with the sample rising like a snowball if more than one referral is given per interviewee. (Kirchherr and Charles, 2018)

The data collection process is presented in Figure 4. After collecting the data, the researchers categorized the participants according to how long they had been married. Additionally, after conducting interviews, two (2) more categories emerged, that being how many participants had experienced physical and sexual violence (70.8%) and the other category being participants that had experienced emotional abuse and controlling behaviour (29.2%). A detailed explanation of the results shall be explained in Chapter 6 of Results. The researchers used the snowball sampling method for this study because participants proved challenging to find. The research questions are presented in Appendix 3. Detail summary of how data was analysed is fully explained below (see sub-heading 5.3).

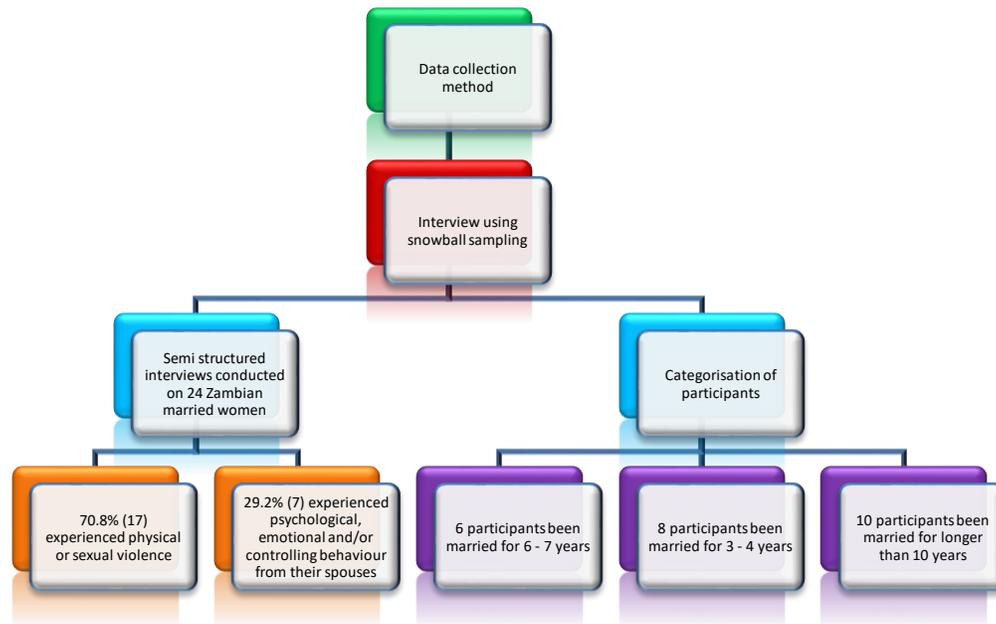


Figure 4. Data collection process

5.2 Inclusion and exclusion criteria

The below two criteria were used to find suitable research participants. The inclusion of the study was to conduct interviews with strictly Zambian married women with experiences of IPV. The focus was based on finding information concerning the role of a nurse in Intimate Partner Violence. However, any topic and questions deviating from the topic at hand were not considered to avoid misinterpretations. Additionally, any participants who are not married but experience IPV were not interviewed. Below is a table to illustrate what is meant by the above explanation.

Inclusion	Exclusion
Strictly Zambian married women	Single women
Strictly Zambian married women that have experienced Intimate partner violence	Women without IPV experiences
Interview questions strictly based on the topic	Unrelated interview questions to the topic

Table 1. Inclusion and Exclusion Criteria

5.3 Data analysis

Data analysis is the most fundamental area of any research, and it summarizes collected data. It involves interpreting data collected using either critical or logical translations to arrive at patterns (Lathlean 2015). Analysing data can be done in different ways (Yin 1994). Hence qualitative content analysis was selected to be used for this thesis. The researcher must give meaningful conclusions by confirming and verifying the data (Nowell et al., 2017). After conducting interviews and using semi-structured questions, we collected every transcript in one place and read it through carefully. We then made notes and categorised them into themes. The themes were then broken down into smaller clusters that helped us with coding and taking note of often repeated words. It helped us get to our first category, which is the Aim. After coding, the *Aim*, *Main Category*, *Sub-category*, and *Quotes* were arranged accordingly and respectively.

The content analysis of the collected data was analysed in 5 steps. These steps are shown in Figure 5. The five (5) steps of content data analysis are Step 1: Identify and Collect Data, Step 2: Determine Coding Categories, Step 3: Code the Content, Step 4: Check Validity and Reliability, and Step 5: Analyse and Present Results.

Step 1: Identify and Collect Data

Data was collected using a recorder which was later converted into text using the word document dictate function. Later, the converted data was read through thoroughly to get familiarized with the content of the data that was collected. According to Neuman (2011), the unit of analysis is different depending on the content. It can either be a word, a phrase, a theme and so forth. This research utilized phrase and themes.

Step 2: Determine Coding Categories.

Happyscribe (2019) state that the most efficient way of starting stage 2 of content analysis is by going back to your research question as a researcher. From the question, identifying the key questions and reminding oneself of the aim of the topic will help in picking themes and categorizing data. In this stage, reducing the data by summarizing it into categories and themes is the goal, which will help give meaning to the data.

Step 3: Code the Content

After we coded our data, it is at this stage that we identify all the repeating themes.

It is during this stage that the researcher simply must start to form connections with the information that has been collected. The researcher ought to identify and search for responses that appear important and pick out explanations from the information. At this stage, we should be able to make sense of the data, information, categories, and it is also at the stage that the aim of the topic is realized in the data.

Step 4: Check Validity and Reliability

It is imperative that the information collected is consistent and matching the standards set for their study (Neuman 2011). In this research paper, to maintain reliability and validity, we made sure that we selected our respondents based on the research criteria. All questions have been answered, and that all the questions have been uniform with all the respondents.

Step 5: Analyse and Present Results

This is the last step, and the information obtained is explained in (chapter 6 Results) of this research paper. The analysed information is connecting with the aim of this study which was to find out the role of the nurse in intimate partner violence. Limitations, positives, and negatives encountered in this study will be discussed later and what areas may need future research to be recommended.

