“I feel that I have no one to help me”

Women’s perceptions of causes of alcohol-related violence and what coping strategies these women use in the context of Livingstone, Zambia

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ABSTRACT

Background: Intimate partner violence is a major human rights problem, that affects all sexes of all ages in all societies. Men are the primary perpetrators, and women are more likely to get injured since the violence against women also tends to be more severe. The majority of the perpetrators of violence are in an intimate relationship and in many of the cases, alcohol is a significant contributor to the abuse.

Aim: To investigate which societal factors drive and maintain the alcohol-related violence towards women and what coping strategies these women use to handle this form of violence in Livingstone, Zambia.

Methods: A qualitative study using semi-structured interviews with 16 Zambian women who had experienced violence by alcohol abusive male partners was conducted. Thematic analysis was used to analyze the data.

Results: The results in this study shows that poverty is the source of this form of violence. It is not only the absence of money but also the presence thereof and the way in which this challenges the traditional gender roles. These traditional gender roles are changing because men do not take their responsibilities as providers. Women used emotion-focused and problem-focused strategies to cope with these stressful situations.

Conclusion: This study concludes that poverty and the challenging of traditional gender roles perpetuate violence. These women, who are exposed to this violence are reaching out for help but are not getting the help they need, which is partly due to the society’s view of the importance of marriage.

Keywords: Gender-based violence, Intimate partner violence, Alcohol abuse, Coping strategies, Zambia
### ACRONYMS

<table>
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<tr>
<th>Acronym</th>
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<tr>
<td>GBV</td>
<td>GENDER-BASED VIOLENCE</td>
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I would like to thank all the courageous women who participated in this study, who dared to use their voice by telling their story. This study, I therefore would like to dedicate to these women and all other women who suffer from violence by an intimate partner.

A special thanks to my supervisor Sibylle Herzig van Wees for all the help and for pushing me further than I never would have guessed. Although it sometimes was tough, the feedback was essential and deeply appreciated. I would also like to thank all professors and teachers who have been providing us with all these learning opportunities.

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INTRODUCTION

Gender-Based Violence (GBV) is a major human rights and public health problem, which affects all sexes of all ages in all societies (1). The term GBV is often used as a synonym for violence against women; however, it also harms men by both men and women practicing violence against men. Even though violence against men occurs, men are the primary perpetrators when it comes to GBV (2–4). Women are more likely to get injured from violence due to being exposed to more severe violence than men are (2–5). Violence against women is primarily Intimate Partner Violence (IPV). As much as 64 percent of the women who reported assaults, have also been victims by a current or former date, partner or husband (1). Majority of the perpetrators are married and in many of the cases, alcohol is a significant contributor to the violence (2). Alcohol abuse has been consistently linked with IPV perpetration and victimization (4). According to the World Health Organization (WHO), addressing problematic alcohol abuse is a way to reduce IPV. However, research has found only weak evidence of the effectiveness of alcohol policies and interventions against IPV(4). This shows that there is a need to increase the knowledge of how alcohol affects violence and vice versa, in order to be able to design effective approaches to prevent alcohol-related violence.

Alcohol-related violence results in women using different types of coping strategies to handle stressful situations. Coping has emerged as an important factor to understand the relationship between IPV and the survivors’ well-being. The choice of coping strategies has an effect on the survivors social functioning, physical health and mental health (6). Research about protective processes and factors that emerge from different coping strategies are important in order to develop interventions to prevent further occurrence of this form of violence, but also to enhance the well-being of these survivors. Thus, this study aims to investigate the complex relationships between alcohol, violence and coping strategies that are used by female victims in place.
BACKGROUND

VIOLENCE AGAINST WOMEN

The United Nations (UN) Declaration on the Elimination of Violence against Women defines the term “violence against women” as: any act of GBV that can result in psychological, sexual or physical harm and suffering to women (2). It can include deprivation of liberty and threats that either occurs in the private life or in public. Psychological abuse can include humiliation, constant belittling and intimidation (7). Physical abuse may consist of threats and physical assaults that are used to control another person and express power. This physical abuse can include punching, choking, hitting, throwing objects at someone, using a weapon, kicking, pushing and biting (2). Sexual violence is defined as any unwanted sexual act, such as comments, advances or acts to trafficking women’s sexuality. This can be done by using coercion, physical force, harm and threats, by any person regardless of the relationship the perpetrator has to the victim. The definition includes forced sex, child abuse, rape and sexual coercion (2). Economic abuse is a further form of GBV, explained as “behaviors that control a woman’s ability to acquire, use, and maintain economic resources” (8). Violence against women varies among societies and is partly related to societal factors such as social inequalities and poverty (9). The prevalence of violence is influenced by whether or not that country or society denounces this form of violence (10). Social environments that accept and support use of violence can lead to a “climate of tolerance” (11). Research shows that when violence is culturally more accepted in Sub-Saharan Africa, the rate of violence against women is more frequent (12).

There are variations between different countries and districts when it comes to reporting of the assaults, which results in underreporting in some areas. These underreporting’s are due to social and cultural factors, such as stigma and shame, which prevent women from discussing this violence (2). Societal beliefs about violent behaviors, alcohol abuse and gender roles affect the risk of alcohol-related violence between partners. In some societies, heavy alcohol abuse and violent behavior against women are associated with masculinity ideals (7). Majority of the perpetrators of GBV are married and in many cases, alcohol is a significant contributor to the violence. Females that have partners drinking alcohol experience more sexual violence than females with partners not drinking alcohol (2). Violence often occurs when couples have been drinking, even more so when the man drinks alone (3).
Some evidence suggests that different alcohol abuse between partners is important to investigate to understand the relation between alcohol and violence, in couples where only one partner drinks it is more likely for alcohol-related arguments and violence (7).

VIOLENCE AGAINST WOMEN IN ZAMBIA

Violence against women continues to be a widespread issue in Zambia, even though they have made some progress in promoting gender equality. However, major improvements in this area is still needed (13). Zambia is a country where institutions and its customary laws are still vibrant, where male traditional leaders still shape and influence society’s’ norms, affecting women in different ways. The communities continue to marginalize women and the patriarchal values have led to women remaining discriminated and disadvantaged and therefore being at a higher risk for violence (14).

About 47 percent of the Zambian women have since the age of 15 been suffering from physical violence, and ten percent of all women have experienced sexual violence. According to the Zambia Sexual Behavior Study, the age group that is most affected by sexual violence is between 20 and 24 (14). Domestic violence and spousal abuse are the most common forms of abuse that is reported in Zambia. The issue of GBV is rooted in the structural inequalities and the imbalance between women and men, which is expressed by the abuse and use of control and power (13). All forms of violence experienced by women in Zambia are occurring both in the private and public sphere, which means inside the household or when being alone, or outside surrounded by people that may observe. Socio-cultural and economic barriers prevent women from breaking the cycle of violence and seek help. The tolerance of violence is high, and the general thinking is that only “serious” cases of violence should be reported (13). Zambia has a so-called culture of silence, which results in unreported cases of violence (13).

Women with only primary education or less are at higher risk to be abused than women with higher education and/or an occupational status, this occupational status makes their husbands perceiving them more valuable. It is more likely for women with lower or no education to believe that wife beating is justified (15). The main reasons for men beating their wives are due to the women neglecting their children or refusing to have sex (15). The percentage of women who thinks that wife beating is justified is lowest in Lusaka (22 percent), the capital of
Zambia, and highest in the northern parts of the country (79 percent), percentage of men justifying wife beating follow the same statistical pattern as the female one (16).