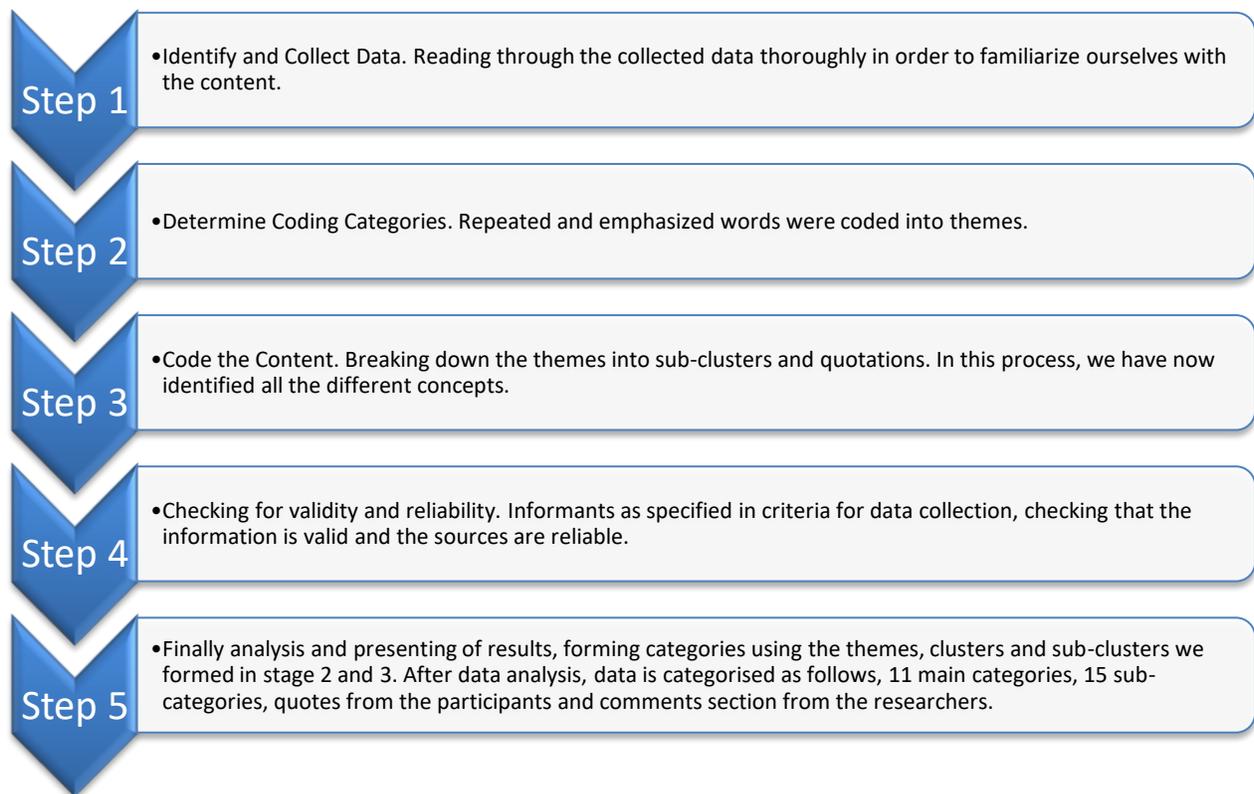


Figure 5. Steps of Data Content Analysis

5.4 Transcribed interviews

After conducting individual interviews with 24 experienced true-life participants, to investigate the roles of a nurse in IPV and the impact of IPV and gender violence on married women in Zambia, the collected data was transcribed, reviewed, and analysed systematically (Appendix 2). Information was categorized into three (3) groups: main category, sub-category, and the quotation from conducted interviews.

5.5 Ethical consideration

The National Health Ethics Committee is a body in Zambia responsible for overseeing all research requests (NHREC 2019). However, after much research, we found no stipulated guidelines to follow besides researchers need to fill an electronic online form requesting permission. In Finland, the research with human participants shall be done based on the ethical principles structured by the Finnish National Board on Research Integrity (TENK, 2019).

Full consent was attained from participants of this study, which were 24 Zambian married women experiencing IPV. The participants need to receive an understandable and truthful view of the research aims and any potential risks. We ensured that their rights were respected, and risks involved explained, ensuring the participants' anonymity, and respecting their privacy. The data is stored and processed safely using Data Protection Act (1050/2018). Participation in the study was entirely voluntary. Furthermore, we used a recorder, and the participants were informed of the recording and its use. All quoting has been noted in both the running texts and the bibliography page of our study.

Doody and Noonan (2016), the development of the ethical codes ever since the 19th century was for the interest and benefit of the interviewees or participants safeguard. Autonomy or self-rule desires that participants are free to take part or not in a study without forcing them, thereby eliminating any physical, mental, social, and spiritual harm. The researchers remembered to treat all participants uniformly as their privacy and anonymity were maintained and a fair take on the benefits and the risks. All aspects of deceit, false telling and tempering

with the results were never allowed in our study because the participants and community have trusted us. They deserve facts during or after the study. Confidentiality is also excellent ethical quality as whatever we discover during our research time can never be told to a third party (Doody & Noonan 2016).

6. Presentation of Results

After analysis of the interviews, two themes emerged from the results of interviews conducted:

- (1) the role of the nurse in Intimate Partner Violence
- (2) the impact of culture on Intimate Partner Violence

The main research question focuses on answering "***What the role of a nurse in Intimate Partner Violence in marriages is***". Furthermore, three sub-questions have been addressed, namely:

- (1) What are the factors leading to Intimate Partner Violence in marriages?
- (2) Why do married women choose to live with an abusive husband/ spouse? and
- (3) How do Intimate Partner Violence impact married women in Zambia?

The results obtained from interviews have been analysed considering the two theories by Hildegard Peplau - Interpersonal Relations Theory, and Ida Jean Orlando - Nursing Process Theory which essentially indicate that nurses are expected to build personal relationships with their clients through the nursing process. The 24 married Zambian women interviewed for this study gave a clear picture of the vice and the role expected from nurses. The transcribed interviews and analysis of this research are shown in Appendix 2.

6.1 The role of the nurse in Intimate Partner Violence

Throughout this study, we discovered that the nurse is considered a listener, counsellor, and trusted friend to IPV victims. Several participants accentuated that being listened to can be an

empowering experience for abused women. It is expected that the nurse's role is to offer psychological care and not to let the victim feel at fault. Additionally, the interview results review that the women seek confidentiality from nurses, which would validate the decision to disclose. The nurse is expected to make the woman comfortable as most physical and sexual violence victims are ashamed to disclose. Another significant role of the nurse discovered and highlighted by the participants was treating the violated person. If violence had resulted in an injury, the nurse must identify the extent of the injury and treat the victim accordingly. After that, the nurse must discuss with the patient and refer the victim to the Victim Support Unit at the police and help them connect with other partners dealing with gender-based violence. It was discovered that most women did not have accurate, reliable information about Intimate Partner Violence reporting stations or any knowledge about safe havens available for shelter.

6.2 The impact of culture on Intimate Partner Violence

The interviews revealed that Zambian culture, like any other African culture, has a tremendous influence on marriages and IPV cases in communities. The interviewed married women narrated that they are demanded to submit to their husbands because culture exalts masculinity, and men are heads and providers of families. In this type of setting, it was revealed that Intimate Partner Violence is justified as it is believed that wrongdoing must be corrected or punished. According to the women, culture dictates that in cases where women neglect the children, overcook the family meal, fails to do husband's laundry properly, shows less respect to the husband, and discusses her marital lifestyle with her friends results in violence. A Zambian married woman is expected to do a lot, especially sexual favours to her husband. Failure to satisfy a man sexually potentially results in abuse.