Women are not only beaten by their husbands, but also by their husbands’ family members. There is a practice called malobolo or lobola, which is also known as bride price, that is still widespread in Zambia (14). Bride price symbolizes ”loss of rights” by the bride’s family and ”transfer the rights” to the groom, which has been cited as central to various types of abuse, not only by the husband, but also from the family in-law (14,17,18). About 89 percent of the southern Province in Zambia comprises the ethnic group Tonga. Lobola is more usual in this ethnic group than in many other ethnic groups in Zambia. The middle-class in Zambia has different values when it comes to the issue of gender and lobola compared to the lower economic groups. The middle-class are less likely to support the practice lobola than those of the poor. However, the urbanities, where both low-, middle- and high-class are situated, are more likely to support the practice (19).

Zambia has a dual legal system (statutory and customary) and all laws written and customary are subject to the provisions of the Constitution. There are several legislations that are enacted to address inequalities and stipulate that violence is unacceptable. The Anti Gender-Based Violence Act was implemented in Zambia April 2011 (20). It is an act to provide the protection that is needed for victims of GBV; meaning psychological, physical, economic and sexual abuse (20). Despite this law being a step towards a more gender equal society, implementing it has not been that successful. In a recent study, Jeni Klugman, suggests that violence against women should be criminalized by legislation (13). This is very complex, violence is unacceptable by the law enforcement but still not illegal, which can partly be due to the practice of malobolo/lobola.

**ALCOHOL ABUSE AND ITS RELATION TO VIOLENCE**
Alcohol abuse is a global public health issue and is linked to other health risk behaviors. The burden of disease related to alcohol abuse is large among low- and middle-income countries where alcohol abuse is increasing, which is partly due to limited implementations of prevention strategies and public health policies (21). Previous studies show that there is a relation between the use of alcohol and violent behavior, especially when drinking to intoxication. Alcohol abusers and heavy drinkers have an increased risk of involvement in
violent situations (22). Heavy drinking patterns can worsen the financial situation, induce cheating and childcare problems or other family stressors. This can lead to marital conflicts, which increases the risk of violence occurring between partners (7). Violence that occur between adult members in a family can have negative consequences on the children, who witness this, but also on the unborn children of the pregnant women (23). Violence that is perpetrated by men may help to establish and maintain their gender identity, and this violence can help to maintain the masculinity among these men without access to resources, such as employment (24). A pattern of heavy drinking before marriage often predicts future partner aggression (4). Previous research has identified a cycle of domestic violence and alcohol abuse, where it goes from something positive and safe to increasingly aggressive and unsafe. As the drinking continues actions get more unpredictable and dangerous. After the intoxication has peaked the man goes back to normal, which gives the woman hope that he will not drink again, but also fear that he will (4). Physical aggression between intimate partners is found to be more likely when alcohol has been consumed in the last four hours, which is significant for both female and male perpetrators (25).

Men who are perpetrators of severe physical violence, where they can put people in danger of dying, often have characteristics such as antisocial behaviors and frequent substance use. The men who are perpetrators of less severe violence do not often share the same psychological characteristics that are seen in the men who are perpetrators of more severe violence. Physical violence that is less severe can be acts like shoving, slapping and pushing, and these types of actions often involves both female-to-male and male-to-female violence. Research suggests, that men that perpetrate violence that is less severe are unlikely to escalate their violence to severe violence (26).

The exact relationship between alcohol and violence is complex and, in some way, unclear, due to the numerous of factors that affect this relationship. However, researchers have found that drinking patterns are related to sexual and partner violence (2). One explanation for the complex relationship between violence and alcohol use is that the same characteristics in the personality, e.g. low self-control and impulsivity, are associated with both violent behavior and heavy drinking (3,27). However, the role of environmental factors and pharmacological effects of alcohol can have causal contributing roles in violence between intimate partners (3,27). Alcohol abuse affects the physical and cognitive function, reducing individual’s self-control and leaving them less capable of dealing with a non-violent resolution in a conflict.
within a relationship (7). It complicates the understanding and decoding of facial expressions, which can result in misinterpretations and misunderstandings (21). Moreover, this can interfere with interpersonal communication which in turn can escalate to conflicts. Alcohol has an effect on the personality and also influences the decision-making (21). Alcoholics perceptual biases may impede their capacity to respond suitable in social situations, overestimating the intensity of another person’s emotions can provoke an aggressive behavior (28). Numerous factors, such as environmental, personality characteristics, cognitive function etc., and different degrees of these factors affect the form of violence.

**ALCOHOL ABUSE IN ZAMBIA**

Alcohol abuse is a growing issue in Zambia and a major health risk factor for Zambian men and women, it is also highly associated with violence (21). According to the Zambian Demographic Health Survey, nine point eight percent of men drinking alcohol are reported to have a heavy episodic drinking behavior (21). In Zambia, men are reported drinking alcohol more frequently than women, 37 percent of the men reported getting drunk weekly, and 13 percent reported getting drunk daily or almost daily. Whereas, two percent of the women reported getting drunk weekly, and one percent getting drunk daily or almost daily (21). One of the reasons why these women consume less alcohol than men can be due to having less income to spend on alcohol. Additionally, women, except for prostitutes, are rarely seen at drinking places consuming alcohol (29). This stigma – only prostitutes drink - can be an influencing factor to why they do not consume as much alcohol as the men. This shows that men in Zambia drink more often and have heavier episodic drinking behavior than the women. Additionally, since this alcohol abuse amongst Zambian men is related to violent behavior, they do not only harm themselves but also people around them, in different ways.

**HEGEMONIC MASCULINITY**

Hegemonic masculinity defines how men are expected to behave in particular societies. The expected behaviors are explained by interrelated social contexts at couples, family and community levels. In the Sub-Saharan African context, men are supposed to be the breadwinner, head of the household, have children and be married (30,31). Thompson and Pleck, have with a tripartite conceptualization of hegemonic masculinity identified three dimensions of hegemonic masculinity where men differ in their adherence. These include: (a) status, reflects men’s constant beliefs that they have to gain respect from others, (b)
toughness, reflects men’s constant beliefs that they have to appear emotionally and physically strong and aggressive, and (c) anti-femininity, reflects men’s constant beliefs that they have to avoid feminine behaviors (32). These men are also expected to engage and initiate in multiple sexual partners (30). Men that are abusive are more likely to have these additional sexual partners, that are often unknown to their wives (33).

In Zambia men generally want more children than their wives, therefore, women often hide their contraceptive use since they do not have the same decision-making power as their male partners (34). Since men in these contexts are seen as the head of the households, they are controlling the resources and make the decisions in the family, while the women are anticipated to respect their husbands, their decisions, fulfill family tasks and accept their husband’s polygamous relationships (33,35). One of the biggest risk factors for domestic physical violence is if men and/or women have multiple partners (36). Men who feel emotional insecurity or jealous from being suspicious that their partner may cheat, can use abusive behavior to maintain control over their partner (37).