Furthermore, culture demands that women are supposed to be secretive and submissive to their husbands. IPV cases have increased as women decide to live in an abusive marriage for fear of being a laughingstock to friends and relatives when they get divorced. Since most women are not empowered and dependant on husbands, divorce would mean being unable to provide for themselves and their children and turn into ridicule by the community. The

interviewees expressed worry as they are predisposed to a high risk of short or long-term neurologic abnormalities should they suffer Traumatic Brain Injuries and, in the worst-case scenario, death.

Additionally, women expressed concern about the bride price (dowry) or traditionally known as lobola, as they believe it is the contributing factor to IPV in the Zambian community. The Women felt that they entered their marital homes as assets because something was paid. Men may want to show that they own the women by violating them sexually, physically, and emotionally. Traditional counsellors known as 'bana Chimbusa' in the Zambian culture are trusted to walk a woman through marital teachings. In this type of teaching, children are not an exception as they are groomed from a very young age to accept and respect the continuity of the culture.

Most of the respondents felt that the Zambian healthcare system is broken. They narrated that advice is not given because it is hard for professionals to separate themselves from the biasness of tradition and culture. The participants felt that the nurses and the law enforcers were still operating under traditional influences regardless of them working in offices where they should act professional and protective. They still have the values and the ideas of tradition imparted in them. As a result, delivering help and advice effectively is hindered because they still find themselves under the umbrella of tradition and culture plus religion.

Furthermore, the interviews highlighted that the women felt the government was not providing sufficient or no social welfare and support for the victims of IPV. Most of them did not even know where the nearest haven/shelter was located as they have no information. Finally, the lack of empowerment and sensitization has heightened the decisions among women to endure the abuse rather than seeking help. Most of the women voiced that they would have probably had the courage to start afresh independently if given enough information and an unquestionable starting point.

7. Discussion

This chapter will discuss the research method and research results, ending with a conclusion and recommendation.

7.1 Discussion of study method

The method used in this thesis is a qualitative empirical study that went through a few stages. The researchers started by identifying the problem: the increasing cases of Intimate Partner Violence in Zambian marriages. The research questions were formulated in line with the problem statement. The objective of the study was to find out the role of the nurse in Intimate Partner Violence. To understand the topic in much depth, we researched the theoretical knowledge from sources such as google, google scholar, World Health Organization, Ebsco, CINAHL, Office on Women's Health, Pan American Health Organization, books from eBook Central, ZambiaLii (Laws of Zambia), PubMed Central, Zambian Ministry of Health and other online sources. The information researched was focused on getting an insight on what factors lead to violence at the global, African, and Zambian level and the consequences. The acquired information was used for the background of the thesis.

Using formulated interview questions (see Appendix 3), interviews were conducted using the snowball sampling method, which is defined in (chapter 5.1). Interviews were conducted via online applications due to the ongoing COVID-19 restrictions. A pilot interview was done, but the responses received from the pilot study were never used in the thesis. After collecting raw data from the interviews, a follow up on some of the participants was ensued to seek clarifications on some of the answers to the questions posed. The response was overwhelmingly positive. Later, data were analysed using codes, namely, *Aim, Main Categories, Sub-categories, and Quotes*. The quotes were presented in italics. The data collected from the interviews aided the researchers to categorize the participants into subgroups. That being, how long the participants had been married and what type of violence they had experienced irrespective of how long they had been married. Of the 24, six (6) had been married for 6 – 7

years, eight (8) had been married for a length of 3 – 4 years, and the remaining ten (10) participants reported to have been married for longer than ten years. According to the survey question, to determine if the abused women knew different forms of abuse, we discovered that they were aware of the types and IPV. Therefore, content analysis of the interviews revealed that 29.2% (7) experienced psychological, emotional, or controlling behaviour from their spouses and 70.8% (17) experienced physical or sexual violence. The findings of this study were also reflected in the theory of interpersonal relations by Peplau (1952) and nursing process theory by Orlando (1961).

The researchers could not meet with the interviewed participants in person due to the current ongoing pandemic of COVID-19. Interviews were done via online applications like Zoom, Skype, WhatsApp, and Teams. Complete emotional connections with participants were impossible to achieve as these were not interviews conducted in person but rather online. However, observation of feelings and other emotions from our participants was noted. The researchers felt the reactions would have been different and perhaps felt more intensely had they met the participants in person.

7.2 Discussion of results

The discussion of results is based on a conceptual framework of interpersonal relations theory and nursing process theory and based on the background. The study aimed to find out the role of the nurse in IPV. After analyzing the results, it was discovered that how a nurse responds to IPV cases is vividly related to culture. It was also discovered that culture plays a vital role in women's decision regarding their mental health, reporting the abuse, seeking help at the health care centres, and deciding to leave their marital homes. These decisions ultimately affect how the nurse would help the victims.

The study revealed that forming an Interpersonal relationship with a victim helps with good communication skills between the two parties. For example, some participants voiced that a nurse must be a listener, as being listened to can be an empowering experience for a woman who has been abused. Evidently, in the case of nurses and IPV victim's relationships, treatment

of the physical and acute injuries must come first before treating the mental state as our participants also suggested that if violence has resulted in an injury, the nurse must first treat the injury and make the patient pain free. After that, the nurse will discuss with the victim and refer her to the victim support unit at the police and other partners dealing with gender-based violence. Al-Natour, Qandil and Gillespie, (2016) stated, it is the onus of every healthcare personnel to offer consultation, referrals, emotional support, advice/counselling, as well as physical health care to IPV victims, especially nurses, as they are always in the frontline to assist clients.

Responses from the participants revealed that they were ready to be forthcoming about the type of help they needed depending on how safe they felt about sharing the abuse with the nurse. Furthermore, the participants stated that the nurse's role is ensuring absolute confidentiality so that women can comfortably speak as most victims of physical/sexual violence are ashamed. This action of offering the total victim confidentiality will validate their decision to disclose. Recently multiple NGOs, dedicated to fighting IPV and other abuse are being formed in Zambia. Information about the NGOs and other support centres must be readily available in healthcare centres. This will help the nurse disseminate information to the IPV victims to report abusive partners regarding the client's decision. This discovery can be validated with a comparison to Al-Natour, Qandil, and Gillespie (2016) that scripted that, when screening IPV victims, a nurse role is to be flexible in action, empathetic and knowledgeable and must be able to collaborate with co-workers that can offer help for the wellbeing of the victims.

Similarly, IPV cases have led to increased suicidal thoughts and actual suicide, chronic pain, a traumatic brain injury that may lead to mental instability. The participants stated that it is the nurse's role to have the knowledge to identify the type of abuse and attend medically to the abused victim and wished they could be offered home-based care treatment methods after violence. Theoretically, it was also stated that IPV exposes the women to untimely deaths as their husbands are likely to commit such inhumane act against them. Therefore, to prevent prolonged suffering and deaths of some of the women experiencing IPV, nurses are encouraged to arrange routine screening (Hewitt, 2015) and health talks about the vice (Guruge, 2012).

Additionally, in as much most Zambian women depend on their husbands for security, it is cardinal that women be empowered to be independent financially and in other aspects. The nurse's role is to empower a woman without fear of worsening her condition confidently. Nurse intervention becomes problematic in such situations if they lack education and knowledge. However, this can be avoided by giving nurses sufficient education about how to tackle such delicate situations. Bradbury-Jones and Clark (2016) state that nurses fear worsening the condition or making things go wrong for the victims of IPV hence the fear to intervene as in most cases, the violence is not spoken of publicly.

8. Conclusions and Recommendations

Intimate Partner Violence is a global pandemic, with nurses holding a greater responsibility in rendering care to the victims. This study aimed to determine the nurse's role in Intimate Partner Violence. We discovered a massive gap in the Zambian healthcare centres about how the cases are handled as the nurses feel the workload. However, in this study, we noticed that the nurse's role is clearly defined theoretically and through the participants. We recommend that Social Workers and case managers be employed in every healthcare centre to acquire better results on what steps the victim can take against the perpetrator legally, unlike the process being practised now, which is the victim acquiring a medical paper signed by the doctor and the victim will proceed to the police if they are physically able. The current long practice victims go through to acquire legal help is an additional hindrance to women reporting the cases, besides the traditional culture and norms about marriages.

Furthermore, hotline services with swift reaction time could be implemented. Also, information on the available crisis centers and shelters must be readily available at the screening center. Nurses can work in conjunction with social workers, case managers, and police to help them get information about legal help and their options.

Furthermore, IPV strips Zambian women of their pride and human rights. Therefore, Zambian men are recommended to ease off the masculine aspect of running a home and different life

encounter. The Zambian government can also introduce a boy-guidance program in lower and secondary schools where boys can be taught how equal a girl is to them and how they can stop themselves from being abusers in the future. Children that experience IPV must be given support in forms of therapy. This will help the children in avoiding IPV themselves in the future.

Additionally, in collaboration with the health sector, the government must formulate group intervention seminars or couple strengthening and team-building strategies. These type of sensitization strategies promotes gender equality attitudes between couples thereby reducing IPV in the long run. Women must stop seeing themselves as assets because of dowry, and men must learn to accept that the dowry paid to the woman's parents is not supposed to instigate abuse against a woman. Men's attitude against masculinity must be condemned.

The government can help the victims of IPV through empowerment by allowing them to start afresh. For example, they can offer start-up loans for women who meet a specific criterion. Furthermore, seminars can be organized to teach women about the importance of investing and owning their property. Nurses can be brought along in such seminars to encourage forming interpersonal relationships with the victims. Additionally, the said seminars can also educate the women on home managerial courses that may empower women to manage their resources. Nurses are also encouraged to educate women and their husbands about the importance of having a smaller family that can be managed. Management of funds will ease the expenses and a substantial surplus of resources for the family.

Finally, during our research, we discovered sufficient studies on Intimate Partner Violence that women experience. However, there is a gap in studies focused on Intimate Partner Violence in men. We recommend that future Intimate Partner Violence studies experienced by males be explored because their cases go unreported due to masculinity beliefs.

References

- Adhikari, R. & Tamang, J. (2010). Sexual coercion of married women in Nepal. *BMC women's health*. 10(1), 31.
- Alligood, M. R. 2014. *Nursing Theorists and Their Work*: Vol. 8 edition. Mosby.
- Alligood, M.R. 2014. *Nursing Theorists and Their Work*: Vol. 9 edition. Elsevier.
- Al-Natour, A., Qandil, A., & Gillespie, G. L. (2016). Nurses' roles in screening for intimate partner violence: a phenomenological study. *International Nursing Review*. 63(3), 422–428.
- Andarge, E., & Shiferaw, Y. (2018). Disparities in Intimate Partner Violence among Currently Married Women from Food Secure and Insecure Urban Households in South Ethiopia: A Community Based Comparative Cross-Sectional Study. *BioMed research international*. 2018, 4738527.
- Baldon, R. (2015). Interpersonal Relations Theory by Hildegard Peplau. [Online] (retrieved: 11.3.2021)
- Barriball, L.K. & White, A. (1994). Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing*. 19(2), 328-335.
- Both, L.M., Favaretto, T.C., Freitas, L., Benetti, S., & Crempien, C. (2020). Intimate partner violence against women: Operationalized Psychodynamic Diagnosis (OPD-2). *PloS one*. 15(10), e0239708.
- Bows H. (2018). Sexual Violence Against Older People: A Review of the Empirical Literature. *Trauma, Violence, & Abuse*. 19(5), 567-583.
- Boyce, C., Ma, E., Associate, P., & Neale. (2006). *Monitoring and Evaluation -2 CONDUCTING IN-DEPTH INTERVIEWS: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input*. [Online] (retrieved; 20.4.2021)
- Bradbury-Jones, C. & Clark, M. (2016). Intimate partner violence and the role of community nurses. *Primary Health Care*. 26(9).
- Breiding, M., Basile, K., Klevens, J., Smith, S. (2017). Economic insecurity and intimate partner and sexual violence victimization. *American Journal of Preventive Medicine*. 53(4), 457 – 64.

- Campbell, J.C. (2002). Health consequences of intimate partner violence. *Lancet*. 359 (9314)1331–36.
- Canada: Immigration and Refugee Board of Canada. (2007). *Zambia: Protection, services, and legal recourse available to women who are victims of domestic violence (2005-2006)*. ZMB102101. E. [Online] (retrieved: 07.12.2020)
- Corbin, J. & Morse, J.M. (2003). The Unstructured Interactive Interview: Issues of Reciprocity and Risks when Dealing with Sensitive Topics. *Qualitative Inquiry*. 9(3), 335-354.
- Courey, T.J., Martsolf, D.S., Draucker, C.B., & Strickland, K.B. (2008). Hildegard Peplau's Theory and the Health Care Encounters of Survivors of Sexual Violence. *Journal of the American Psychiatric Nurses Association*. 14(2), 136–143.
- Crockett, C., Cooper, B. & Brandl, B. (2018). Intersectional Stigma and Late-Life Intimate-Partner and Sexual Violence: How Social Workers Can Bolster Safety and Healing for Older Survivors. *British Journal of Social Work*. 48(4), 1000–1013.
- Current Nursing. (2004-2021). *Peplau's Theory of Interpersonal Relations*: [Online] (retrieved: 10.03.2021)
- Data Protection Act (2019/1050). [Online] (retrieved: 2.3.2020).
- de Braal, B. (2020). Understanding emotional abuse. *J Fam Health Care*. 20(3), 82-4.
- DeBoer, M.I., Kothari, R., Kothari, C., Koestner, A.L., & Rhos Jr, T. (2013). What Are Barriers to Nurses Screening for Intimate Partner Violence? *Journal of Trauma Nursing*. 20(3), 155–160.
- Dictionary.com. (2020). What Are Primary and Secondary Sources? [Online] (retrieved: 07.12.2020)
- Domenech del Rio, I. & Sirvent Garcia del Valle, E. (2017). The Consequences of Intimate Partner Violence on Health: A Further Disaggregation of Psychological Violence - Evidence from Spain. *Violence Against Women*. 23(14), 1771–1789.
- Doody, O. & Noonan, M., (2016). Nursing research ethics, guidance, and application in practice. *British Journal of Nursing*. 25(14), 803-807.
- Draft Sexual Offences and Gender Violence Bill 2006. part I, article. 3(a).

Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect-2013. *Child Welfare Research Portal*.

FindLaw's Team. (2018). Battered Woman Syndrome. *FindLaw*. [Online] (retrieved: 28.2.2021)

Finnish National Board on Research Integrity. (2019). *Research ethics in Finland*. [Online] (retrieved: 7.12.2020)

Forchuk, C. (1991). A comparison of the works of Peplau and Orlando. *Archives of Psychiatric Nursing*. 5(1), 38–45.

Formplus Blog. (2007). *What is Empirical Research Study? [Examples & Method]*. [Online] (retrieved 8.3.2021)

Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. (2013). [Online] (retrieved: 07.12.2020)

Gopaldas, A. (2016). A Front-to-Back Guide to Writing a Qualitative Research Article. *Qualitative Market Research: An International Journal*. 19, 115-121.

Guruge, S. (2012). Nurses' Role in Caring for Women Experiencing Intimate Partner Violence in the Sri Lankan Context. *ISRN Nursing*. 1–8.

Hackett, M. (2011). Domestic violence against women: Statistical analysis of crimes across India. *Journal of Comparative Family Studies*. 42(2), 267-292.

Happyscribe. (2019). 5 Step Process to Effectively Analyse Qualitative Data. [Online]

Hellmuth, J.C., Gordon, C.G., Stuart, G.L., and Moore, T.M. (2012). Risk Factors for Intimate Partner Violence During Pregnancy and Postpartum. 16(1).

- Herbert C.P. (1983). Wife battering. *Canadian family physician Medecin de famille canadien*. 29, 2204–2208.
- Hewitt, L.N. (2015). Intimate partner violence: the role of nurses in protection of patients. *Crit Care Nurs Clin North Am*. Jun. 27(2) 271-5.
- Hibbard, R., Barlow, J., Macmillan, H., Child Abuse and Neglect., American Academy of Child and Adolescent Psychiatry & Child Maltreatment and Violence. (2012). Psychological maltreatment. *Paediatrics*. 130(2), 372–378.
- Hisasue, T., Kruse, M., Raitanen, J., Paavilainen, E., & Rissanen, P. (2020). Quality of life, psychological distress, and violence among women in close relationships: a population-based study in Finland. *BMC women's health*. 20(1), 85.
- Human Rights Watch. (2007). Hidden in the mealie meal: Gender Based Abuses and Women's HIV Treatment in Zambia. *Human Rights Watch*. [Online] (retrieved: 22.5.2020)
- Humphreys, J. & Campbell, J.C. (2010). *Family Violence and Nursing Practice*. 2nd ed. Springer Publishing Company, LLC.
- Ingham-Broomfield, R. (2015). A Nurses' Guide to Qualitative Research. *Australian Journal of Advanced Nursing*. 32(3), 34-40.
- Jamshed S. (2014). Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*. 5(4), 87–88.
- Josephine A. J. (2014). Ida Jean Orlando's Nursing Process Theory. [Online] (retrieved: 8.3.2021)
- Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of Intimate Partner Violence on Women's Mental Health. *Journal of family violence*. 29(7), 693–702.
- Kimuna, S.R. & Djamba, Y.K. (2008). Gender Based Violence: Correlates of Physical and Sexual Wife Abuse in Kenya. *Journal of Family Violence*. 23, 333–342.
- Kirchherr, J. & Charles, K. (2018). Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. *PLoS one*. 13(8).
- Klomegah, R.Y. (2008). Intimate Partner Violence (IPV) in Zambia: An Examination of Risk Factors and Gender Perceptions, *Journal of Comparative Family Studies*. 39(4), 557–569.

- Kouyoumdjian, F. G., Calzavara, L. M., Bondy, S. J., O'Campo, P., Serwadda, D., Nalugoda, F., Kagaayi, J., Kigozi, G., Wawer, M., & Gray, R. (2013). Risk factors for intimate partner violence in women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009. *BMC Public Health*. 13(1).
- Kusanthan, T & Chansa-Kabali, T. (2018). Women's Attitudes towards Wife-beating among Currently Married Women in Zambia. *Journal of Scientific Research & Reports*. 19(1), 1-13.
- Lathlean, J., Gerrish, K. & Cormack, D. (2015). *The Research Process in Nursing*. 7th ed. Wiley-Blackwell.
- Maggie's Resource Center. (2021). *The Cycle of Violence*. [Online] (retrieved: 7.3.2021)
- Mason, J. (1994). Linking qualitative and quantitative data analysis. *Analyzing qualitative data*. 89–110
- McKenna, H., Pajnkihar, M., & Murphy, F. (2014). *Fundamentals of Nursing Models, Theories and Practice*. 2nd ed. John Wiley & Sons, Incorporated, Hoboken.
- Mukuka, I. (2007). Zambia's Responses to Gender-Based Abuses Impending Women's HIV Treatment. [Online]. (Retrieved: 03.03.2021)
- National Coalition Against Domestic Violence. (2020). *Domestic violence*. [Online] (retrieved: 08.12.2020)
- National council on family relations, Stith, S.M., Spencer, M.C., Ripoll-Núñez, J.K., Jaramillo-Sierra, A.L., Nikparvar, F., Glebova, T., Du, J., Peng, Y., Mittal, M., Palit, M. (2018). International Perspectives on Intimate Partner Violence: Challenges and Opportunities. [Online]
- National Health Research Ethics Committee. (2019). Authority to conduct research. [Online] (retrieved: 07.12.2020)
- Neuman, W. L. (2011). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Boston: Pearson Education, Inc.
- Ngonga, Z. (2016). Factors contributing to physical gender-based violence reported at Ndola Central Hospital, Ndola, Zambia: a case control study. *Medical Journal of Zambia*. 43(3)

Nowell, S.L., Norris, M.J., White, E.D. & Moules, J.N (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. 16, 1–13

Nursing Theories Conference Group, & George, J. B. (Chairperson). (1980). *Nursing theories: The base for professional practice*. Englewood Cliffs, (NJ): Prentice-Hall.