In many societies, women’s marital status is essential to their personal and social identity, for example, where marriage is something that is associated with security (38). However, research suggests that women are most unsafe in their own homes, which is due to violence being most commonly perpetrated in the household (38). Also, the women’s partner’s risky behaviors, such as psychological and physical abuse and multiple sexual partners, contributes to these women’s insecurity in the household (38). Even though these women are aware of these health risks, the economic, cultural and social pressures often force them to stay in their marriage (39). Behaviors like having multiple sexual partners and perpetrating violence are often associated with frustrations of failing to fulfill the hegemonic masculinity, due to the modern gender development and the social challenges such as unemployment and poverty (40,41). In Sub-Saharan Africa both gender roles and norms are salient, where the man is the decision-maker. Women’s empowerment is reflected in their employment status, socio-economic status, household organization and educational levels, which can either, increase or decrease their access to resources (42). Men work as barriers to women’s decision-making power; this is due to the patriarchal world, which is even more prominent in developing countries and rural areas (42). The theory of Separate Spheres teaches us that the woman’s place is in the home, she is the natural family member that cares for the children and educate them (43). Qualities that makes women suitable for this role are their ability to superior
feminine virtue and their maternal love. Due to women’s place being inside the home, it is preventing them from achievement and success. Whereas, the man’s duty is to take care of his family by being the protector and breadwinner. Women should be good mothers and wives, but also, they are supposed to be kind and gentle (43). If women would be able to access financial resources, they would be empowered in their own house, these empowerments would in turn allow women to challenge more public gender stereotypes. With improved economic power for women, they would get more control over their own lives and live more independently (44). Economic power is related to household decisions, therefore, financial resources gives the woman a greater household authority, but it also gives her more control over her fertility and sexuality. While financial resources are central for the improvement of decision-making, other assets such as property and social relations are important for the decision-making power. Different aspects such as self-perception and social norms are also important, sometimes access to income alone do not lead to improved decision-making power. The distributions of resources within the households are unequal between men and women, and it generally benefits the man rather than the woman. Women’s lack of economic opportunities places them in a weaker bargaining position and the positions within households are linked to the position the person has outside the household. Women’s earning do not bring automatic increased bargaining power. Housework compared to paid work limits the woman and decrease her authority. Women count their work in the household as contributing, while men often only see women as contributing when they do so in monetary terms (44).

Patriarchy can be considered as a system, composed with practices and structures where men control and dominate resources and exploitation of women (45). If this perspective is applied to economical abuse against women, patriarchy express itself in the private sphere by keeping control over their female partner’s financial resources and by subordinate and restricting the partner’s participation in economic development. The tactics that men use to prevent women from becoming finically independent, can take shape through harassments, destroying textbooks, not fulfill child care responsibilities and not provide transport etc. (46). The link that is between economic abuse and poverty is complex, however, the link between them is inextricable (47,48). Women that experience feminized poverty may be forced to depend on their male partner for basic livelihood, such as housing and food. The economic dependency can lead to increased risk of abuse and incapacity to leave the abusive partner (48–52). If a woman has few economic resources and is financially dependent on her partner, the male partner has little to lose financially and can use economical abuse as a method to control his
partner (53). Some studies state that greater or equal economic status of a women might mediate violence from a partner, while others state that the "process" of gaining this greater financial independence might initiate more violence (54). When men are incapable of providing for basic household needs due to economic difficulties, women’s active economical engagement breeds abuse because of the traditional norms that normalize women’s subordinate position (55). Moreover, abusive men can feel emasculated by the presence of women’s control of resources within the household and their financial independence. Due to this they might undermine their female partners’ full economic well-being by abusing them (56).

Violence threatens women’s economic security, restrain their entrepreneurial creativity and their ability to achieve economic independence (54,57). The economic abuse can be carried out by denying women their most basic needs like shelter, food, clothing, etc. to more complex needs like their household purchasing decisions and economic independence (58). Poorer women are more likely to suffer from domestic abuse, they tend to suffer from more severe violence and are also less capable to leave their abusive relationship. One of the reasons why women chose to stay in their abusive relationship is due to their economical vulnerability, in other words, fear of losing their access to shelter and other basic needs (53). It is found that women who are unable to attain financial independence find it more difficult to obtain restraining orders or pursue legal charges (59). This dependency does not only include income but also housing concerns and material well-being. Financial assistance, sufficient housing, child care and job training prevent women from permanently escape from their abusive relationships (60). Previous research also shows that women’s financial status and their ability to maintain or obtain employment are related and affected by violence by an intimate partner. Additionally, the opportunities to attain financial independence for women that might otherwise leave their violent relationship are limited, especially for women with a low income (54). Economic abuse may lead to poverty and is likely to increase the risk of other types of violence (8). In some cross-sectional studies it is shown that economic abuse has a strong link to both psychological- and physical abuse (54). Additionally, economic- and other types of abuse can lead to negative health consequences, such as depression, trauma, and other mental and physical disorders (54).
COPING THEORY

The concept of coping is defined as behavioral and/or cognitive efforts made to handle specific internal and external issues that comes from threatening and stressful situations. Folkman, states that the coping styles are usually classified into: emotion-focused, problem assessment-focused and problem-focused (61,62). The first style refers to efforts to regulate the emotions that are derived from the situation, including acts such as distancing, avoidance, minimization of the situation and positive comparisons (61,62). This emotion-focused coping is often correlated with psychological distress and depression (64). Second style is aimed to modify the initial assessment of the situation, which can reassess the problem. The third style refers to efforts aimed to eliminate or modify the stress source by finding a solution, such actions can include acting upon choice, problem-solving and gathering information (61,64). This form of coping is most often used when the situation is considered and agreeable and also when social support is accessible (64). These coping strategies have processes that might mitigate or aggravate the negative effects from the threatening and stressful situations.

Women who suffer from violence can respond in various ways, from active self-defense or being passive to applying help-seeking strategies (63). These responses are influenced by the specific environment-person interaction, including life stressors, social resources and other factors (62,65). It has earlier been shown that the perceived controllability of a stressful event affects what type of strategy that is used and its effectiveness as well (66). Related to this, a previous study has found that the majority of the avoiding coping strategies are related to the perception of not being able to handle the stressful and threatening situation (66). The strategies that are used by women can range from maintaining an “inner balance” to searching for social support. Social support can be defined as instrumental or expressive favors that are received or perceived by the victim, provided by trusted individuals, community, and social networks, in both crises’ situations and in daily life (66). The support can often influence the coping strategies, for example, women with more family support are more likely to use problem-focused coping strategies (67). In a qualitative study they found that women who seek help to resolve their problem with intimate partner violence usually turns to individuals that are close to them (66). However, women that do not have a strong social network prefer to search for help at health services (66). Lerner and Kennedy, found that problem-focused coping strategies were associated with greater self-efficacy for leaving abusive partners (68). Furthermore, the problem-focused coping strategies have been found to be associated with less hopelessness among these abused women (69).
PURPOSE AND RESEARCH QUESTION

As the preceding sections show there is a need to understand the contextual complexity of violence combined with alcohol abuse as stressors and the coping experiences of the female victims (4,6). There are limitations and gaps in the existing literature that hamper a full understanding of the relationship between violence, alcohol abuse and coping strategies. For example, in previous research there has been little focus on measuring IPV as an unique stressor for coping strategies, and therefore it is unclear whether the use of general coping strategies, such as dealing with everyday stress; like job-related issues, is different compared to using IPV coping strategies (6). The purpose of this study is to add to the current understanding of these complex relationships. The aim is to investigate which societal factors drive and maintain the alcohol-related violence towards women and what coping strategies these women use to handle this form of violence. A closer understanding of societal factors that drive and maintain alcohol-related violence will add to current knowledge on causes of this form of violence in these contexts. By investigating these coping strategies there can be better understanding where women need most support, how to prevent the alcohol-related violence by investigating women’s used coping strategies that works as protective processes and how this can improve these women’s well-being. Therefore, the research question in this study asks:

- What are women’s perceptions of causes of alcohol-related violence and what coping strategies do these women use in the context of Livingstone, Zambia?

METHOD

STUDY DESIGN

A qualitative study in the form of semi-structured in-depth interviews was conducted with women who had been experiencing violence from alcohol abusive male partners. Since this study was investigating women’s experiences from violence and trying to understand the phenomenon of alcohol-related violence, a qualitative research was seen as the best fitted research design (70). Semi-structured in-depth interviews were used to understand experiences, interpretations and spatiality of the social life. In semi-structured in-depth interviews, the researcher can deviate from the interview guide by asking new questions or change the order of the actual questions, this depends on the interviewee’s experience of what
is relevant and important (71). Through qualitative interviews bodily and gendered experiences are explored and examined (72).

RESEARCH SETTING

This study was conducted between August 2018 until the end of September 2018, in Livingstone town, Kazungula district in the Southern province of Zambia. The interviews were held at the Gender-Based Violence - clinic at the Livingstone Central Hospital. Since the Gender-Based Violence-clinic and their patients were situated in Livingstone, it was a suitable setting to conduct this study.

Zambia is facing numerous of health issues, where many of these issues are treatable and preventable but still contribute to high rates of mortality and morbidity due to the lack of health expenditure in the country (73). Zambia has high rates of occurrence of IPV and a growing alcohol abuse issue, therefore, Zambia was chosen as the study site for this study (21,74). The majority of the Zambian population are Christians and there are nine larger ethnolinguistic groups in the country, all speaking different local languages blended with English, which is the official language (75). During the interviews, languages like Bemba, Nyanja, Lozi and Tonga were spoken, as well as English.

RESEARCH PROCEDURES

Interviews were conducted face to face in a private room at the Gender-Based Violence – clinic with women who had experienced violence from a current or former partner. The respondents were offered 25 K (2,5 USD) to cover travel costs to the clinic and back home. After the letter of information was read and explained and the consent was read, explained and signed, the recorder was turned on and the interview started (Letter of information can be found in Appendix 1 and consent paper can be found in Appendix 2). An audio recorder was used in order to capture the interactions and to avoid missing any information of importance. Additionally, it allowed the conversation to keep a natural flow and there was no need for the interviewer to interrupt in order to take notes. Due to the choice of using an audio recorder, the interviewer could focus on listening carefully, probing, taking notes of facial expressions and body language, etc. Limitations of using an audio recorder is discussed later in the study. The interviews ranged from 20 to 60 minutes, depending on how much the respondents discussed. Respondents were given the opportunity to discontinue or not answer some of the questions if they felt uncomfortable, however, all of the respondents decided to continue
throughout the whole interview. The interview guide was used to explore the women’s experiences from the violence that they have been exposed to by their alcohol abusive male partners (See appendix 3). Also, to see the impacts of the violence and what coping strategies that the women used to handle these situations. The interviews started with some questions regarding the respondent’s socio-demographic characteristics, followed by the unstructured part of the interview. Questions regarding the violence and alcohol abuse were inspired by previous qualitative research concerning similar subjects (1,4,54).

RECRUITMENT AND SAMPLING

The respondents in this study were recruited at the Gender-Based Violence - clinic, where they had earlier searched for help because of their violent relationships. This Gender-Based Violence – clinic was created on the 30th of September 2011, and was funded by the United States Government and the European Union (76). Through e-mailing with the coordinator at the Gender-Based Violence – clinic, before the trip to Livingstone, the clinic and its clients were accessed. A purposive sampling method was chosen in order to select the respondents (77). Some criterions were presented to the contact person Dr Derrick Sialondwe and the field assistant Mr Malambo Milimo who assisted to recruit these women, by calling them and explain about the study and then asking them for an interview. The inclusion criterions were: women, 18 years or older, who had experiences of violence from a current or former partner. The reasons why these women should have been exposed by a former or current partner, was because previous research shows that women are at highest risk of violence in an intimate relationship (1). One criterion was that the male partner should have or have had some relation to alcohol abuse at the same time period as the violence was perpetrated. There were 16 respondents who were recruited, who were all women aged 26 to 55 and were all living in Livingstone. All of the women had one or several children that lived together with the respondents and often also with their abusive partner. During the period when they had experienced violence, they were all married. The women had primary or secondary education and were all housewives, often in combination with undertaking some small business, such as second-hand business, selling food or clothes at the market, growing and selling flowers, etc.

DATA ANALYSIS

The interviews were transcribed and checked against the recordings. Interview transcripts and field notes were coded with assistance of the qualitative software NVivo 12. Translation was not checked for, which is a limitation that is discussed later in this study. The codes were
reviewed, sorted and grouped into categories, which later evolved into themes. Three rounds of coding were conducted in order to arrange, rearrange, and reclassify the codes, also to be able to detect quotes and codes that might have been missed the earlier rounds (78). This study adopted thematic analysis as a methodological approach. Thematic analysis is a data analysis strategy that is commonly used in qualitative studies (71,79). It is a method of identifying, analyzing and reporting patterns, like categories and themes, within the data. The reasons why thematic analysis was chosen as the methodological approach was that when analyzing open-ended transcribed interviews it can explore the learning and teaching at a level of depth that quantitative analysis lacks, additionally it allows interpretation and flexibility when analyzing the data (71,79). In total, there were four themes and eleven categories that evolved from the data. The first two themes were talking about which societal factors that drive and maintain the alcohol-related violence. The last two themes were talking about which coping strategies the women used to handle this form of violence, and what consequences there were for these women that used these coping strategies. These used coping strategies were divided after Folkman’s definition of different coping styles (61,62).

ETHICAL CONSIDERATION

Ethical approval was granted by the Senior Medical Superintendent at the Administration at the Livingstone Central Hospital, where the Gender-Based Violence – clinic was situated (See Appendix 7). After a meeting with the administration a letter about the study, letter of introduction from the IMCH-department at Uppsala University and the study protocol was sent there (See Appendix 4,5,6). Since the interviews were conducted at the hospital area no other ethical approval was needed. The field assistants functioned as so-called Gatekeepers that controlled and limited the researchers access to the respondents. The respondents did not raise any ethical issues during the study. These Gatekeepers can influence or refuse access to a research setting, a field or respondents, which is important in order to protect these respondents (80). Information shared by the respondents were strictly confidential, stored and secured on a PC, which only was accessed by the researcher. The information shared by the respondents will only be used for the study purpose and not outside the study.

The definition of abuse and violence vary across individuals and cultures, which can affect the reporting of it. Violence and alcohol abuse are two sensitive subjects, which is another issue, to get women to share their violent histories and still feel safe. Therefore, assuring safety and anonymity for the respondents is important. Since the sensitive nature of the subject, the aim
of the study was important to explain for the respondents, this was explained through the information sheet. The consent form was signed by the researcher, field assistant and the respondents, and was to inform the respondents about their confidentiality, consent, anonymity and their volunteer involvement (See appendix 2).

REFLEXIVITY

The researcher/interviewer in this study is not from Zambia, but from Sweden, which means that the person is a foreigner and should therefore try to come with as few pre-assumptions as possible to this complex context. In attempts to try to fit in, actions like how to great, saying thank you and showing respect, what to ask and how to ask it and dress codes were taking into account. Even though these actions were made beforehand, it cannot be overlooked that the researcher will come to this place as a foreigner, which may affect the respondent’s answers, trust and honesty towards the researcher. If the respondent’s lack trust in the researcher, answers might not be as true or deep as they otherwise would have been. To minimize these penalties the researcher collaborated with local staff at the Gender-Based Violence – clinic to prepare which questions that could be appropriate to ask, as well as how to ask them etc. The interpreters were so-called ad hoc interpreters, which meant that they did not have any formal training in interpretation. This could be an issue when it comes to them being neural in conflict with commitment and loyalty. The more empathy they have and the more committed they are in the respondents, the less neutral they will be. However, since they had previous contact with these respondents they were more trusted than maybe a trained interpreter would be (81). The interpreters were trained by the researcher to repeat every word that was expressed by both the interviewer to the interviewee and the other way around. Additionally, they were trained to not decode the interviewee’s answers, even though it might conflict with their own opinion of the subject. There were in total three interpreters that the researcher worked with, which may have resulted in different translations, different trust from the respondents and different degrees of teamwork.