O’Hagan, K.P. (1995). Emotional and psychological abuse: problems of definition. *Child Abuse Neglect*. 19(4), 449-61.

Office on Women’s Health. (2018). Other types of abuse and violence against women. [Online] (retrieved: 1.12.2020)

Orlando, I. J. (1961). *The dynamic nurse-patient relationship: Function, process and principles of professional nursing practice*. New York: Putnam.

Ott. M. (2017). Series: What does that mean? Gender-based violence. *Women for women international*. [Online] (retrieved: 22.5.2020)

Pathak, N., Dhairyawan, R., & Tariq, S. (2019). The experience of intimate partner violence among older women: A narrative review. *Maturitas*. 121, 63–75.

Penal Code Act Cap 87/15/133 [Online] (retrieved: 07.12.2020)

Penal Code Act Cap 87/15/166 [Online] (retrieved: 07.12.2020)

Penal Code Act Cap 87/16/169 [Online] (retrieved: 07.12.2020)

Penal Code Act Cap 87/24/247-248 [Online] (retrieved: 07.12.2020)

Peplau, H.E (1952). *Interpersonal Relations in Nursing*. New York: G.P. Putnam & Sons.

Peplau, H.E (2004). *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing*. New York, Springer.

Quinlan, C. (2011). *Business Research Methods*. Andover. Hampshire, UK: South-Western Cengage Learning.

Rasing, T. (2010). Traditional, modern, and Christian teachings in marriages. [Online] (retrieved: 9.12.2020)

Risk and Protective Factors|Intimate Partner Violence|Violence Prevention|Injury Center|CDC. (2021). [\[Online\]](#) (retrieved 20.3.2021)

Romano, E., Weegar, K., Gallitto, E., Zak, S., & Saini, M. (2019). Meta-Analysis on Interventions for Children Exposed to Intimate Partner Violence. *Trauma, Violence, & Abuse*.

Rosay, A.B., Mulford, C.F. (2017). Prevalence estimates and correlates of elder abuse in the United States: The National Intimate Partner and Sexual Violence Survey.

Journal of Elder Abuse & Neglect. 29(1), 1 – 14.

Saunders, M., Lewis, P & Thornhill, A. (2012). *Research Methods for Business Students*. 6th ed. Harlow: Pearson Education Ltd.

Schmieding, N. J. (2006). Ida Jean Orlando (Pelletier): nursing process theory. In A. M. Tomey & M. R. Alligood (Eds.), *Nursing theorists and their work*. St. Louis: Mosby. 6th ed., 431–451.

Scholz, J.S. WY. Moral Implications of the Battered Woman Syndrome. *Villanova University*. [\[Online\]](#) (retrieved: 28.2.2021)

Sheldon, P., Rauschnabel, P.A. & Honeycutt, J.M. (2019). *The Dark Side of Social Media*. Academic Press.

Silverman, D. (2006). *Interpreting Qualitative Data*. 3rd ed. SAGE Publications.

Simona, S., Muchindu, M., & Ntalasha, H. (2018). Intimate Partner Violence (IPV) in Zambia: Socio-demographic Determinants and Association with Use of Maternal Health Care. *International Journal of Social Science Studies*. 6(6), 42.

Tausch, A. (2019). Multivariate analyses of the global acceptability rates of male intimate partner violence (IPV) against women based on World Values Survey. *International Journal of Health Planning & Management*. 34 (4), 1155–1194.

The American Psychiatric Association. (2021). Intimate Partner Violence. A Guide for Psychiatrists Treating IPV Survivors. [\[Online\]](#) (retrieved; 9.2.2021)

The Cycle of Violence. (2021). [\[Online\]](#) (retrieved 20.3.2021)

The Cycle of Violence. (2021). [\[Online\]](#) (retrieved 27.3.2021)

Tiruye, T.Y., Harris, M.L., Chojenta, C., Holliday, E. & Loxton, D. (2020). Determinants of intimate partner violence against women in Ethiopia: A multi-level analysis. *PloS one*. 15(4).

Turner, T.D., Riedell, E., Kobeissi., H.L., Karyotaki, E., Garcia- Moreno, C., Say, L. & Cuijpers, P. (2020). Psychosocial interventions for intimate partner violence in low- and middle-income countries: A meta-analysis of randomized controlled trials. *Journal of Global Health*. 10(1), 1–12.

United Nation Women. (2016). Global database on violence against women. [[Online](#)] (retrieved; 10.12.2020)

United Nation Women. (2019). Facts and figures: ending violence against women. [[Online](#)] (retrieved; 10.12.2020)

Uthman O.A., Lawoko S, Moradi T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 Sub-Saharan countries. *BMC International Health and Human Rights*. 9(1), 14.

Van Deirse, T.B., Wilson, B.A., Macy, J.R & Cuddeback, S.G. (2019). Intimate Partner Violence and Women with Severe Mental Illnesses: Needs and Challenges from the Perspectives of Behavioural Health and Domestic Violence Service Providers. *Journal of Behavioural Health Services & Research*. 46(2), 283–293.

Walker, L. E. A. (2009). *The Battered Woman Syndrome*. 3rd.Ed. N.Y: Springer Pub.

Wandera, S.O., Kwagala, B., Ndugga, P. & Kabagenyi, A. (2015). Partners' controlling behaviours and intimate partner sexual violence among married women in Uganda. *BMC public health*. 15, 214.

World bank.org. (2014). Proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15-49) [[Online](#)] (retrieved: 22.5.2020)

- World Health Organization & Pan American Health Organization. (2012). *Understanding and addressing violence against women: intimate partner violence. Sexual Violence*. [Online] (retrieved: 05.11.2020)
- World Health Organization. (2017). Violence against women. [Online] (retrieved; 10.12.2020)
- World Organization Against Torture. Human Rights Violations in Zambia: II: Women's Rights. (2007). [Online] (retrieved: 22.05.2020).
- Yang, M., Yang, F., Su, Y., & Yen, C. (2015). Nurses' Preparedness to Care for Women Exposed to Intimate Partner Violence in Rural Communities in Taiwan. *European Psychiatry*. 30, 311.
- Yin, R.K. (1994). *Case Study Research: Design and Methods*. 2nd ed. Sage Publications.
- Zambia Penal Code. Laws of Zambia 1995/24/248. 7(87)
- Zulu, B. (2017). Zambia: Fighting gender-based violence as fresh cases continue to emerge. [Online]

Appendix 1. Gender Perceptions of Wife Beating in Zambia (Klomegah, 2008)