Since the researcher came as a white female foreigner there could be some bias when it comes to answers from the respondents. However, since the researcher made some actions to show respect and fit in, such as greeting in the local language, clothing choice etc., this bias may have been smaller than it otherwise would have been. In addition, the researcher used its previous academic discipline, such as previous ethical training, and personal experiences from field studies to focus on the true meaning of the respondent’s answers and not its own pre-
assumptions. These pre-assumptions could affect how the researcher interpreted the answers from the women. By seeing women as only victims and men as only perpetrators, the true meaning of the answers can fade. Therefore, it is essential to know about one’s pre-assumptions in advance in order to be able to regulate them, also depending on which context that is investigated. During the analysis the researcher reflected further on its pre-assumptions in order to avoid enlarging issues and misinterpretation. Previous research has been focusing on women as only victims, which can affect the emphasis in the coding process. By reflecting on this issue throughout the analysis process, the researcher could avoid some of these biases.

FINDINGS
There were four main themes that emerged from this study: (1) Men’s alcohol abuse and violent behavior, (2) Changing gender roles, (3) Women’s strategies to cope with alcohol abusive and violent men, and (4) Consequences of coping. These themes and categories emerged from interviews with women who had experienced alcohol-related violence by a current or former partner.

MEN’S ALCOHOL ABUSE AND VIOLENT BEHAVIOR
The categories that are presented below this theme are interrelated and describe: Types of violence, Money, both a benefit and a burden, Alcohol makes men avoid responsibilities and Reasons for violence

TYPES OF VIOLENCE
There are four different types of violence; physical, psychological, economic and sexual violence. Physical, psychological and economic abuse had strong links to each other, when the women experienced one type of violence it often induced to another type. However, sexual violence did not have the same links to the other types of violence. During the interviews it became clear how rare it is that women only suffer from one type of violence; the respondents often suffered from at least two types of violence. The most commonly mentioned types were economic abuse and physical violence. However, psychological violence was used to almost the same extent, but was not seen as harmful as the other types of violence. Furthermore, sexual violence was rarely spoken about, and the women often seemed to see it as nothing wrong when the husbands came for sexual acts. One respondent stated: “Sometimes he [The husband] used to. He could wake me up when I was sleeping”
[Interviewee 3, woman, age 46, 2018]. The previous quote states that the husbands occasionally came and demanded sexual acts, which could be at times that was seen as bothersome for the women. Economic abuse was commonly discussed by the respondents, it was explained as the men taking all of the family’s financials and used them to buy alcohol. The women explained that their men did not provide for the family, they did not buy food, water, clothes, school fees and neither did they provide with money so that the women could go and buy food. To provide was seen as the men’s responsibility, which they now escaped from. This can be demonstrated in the following quote:

What came out so significant in terms of violence was the economic abuse. He [The husband] never used to give any money when he gets paid, he never used to buy food. He never used to provide for the fees for the kids [Interviewee 7, woman, age 32, 2018].

Many of the respondents also discussed the men’s controlling behavior and economic abuse, where they restrict the women’s access to resources, movement and social life. This can be seen in the following quote: "She [The interviewee] says, it mostly happens when she answers phone calls, also he [The husband] doesn’t want her to go out of the house anywhere and not to meet friends" [Interviewee 8, woman, age 29, 2018]. Another respondent commented: "If I want to go to this side, to Maramba, I don’t manage. If I say I need to walk with my legs he [The husband] will hurt my legs" [Interviewee 9, woman, age 42, 2018]. Respondents explained that they often feared for their lives because of the violence. Whenever the husbands used physical violence, they usually combined it with psychological violence including threats and humiliation. This is explained in the following quote: "Sometimes she’ll [The interviewee] be beaten, sometimes she’ll be shouted at, and sometimes he [The husband] will threaten her with a knife, that he will stab her with a knife" [Interviewee 4, woman, age 30, 2018]. Another respondent described it like this: "When he [The husband] uses bad language, he insults my parents and says that he will murder or kill me" [Interviewee 10, woman, age 33, 2018]. Respondents also mentioned the sexual violence that they or their children experienced, which was explained as aggressive and harmful in several ways. This can be demonstrated in the following quote: "I don’t like when he [The husband] comes back intoxicated and been with other women and then wants to have sex with me" [Interviewee 3, woman, age 46, 2018]. Another respondent commented:
The 19-year old daughter didn’t manage to be molested by her dad and that he tried to sleep with her so many times, therefore, she decided to marry herself of and now she has babies [Interviewee 9, woman, age 42, 2018].

The stated quote illustrates how the men actually rapes their family members. However, it is not mentioned as rape and even though the women think that it is their duty to fulfill the husbands sexual needs, they have a limit where it becomes unacceptable.

MONEY, BOTH A BENEFIT AND A BURDEN
The respondents had a complex relationship to money and its effect on their marriage. They had monetary issues and limited assets to deal with. It was both a benefit and a burden, where they needed money, but money was also one of the biggest reasons for alcohol abuse. Less work/money meant more time for drinking alcohol, and more money meant more money to spend on alcohol. Money had a vicious effect on the families, they needed money to survive, but at the same time money induced bad behavior amongst the men. This is explained in the following quote:

From the day we got married up to 2014, we were fine, but my husband was transferred from his department to another where he started to work less, he now worked half time and had the time to go through the beer drinking place [Interviewee 1, woman, age 43, 2018].

This shows that as well as less work meant more time for drinking alcohol, more work resulted in drinking alcohol and having a startling behavior, like screaming, cheating etc. This is how one of the respondents explained it:

When he is not working there is peace in the house, but whenever he starts working, I suspect my husband has girlfriends and drinks alcohol, because he gets money from his job [Interviewee 2, woman, age 27, 2018].
Additionally, not only monetary and work issues resulted in alcohol abuse, but also the issue of people not having much to do. Many times, respondents described this as either you have a job or you are unemployed, have nothing to do and start drinking. This can be seen in the following quote: "...but you know people who are alcoholics, if they can’t drink beer, they don’t have much to do" [Interviewee 3, woman, age 46, 2018]. Even though “nothing to do” is an issue on its own, it is related to being unemployed and monetary issues. The reasons for alcohol abuse always came back to the issue of money, whether you have it or not.

**ALCOHOL MAKES MEN AVOID RESPONSIBILITIES**
The alcohol abuse amongst the husbands had an impact on both the marriage, the family and husbands personality. Respondents described their husbands as totally different persons when they drank alcohol. Lack of accountability was mentioned and is explained in the following quote: "Too much beer and alcohol, the ones who drink they don’t take their responsibilities, they run away from them" [Interview 3, woman, age 46, 2018]. The respondents also discussed a recurrent pattern of the men going out drinking and being with other women and that they did not leave any money for food at home once they left. This is explained in the following quote: "Most of the times he [The husband] would rather go drinking with the girlfriend and then leave nothing at home for the children to eat" [Interviewee 4, woman, age 30, 2018]. After drinking alcohol, the husbands of the respondents became violent, both verbally and physically and also unable to talk sense to. During these periods of intoxication, the husbands became extra violent when their wives questioned them about sensitive subjects, such as, responsibilities, money, girlfriends etc. This can be seen in the following quote: "Every time he [The husband] goes drinking, he becomes violent, he comes home to beat her [The interviewee] up, just if she asks for anything" [Interviewee 5, woman, age 34, 2018]. Alcohol abuse has a large impact on both the abusers, but also the lives around them. The primary impact of alcohol that emerged from the interviews, was that the husbands did not provide for the family. Their inability to provide left the family in an uncertain situation, in terms on whether if and when they would get food, water, clothes and money for other basic necessities.

**REASONS FOR VIOLENCE**
There were two important topics that emerged when the respondents discussed the reasons for physical, psychological, economic and sexual violence. Firstly, it was the alcohol abuse, and
secondly, that the men did not want the women to control them. The respondents explained this like a vicious cycle of alcohol and violence. This cycle started with the men using all of the family’s financials for alcohol instead of providing food for the family. After this the women questioned their men about where the money had gone, which resulted in their men being annoyed by their women’s attempt to control them. This is demonstrated in the following quote:

The things that used to trigger the violence was one: he never wanted to be controlled, or told, or if she suggested that he should find work and to provide for the family he would normally get upset

[Interviewee 6, woman, age 55, 2018].

Another respondent described it like this: "Sometimes, I ask him [The husband] if he can buy food for the house, when I ask this, I trigger him, and he starts fighting me" [Interviewee 1, woman, age 43, 2018]. However, most commonly mentioned issue to violence was the alcohol abuse, not only that all of the money was spend on alcohol, but also how the alcohol changed their men’s behavior and made them more aggressive. This can be seen in the following quote: "The violence used to happen almost on a daily basis because this man [The husband] was addicted to alcohol, he would never leave a day without alcohol" [Interviewee 7, woman, age 32, 2018]. The previous quote stated that because of the man being addicted to alcohol he also used violence on a daily basis. Many of the respondents expressed this issue of the men not only drinking alcohol occasionally, but being addicted to alcohol and drink every day, which changed the men’s behaviors and personalities.

CHANGING GENDER ROLES

The second main finding in this research is that traditional gender roles in this context generally means that the women’s responsibilities are the household and the childcare, while men’s responsibilities are to make decisions and provide for their families. However, these roles are forced to change since the men are not taking their responsibilities to provide for their families. The women have to break out from their dependent position in order for their families to survive. This change is in contrast not seen as something positive by either the men or the women. The men want to keep their position as head of the households and the women want to be provided for by their men. This shifting in the gender roles is seen as a
cause of the alcohol-related violence. This section will describe this finding through an exploration of three categories: *Traditional gender roles*, *For the sake of the children* and *Women’s double burden*.

**TRADITIONAL GENDER ROLES**
As mentioned in the preceding section, men’s responsibilities are to make decisions and to provide for their families, while women’s responsibilities are to take care of the household and the children. As well as these responsibilities, there are some characteristics that symbolizes what being a man and what being a woman constitutes. The respondents explained their husbands as emotionless, not caring for their children and their wives. Thompson and Pleck, explains this emotionlessness as one of the dimensions of hegemonic masculinity (32). This can be demonstrated in the following quote: "He [The husband] never regrets anything, even after he hit her [The interviewee] in the forehead and she needed to go to the hospital, even when she came back, he was still shouting on her" [Interviewee 5, woman, age 34, 2018]. Respondents also discussed that their husbands did not feel any obligations to explain their bad behaviors, neither did they feel regretful once they have had their outbreaks. This is how one of the respondents explained it: “But mostly he’s [The husband] the kind of person that just leaves you, not normally words, but tortures you mentally" [Interviewee 11, woman, age 38, 2018]. The previous quote stated that the man often left after a fight, went to work or a bar, without talking to the wife or trying to explain the situation. Another respondent explained:

He [The husband] would never say sorry, he would never say sorry. He says: “If a man says sorry to a woman it’s a sign of weakness. Every time, even if I injure you, you should be the one begging for forgiveness!” [Interviewee 9, woman, age 42, 2018].

The women had the responsibility to prepare and cook food for the family, however, many of the men had preferences on what food that was fitted for men. One of the respondents explained:

And last time when he [The husband] came home from drinking, I cooked him sweet potatoes as supper, he said: “Me, being a man, I
don’t have to eat sweet potatoes, I’m supposed to eat nchima”
[Interviewee 12, woman, age 32, 2018].

However, if the women failed with their responsibility to cook food, the men could easily become violent. This is how one of the respondents described it: "He [The husband] move me outside and tell people: “This woman is a witch, she don’t want to cook me nice food, that’s why I beat her”" [Interviewee 9, woman, age 42, 2018]. Many of the respondents described that, due to the “social world” and “working world” being the men’s responsibility and not the women’s, men can often control and restrict their women to enter this area. One of the respondents explained it like this:

She [The interviewee] says that one; by him [The husband] being so restrictive with her movement, and two; he always wants to know who is calling her and what conversation she is having with that other person [Interviewee 8, woman, age 29, 2018].

The respondents discussed the issue of not being able to talk to their husbands, as soon as they questioned them or asked for favors their husbands saw it as their wives trying to control them and being the decision-makers, which is the men’s responsibility. This is how one of the respondents explained it:

She [The interviewee] says: “Did you bring some money home?”
Then he [The husband] would get upset and start beating her up and saying that: “You are not the one working for these moneys, it’s me and therefore they are my money and I do whatever I want to do with them” [Interviewee 13, woman, age 26, 2018].

According to the respondents their men did not think about what an additional child would mean for the family, instead they only thought that they wanted additional children. The women on the other hand knew what an additional child would result in for the family’s well-being and therefore, did not want to get pregnant again. However, both women and men are supposed to want to have more children, and the decision, if and when they should, is often the men’s decision. One of the respondents explained it like this:
So that’s when I decided I don’t want to be pregnant. I just crossed it. I just go to the traditional woman that gives me some medicine that I drink. So, he [The husband] said: “Oh, you’re a witch, you don’t want to be pregnant”. I said: “No how can I when you do not support me?” So, my children don’t go to school, that’s why [Interviewee 9, woman, age 42, 2018].

The stated quote shows that the woman takes the decision to do a secret and unsafe abortion, this however, is seen as going behind the man’s back and taking his decision if and when to have children. Also, her as a woman should want children. Most of the respondents mentioned that their husbands had girlfriends, and that was something that the women did not appreciate but could not change. This is how one of the respondents described it like:

When he [The husband] goes out and sleeps out, the following day when he comes home, she [The interviewee] asks him: “Where have you been?” That’s when the fighting starts. He says: “Me as a man, I can marry as many women as I want” [Interviewee 14, woman, age 34, 2018].

The characteristics that are talked about in this section was something that came up in almost all of the interviews. They were seen as male and female characteristics that were deeply rooted in the gender roles. It is precisely those roles that justify and perpetuate the violence.

**FOR THE SAKE OF THE CHILDREN**

During the interviews the respondents discussed what they wish for in life. The women usually brought up their wishes in contrast to their life now, how it would have been without the violence and without the men’s drinking problems. These dreams were almost always about their children’s well-being, and less often about their own well-being. Since the women are seen as more emotional and caring for their children, this section is showing women roles as mothers (43). And also, how these women are supposed to care for their children, before themselves, otherwise they are not good mothers and therefore not “good” women. Here is how one of the respondents experienced it: "She [The interviewee] hasn’t so much education
herself, but she always wanted her kids to succeed" [Interviewee 7, woman, age 32, 2018]. The respondents talked about their husbands not wanting them to progress, not educationally and neither professionally. Commonly mentioned was their wish to continue and finish their school, since the violence had restricted them to do that. One of the respondents stated: "I wanted to continue with my studies, but what he [The husband] did, he took my papers and burned them. So, I couldn’t go. All the time when I think about it, it pains me a lot" [Interviewee 15, woman, age 35, 2018]. Another respondent experienced it like this: "He [The husband] is restricting her [The interviewee] from progress in life, she wants to do other things for her and her children. But her husband doesn’t want her to progress like that" [Interviewee 8, woman, age 29, 2018]. The respondents discussed that they wanted to separate from their husbands. However, they were in a dependent situation to their husbands and were anxious about their children’s future, and also that they might lose the children. One of the respondents commented: "What I feel would be good for us all is if we could be apart, so that we could live freely" [Interviewee 11, woman, age 38, 2018]. Another respondent experienced it like this: “If she [The interviewee] could manage, she would just try to concentrate on the business and leave that man" [Interviewee 14, woman, age 34, 2018]. The stated quotes illustrate that these women want to leave their husbands and live freely, however, they seem to think it is unmanageable and that they will lose more if they leave than if they stay.