Cultural beliefs	Female (N=4731) %(n)	Male (N= 1239) % (n)
Wife beating justified if she goes out without telling him		
No	16.8 (789)	44.9 (555)
Yes	83.2 (3909)	55.1 (682)
Wife beating justified if she neglects the children		
No	36.5 (1711)	55.5 (687)
Yes	63.5 (2989)	44.5 (551)
Wife beating justified if she argues with him		
No	42.7 (1914)	62.5(773)
Yes	57.3 (2679)	37.5(463)
Wife beating justified if she refuses to have sex with him		
No	47.2(2189)	76.0(935)
Yes	52.8(2445)	24.0(296)
Wife beating justified if she burns the food		
No	51.6(2426)	77.9(963)
Yes	48.4(2271)	22.1(273)

Appendix 2. Transcribed Interviews

Aim	Main Categories	Sub-categories	Quote
To highlight the role of a nurse in Intimate Partner violence.	Role of the nurse	Forming an interpersonal relationship with the patient	<p><i>"The nurse should be a councillor and a trusted friend to the victim"</i></p> <p><i>"The nurse must be able to treat the violated person before counselling"</i></p> <p><i>"To assist the patient, get justice as most of victims are afraid to speak out."</i></p> <p><i>"If violence has resulted in an injury, the nurse must first treat the injury and make the patient pain free. Thereafter, the nurse is to have a discussion with the patient and refer the patient to the victim support unit at the police and other partners dealing with gender-based violence."</i></p> <p><i>"Able to identify what type of abuse it is and should attend medically to the abused victim"</i></p> <p><i>"They should be able to find home-based care treatment methods after violence"</i></p> <p><i>"Listening, being listened to can be an empowering experience for a woman who has been abused."</i></p> <p><i>"Offering psychological care and counselling, letting the victim not feel at fault at all"</i></p> <p><i>"Treating physical injuries depending on the extent"</i></p> <p><i>"Validating the decision to disclose, the nurse must make the woman comfortable to open up"</i></p> <p><i>"Help giving details on channels we use to report Abusive partners with respect to client's decision"</i></p> <p><i>"Ensuring absolute confidentiality so that women can comfortably opening as most victims of physical violence are openly ashamed."</i></p>
	Help and Support	Victim's wishes	<p><i>"Ensuring that the violence does not happen again"</i></p> <p><i>"To be given more information about legal places that deal with gender-based violence and"</i></p>

			<p><i>gender-based violence support groups. Or IPV as you call it..."</i></p> <p><i>"By being counselled and if I've been assaulted, I'd like to be attended to medically to avoid complications"</i></p> <p><i>"I think nurses should be given extra education to give good caring and legal counsel..."</i></p>
	Other Places to access help	Community support	<p><i>"I think churches and family members must be able to help as well as the NGOs..."</i></p> <p><i>"From the victim support, physiotherapy or therapist. Victims are usually traumatised"</i></p> <p><i>"The police, victim support unit, women legal aid and YMCA</i> <i>The victim support unit and the police station"</i></p>
To highlight the role of a nurse in Intimate Partner violence.	Submission to the husband	<p>Respect for the husband and sanctity of the household.</p> <p>Fear of being shamed, laughingstock, and divorced.</p>	<p><i>"Firstly, a man is deemed to be the head of the house. Secondly, he is the provider for the family and the Zambian culture demands that a woman must be submissive to her husband for that is symbol of respect for all he does for the family..."</i></p> <p><i>"In cases where the husband is irritated and opt to hitting the wife, the wife must not open up to the police or family or friends because they are scared to be divorced, they are ashamed, and this woman doesn't want to be thought of as not well taught and besides there is no help even when you report hence the man feels untouchable and the scenario will repeat itself."</i></p> <p><i>"Having to go through all this from the homes we come from, as a woman, I can only say that it is normal to be submissive, not reporting your misunderstandings in your home because we saw our mothers going through the same things and everyone must go through the same things."</i></p> <p><i>"Genuine friends may advise the victim to leave their marital homes because they see what kind of abuse they are going through, but because of the way our communities are, the victims believe that the friends are trying to break up their marriage so that they instead can replace her."</i></p>
To highlight the role of a nurse in Intimate	Zambian culture and influence of the	Continuity of culture	<p><i>"I would not consider wife battering and gender-based violence to be a rising trend, it has been</i></p>

Partner violence.	community	<p>Grooming of children. Even the young ones (children) are groomed from a very young age to accept and respect the continuity of the culture.</p> <p>Cultural and community influence causes envy amongst young women making them want to get married.</p> <p>Religious beliefs</p>	<p><i>around also in the generation's past. It is a trend that has been imbedded and accepted as part of our culture. From within our very own households when we were young, we had experienced this act, be it mental or physical abuse, it was still considered normal."</i></p> <p><i>"Because of the way customary marriage laws are made in Zambia, a man can abuse his wife and according to the teachings of the customary law, the woman is supposed to do nothing but accept the abuse as a sign of respect for her husband "Endurance club". Sharing your marital information to an outsider or friend is a taboo."</i></p> <p><i>"Some men have gone through trauma growing up looking at how their fathers treated their mothers and their family environment. To them that is the only way they know how to treat a woman even though it does not mean they hate their wives. And surprisingly, some women accept these beatings because they feel it is a sign of love."</i></p> <p><i>"In many Zambian homes, male children tend to have the freedom than female children which can easily be seen in how the house chores are conducted in that home. Female children are groomed for their future husbands hence the common saying "the girl's place is in the kitchen "meaning you as a girl you must get ready for your future husband."</i></p> <p><i>"Mothers always call for their daughters to see how they conduct certain house activities, and your mother will be the one telling you to concentrate so you can serve your husband well."</i></p> <p><i>"I think in our culture, every woman wants to get married, and they are envious when they see that their friends are getting married. Marriage is like an achievement and hence no woman in our culture would want to leave her matrimonial home for mere mental, physical and emotional abuse thereby allowing all types of nonsense from their men and what makes it worse is when you try to report to any of your family members is the fact that they will tell you to endure because that is your husband."</i></p> <p><i>"We women are to be blamed at times in that we want to uplift our spirits by showing to the neighbours, families and friends that I can be home lazing around and having unplanned children..."</i></p> <p><i>"Additionally, it might seem to be blasphemous in the Christian way but to some extent even if this is not so much manifesting vividly but we as Zambians embrace the tradition even more than the Bible because we would comfortably do what the Bible says you should not do but this poisonous perception of thinking the man is the head of the house, the man owns you, the man is everything."</i></p> <p><i>"Christianity has also played a role in making the abuse go on because women turn to prayer</i></p>
-------------------	-----------	--	--