**WOMEN’S DOUBLE BURDEN**

Because of their husband’s inability to provide for the family, the respondents were forced into a double burden of responsibilities. They have to take care of the household, buy food, cook food, take care of the children, but also acquire money to provide for the family’s basic necessities. Since the women needed to take double responsibilities their roles were changing, they needed to take more decisions and therefore did the men’s work as the decision maker. According to the respondents their husbands wanted them to work hard, however, the husbands still wanted to act as the head of the households and make all of the decisions. The men also wanted to decide what work the women should do, and when and where to do it. One of the respondents said: "He [The husband] wanted her [The interviewee] to work hard, without him needing to do anything" [Interviewee 6, woman, age 55, 2018]. Since the women now had to provide for the families, they also needed to make some more decisions.
The men often saw this change in decision-making as them losing control and power over their women. This is how one of the respondents experienced it:

So, she [The interviewee] is saying that, the violence used to come because she was the one providing for things, and sometimes she would ask him [The husband] to do something and he would get upset [Interviewee 6, woman, age 55, 2018].

Even though the women took more decisions in the households they did not appreciate these new responsibilities, since they got twice as much to do as before. Here is what one of the respondents said: "Because of his [The husband] behavior I failed to develop in life. Reasons, he was not helping me, it was only me helping out in the family, and this led to less development" [Interviewee 12, woman, age 32, 2018]. Another respondent had experienced it like this: "She [The interviewee] thinks a lot, she wonders: why is she the one who always suffer, especially when she is the one providing the food" [Interviewee 5, woman, age 34, 2018]. The respondents also described that even though they worked hard to provide for their families the husbands distrusted their way of earning the money. One respondent described it like this:

It was this period when I used to go to Kalomo for business, when I came home, I found my husband in the house shouting and saying: “You are only going for prostitution in Kalomo” [Interviewee 1, woman, age 43, 2018].

The stated quotes illustrate that the double burden for women is not appreciated by the women, and their increased necessity to take decisions was not appreciated by their men. It seems like a vicious cycle where the men are unable to provide, where women then have to be the provider and take decisions, but neither of them wants this change, especially not the men.
WOMEN’S STRATEGIES TO COPE WITH ALCOHOL ABUSIVE AND VIOLENT MEN

The third theme explains the coping strategies that are used by the respondents. These strategies are divided into two categories: Emotion-focused and Problem-focused strategies. The different coping strategies that the women use are divided by Folkman’s definition of coping styles, which is explained earlier in this thesis (61,62). The participants used both emotion-focused and problem-focused strategies, depending on factors like the magnitude of violence, type of violence and who the violence was directed at.

EMOTION-FOCUSED STRATEGIES

The emotion-focused strategies that were discussed among the respondents were often strategies on how to avoid the threatening and violent situations. These avoiding strategies included being quiet, not responding and not asking questions. This is how one of the respondents experienced it: "When he [The husband] is drunk, he is talking and talking and shouting, so she [The interviewee] never answers and hope that maybe he will go to sleep" [Interviewee 4, woman, age 30, 2018]. Another strategy to avoid these violent situations was to just obey, if the man wants food or sexual services, give it. One of the respondents experienced it like this: "She [The interviewee] needs to be submissive in bed, because of the violence, even though those times he [The husband] beats her” [Interviewee 9, woman, age 42, 2018]. The respondents had accepted their life and said that this was their every-day life now. It was also mentioned several times that even though the husbands were using violence against the respondents, they were still very good fathers. It seemed like the respondents wanted to hold on to their husbands and therefore talked about what was still good.

PROBLEM-FOCUSED STRATEGIES

Since all of the respondents had come to the clinic for help, they were all using problem-focused strategies. However, in all of the marriage’s violence had been present for many years, and before the respondents came to the clinic, they used emotion-focused strategies, and still were using them. As mentioned earlier the respondents discussed their wish to leave their husbands, to leave was however difficult for several reasons, especially the children’s well-being. This can be demonstrated in the following quote:
After the assaults when she [The interviewee] had calmed down, she would think of her children, it was very hard for her to leave, because she would come back and forgive him for the sake of the children [Interviewee 6, woman, age 55, 2018].

The stated quote can be seen as both emotion-focused and problem-focused, planning to leave and then calm down is where two strategies collides, which is the case in many of the told stories. Their attempts to leave were often thwarted by different people that were involved. One of the respondents explained it like this: "He [The husband] wrote me a letter for separation. Then church elders came in and set us down, counseling us, then later on he said: “Let’s destroy that paper. I am not going to do that”" [Interviewee 1, woman, age 43, 2018]. Another respondent explained it like this:

I left him [The husband] at the victim-support to be looked at, where he should sign that we should separate, and he’s parents were there. But he said: “No! I will change”. Then the victim-support said: “Let’s leave the document open and then observe him for some time” [Interviewee 11, woman, age 38, 2018].

Asking church elders and going to the police was something that was commonly used by the respondents. The police could occasionally imprison the husbands, however, they were released after one or two days in jail. When it came to the women, they got sent to victim-support but was often suggested to stay. Most commonly mentioned social support was help from parents, both to the husbands and wives. This is how one of the respondents explained it: "My parents told me, first you go, and you talk to a counselor and if there is no change, there’s no other solution, you can go and divorce him" [Interviewee 15, woman, age 35, 2018]. Another respondent experienced it like this: “Whenever this happens, she [The interviewee] goes to the police and then the victim support. She goes and talks to the parents and sit them down, then discuss” [Interviewee 14, woman, age 34, 2018]. The respondents talked about a few incidences where they have been fighting back. However, to fight back as a woman was not seen as favorable for your reputation and the strategy to fight back often stopped after that one occasion. This can be seen in the following quote:
There are times when she [The interviewee] has been severely beaten, so when he [The husband] has started to beat her, then she has actually fought back and hit him very badly also. But then she realized that people in the neighborhood could start think that she was violent as well, so after that she has never fought back [Interviewee 4, woman, age 30, 2018].

Even though the respondents had others resisting them to divorce their husbands, the respondents still wanted the law to take its course. Here is how one of the respondents explained it:

Before the recent case of assault, he [The husband] has been coming asking for forgiveness, and that is why I have stayed with him for ten years, because I keep on forgiving him. Now it’s becoming worse, and therefore, I thought, let this case be caught up by the law [Interviewee 12, woman, age 32, 2018].

Most of the goals that the respondents discussed were short-term, however, some respondents seemed to come up with goals that were more long-term and focused on theirs and their children’s success. This can be demonstrated in the following quote:

When the violence started, I decided to start a business, I thought if I rely on this man, he will be beating me every time. So, I started to plant flowers and I started to sell those flowers. I decided to take my children back to school. I was betting for my children [Interviewee 6, woman, age 55, 2018].

The respondents discussed fleeing as a solution. They fled from the husband’s violence to family and neighbors for protection and shelter. One of the respondents experienced it like this: "One time she [The interviewee] had to run away from the home, to go and stay with her older sister. Then he heard she had run away, so he went and picked her up at her older sister” [Interviewee 13, age 26, 2018]. As mentioned earlier, respondents had once or several times argued with their husbands about their alcohol abuse, involvement with other women or lack
of providing, which always triggered a larger fight where the violence became more severe since the husbands did not want to be controlled. This can be seen in the following quote:

 Mostly when you tell him [The husband] that he is drunk, when he comes home, and you try to control him, and I tell him: “This is not good”. Then he says: “You have nothing to do with this” [Interviewee 3, woman, age 46, 2018].