			<i>believing the man will change instead of walking away."</i>
To highlight the role of a nurse in Intimate Partner violence.	Lack of empowerment	There is need to sensitize women and educate them on how they can access help and support groups.	<p><i>"If a Zambian woman is given an option to choose between abuse and homelessness for her and her children, she will easily choose abuse. Therefore, women even accept extra marital affairs of their husbands because he is the head of the house and Zambian men have been raised and placed on a very high pedestal."</i></p> <p><i>"The reason we stay in abusive homes goes deeper than lack of empowerment. Unempowered women do not know which offices to visit when they are looking for help. If awareness about empowerment is raised, they will be opportunities enabling them to pay for rent, school fees for children and buy food for the house. Unfortunately, without the empowerment, this is how we find women being diminished to nothing since the man is the one who manages all the economic and financial state of the household."</i></p>
To highlight the role of a nurse in Intimate Partner violence.	Economic factors	Restriction to financial access.	<p><i>"I think poverty is one of the contributing factors of violence, as well as bride price which represents a purchase in our culture. Another problem side of bride price is that our parents charge too much for the bride that it gives the men dominance to say that you are like an asset to me and as I can do anything to you that I want because I own you. The husband can punch you into whatever corner physically, emotionally, intellectually, and mentally."</i></p> <p><i>"...the man is the one who manages all the economic and financial state of the household. Therefore, when we are faced with a choice to leave the marriage, women tend to think of how they will take care of their family hence, women settling for abuse rather than going out to struggle financially."</i></p> <p><i>"...Additionally, child support is something that is not strictly followed in Zambia. If women divorce their husbands and the court finds in favour of the women regarding child support. Chances of the man going against court orders are very high, and if the woman tries to get the money through the courts again, it may not be a success the second time and hence the man getting away without paying any child support."</i></p> <p><i>"...despite having an education and capable of contributing financially to the household, but instead the husband takes care of everything to support the family as well as my personal demands such as a garden boy, cook, laundry maid etc in a single salary. We stress our husbands</i></p>

			<i>to the extent that they feel they own us and that leads to this abuse."</i>
To highlight the role of a nurse in Intimate Partner violence.	Third part opinions	Traditional teachers, authority figures and family members.	<p><i>"As an abused wife, you are not permitted to live your matrimonial home without alerting your grandmothers, aunties and the tradition teachers otherwise you will be considered not well taught, and they will put you in the house for marital lessons."</i></p> <p><i>"These tradition teachers are corrupt in a way that if the abusive man buys them a little something, that means that he is a great man and that you have to stay with him, and your mental state suffers a great deal"</i></p> <p><i>"Sometimes some women will try to seek help from the police who will ask if you have sat down to dialogue with your husband? The police will ask about the dialoguing because they also have the same tradition upbringing and sometimes, they can say that they do not deal with domestic violence issues meaning you go home and sort it out."</i></p> <p><i>"The system is broken in such a way that even in giving advice, it is so hard for human beings to separate themselves from the biasness of this tradition and culture because we are all under this tradition regardless of them working in offices where they should act professional and protective. They still have the values and the ideas of tradition imparted in them. As a result, delivering help and advice effectively is hindered because they still find themselves under the umbrella of tradition and culture plus religion."</i></p> <p><i>Most married women are not able to decide on whether to leave marital home or not. Every decision must be based on other (traditional teachers, aunties, grandmothers) outside opinions that see it fit for the women to finally take that step and leave their abusive husbands.</i></p> <p><i>Additionally, when women decide to report these cases to the police, instead of first getting help, the women must explain their faults in the matter even though they have none and the physical appearance shows that the woman has been abused.</i></p>
To highlight the role of a nurse in Intimate Partner violence.	Mental stability	Belittling of mental stability.	<p><i>"I am a proud Zambian woman and I want to keep my children and marriage, but I am always disturbed due to the power a man has over me and am ashamed to live him."</i></p> <p><i>We might not see to what extent it goes but when you're facing such a problem you would see to what extent the venom has spread in our minds and households because even if we seem so independent to outsiders of the marriage, the independence is no existence. We are mentally in</i></p>

			<p><i>bondage and in chains that we have failed to break free from.</i></p> <p><i>"...Additionally, Families also do underestimate the importance of mental health. Once we discover that mental health is as important as other health matters, the better for us women. Some women that escape their abusive men develop lower self-esteem and their communication skills is very poor not knowing that they have been traumatized mentally"</i></p>
To highlight the role of a nurse in Intimate Partner violence.	Social media	Controlling behaviour and privacy intrusion	<p><i>"These days, a lot of marital abuse arises from the technology that we have now because men cheat even in the watch of their wives as the man's phone is sacred and as a wife you do not temper with it, so you are in the dark of what is happening in the phone apart from you getting the abuse in case you attempt to ask about the longer phone hours and the texting."</i></p>
To highlight the role of a nurse in Intimate Partner violence.	Social welfare and support	Lack of legal support and social support.	<p><i>"As women we need to stand up and fight this situation. We need to support ourselves and stop laughing at those going through such issues. Let us learn to be good friends to women with this abuse problem so we can help them find their peace and power to escape."</i></p> <p><i>"Women rights exist in the constitutional laws of Zambia; however, their sensitization is very poor making a lot of women unaware about their rights."</i></p> <p><i>"Annoyingly, the government has not put in place any women social welfare support groups that can help and sensitize the women professionally instead of calling the tradition teachers, aunties, grandmothers and or friends."</i></p>

Appendix 3. Interview Questions

Interview Questions Used.

- 1) *Kindly tell us your name.*
- 2) *What do you do for your living?*
- 3) *How old are you?*
- 4) *How long have you been married to your partner?*
- 5) *What do you know about the rising trend in wife-battering and mental abuse in Zambian marriages?*
- 6) *How long has the abuse been going on?*
- 7) *What are the factors leading to wife battering and gender-based violence in Zambian marriages?*
- 8) *Do you have children, and how many if you do?*
- 9) *Is the battering still going on?*
- 10) *Why do Zambian married women choose to live with an abusive husband/ spouse?*
- 11) *What is the role of the nurse in wife battering and gender-based violence in marriages?*
- 12) *What can you tell us about the different forms of abuse that you know and understand?*
- 13) *Why do you think Zambian women stay married to their partners who abuse them?*
- 14) *What do you think makes Zambian partners resort to abusing their spouses instead of using amicable solutions?*
- 15) *Why do you think Zambian women keep their abusive marriages a secret?*
- 16) *Why do you think it is important for Zambian women to talk when experiencing abuse in their marriages?*
- 17) *What will it take for an abused Zambian woman to walk away from an abused marriage?*
- 18) *What would you do to an abusive partner?*
- 19) *How would you want to be helped? Who can support and help you? And when?*
- 20) *What can be done to reduce this inhuman act in your own words?*
- 21) *What is your advice to other women going through abuse in their marriages?*
- 22) *Is there any reason that justifies wife battery and gender-based violence against women in Zambia?*
- 23) *In your own words, can you tell us what you think is the nurses' role in intimate partner violence?*
- 24) *How would you like to be helped?*
- 25) *Where else can you get help?*