All of these women had limited access to resources and were dependent on their husbands, which resulted in them being less capable of leaving them. The quotes also illustrate a great resistance to divorce from the social support that the women accessed.

CONSEQUENCES OF USING COPING STRATEGIES
During the interviews not only coping strategies on how to handle the violence and alcohol abuse came up, but also the consequences of coping with these alcohol abusive and aggressive men. These consequences were affecting the women and were dependent on what coping strategies the women used. Regardless of whether the women used emotion-focused or problem-focused strategies, the results were usually harmful for the women.

CONSEQUENCES OF USING EMOTION-FOCUSED STRATEGIES
The respondents that avoided to act, in order to change the threatening or stressful situation often felt alone. This is how one of the respondents explained it: "I feel suffocated, I feel so lonely. I don’t know how I can say it. I feel that I have no one to help me, that’s what I feel" [Interviewee 11, woman, age 38, 2018]. Another respondent experienced it like this: "She [The interviewee] thinks a lot, she always thinks: what am I doing wrong, why am I beaten, why aren’t other people going through what I’m going through" [Interviewee 13, woman, age 26, 2018]. The respondents had a hard time explaining their emotions and how they were affected by their situations. They often explained it very simple with one or two words, and often did not know how they felt or how they were affected, they only knew that they felt bad. This can be demonstrated in the following quote:

 Oh, well she [The interviewee] was trying to say that she sometimes fails to talk, fails to cry, she feels (...) That everything is just
congested, she feels congested in the chest. So, when that violence comes down on her, she will just be quiet (…) She fails to cry [Interviewee 9, woman, age 42, 2018].

The stated quotes illustrate that the women are badly affected by this way of coping with their husbands alcohol abuse and violent behavior. It results in the women feeling confused, depressed, lonely and suffocated.

**CONSEQUENCES OF USING PROBLEM-FOCUSED STRATEGIES**

The respondents often tried to question their husbands during the fights, this often worsen the fights and triggered the husbands to use physical violence. One of the respondents explained it like this: "I got angry and then he [The husband] said: “You are becoming so irritating and jealous that I need to teach you a lesson’” [Interviewee 11, woman, age 38, 2018]. The respondents also discussed the strategy of instead of responding just being quiet, this however, was seen as them not respecting their husbands. This can be demonstrated in the following quote:

At times he [The husband] comes drunk to the house and finds me sleeping, he starts talking to me and I don’t respond, then he starts pulling my hair and shouting: “Why don’t you respond when I am talking to you?” And then he starts fighting me [Interviewee 2, woman, age 27, 2018].

Many of the respondents ran away to family members and neighbors for protection, this however always resulted with the husbands coming after and bringing them home again. This can be seen in the following quote: “There are times when she [The interviewee] runs away to go and sleep at the neighbors place, then he [The husband] would come and start beating her at the neighbors place” [Interviewee 4, woman, age 30, 2018].

The respondents search for social support at the police station, neighbors and family members, and often they are suggested to stay and give their husbands more chances to change. However, in some cases the people around the victims actually suggested them to leave their husbands. One respondent experienced it like this: "She [The interviewee] says
that after this time she is even blaming herself, because, many people have said to her to leave him" [Interviewee 5, woman, age 34, 2018]. Divorce was seen as a defeat and as long as the husband promised to change, or others suggested to stay the women had hope.

**DISCUSSION**

The aim in this study was to investigate which societal factors drive and maintain the alcohol-related violence towards women and what coping strategies these women use to handle this form of violence. There were two categories of coping strategies that emerged from the respondent’s stories. These two categories were: emotion-focused and problem-focused, which were consistent with already existent research on coping strategies. Emotion-focused strategies can include acts such as avoidance, minimization, distancing and positive comparison, this is to regulate the emotions that is derived from the violent situation. Problem-focused strategies can include acts like gathering information, problem-solving and acting upon choice, which are used to eliminate or modify the stress source (61–63). Upon reflection of the preceding results, two important topics emerged from the analysis, which is discussed in this section: Firstly, the double burden of money and how it challenges the traditional gender roles, and secondly, how the above presented coping strategies show some context specific uniqueness.

**MONEY IN A POVERTY CONTEXT**

Money was a major reason why men abused alcohol and why men became violent. If the men had access to money, they would use the money to buy alcohol, and if they did not have the money, they would take the wife’s money to buy alcohol, or borrow from others. The families were all dependent on the husband’s incomes and did not have spare money to buy alcohol, the money was needed for food and other necessities. When the men did not provide financial support for the families the women started to question the men which always lead to psychological or physical violence. The link between economic abuse and other types of violence is consistent with previous research that states that economic abuse increases the risk of other types of violence (8). It is also shown that it has a strong link to psychological and physical violence (54). In this study, the sexual abuse did not seem to have the same reasons behind it as psychological, physical and economic abuse. As well as it did not have a strong link to the other types of abuse.
The decision to take the families money to buy alcohol resulted in the women getting into a more uncertain situation, since they are dependent on their husbands and have few own resources to rely on. This uncertain situation with very few resources and children to take care of results in uncertainty on how to cope with the situation. According to previous research, poverty works as a barrier that prevents women to seek help after being exposed to violence (13). The feminized poverty and dependent position on their husbands that they experience may lead to increased risk of violence, and incapacity to leave this violent relationship (48–52). Previous research state that one of the reasons why women chose to stay in their abusive relationship is due to their fear of losing their access to basic needs (53). In contrast, in the current study it seemed like the women’s biggest reason to stay was not their fear of losing access to basic needs, but the fear of losing their children. The women did not only have less rights to own land and other resources, but also less rights to keep their children if they would divorce their husbands.

Some studies state that greater or equal economic status of a women might mediate violence from a partner, while others state that the "process" of gaining this greater financial independence might initiate more violence (54). In this study men seemed to think that women need to earn own money to be allowed to take decisions about the financials. However, as soon as the women starts earning their own money the men start to question the women’s agenda. According to previous research when men are incapable of providing, women’s economical engagement breeds abuse because of the traditional norms that normalize women’s subordinate position (55). Men, and not the women, are the head of the household, and should control the resources and make the decisions in the family (33,35).

In this study the respondents often discussed how the men did not want them or the children to progress in terms of education or workload. Previous research shows that men use different tactics to prevent women to become financially independent and to progress, which is in order to keep control over these women (46,47,53,54). This study shows that the men feels challenged by not only their wives but also their children, if the women or the children would earn more money or get more education than the men the men’s role as head of the household would not be as obvious.

The broad category of traditional gender norms that emerged from the analysis included characteristics that symbolized what a man is and what a woman is. Engaging in polygamous
relationships, being emotionless, being violent, providing for the family, having control over the resources and making decisions were some characteristics that symbolized the men. While taking care of the children, the household, having respect for the husband’s decisions and cooking good food were characteristics that symbolized the women. These characteristics were consistent with previous research (32,33,35). However, what this study adds to this literature is that these traditional roles are forced to change since the men are not able to fulfil their responsibilities to provide for their families because of their alcohol abuse. Consequently, women have to break out from their dependent position in order for their families to survive.

**COPING AND MASCULINE HEGEMONY**

The emotion-focused coping strategies used by the women to handle their men’s alcohol abuse and violent behavior included acceptance, minimizing the problem, avoiding the problem and making positive comparisons. They could avoid the problem by keeping quiet, not asking any questions and just obey their husbands. Acceptance was something that had emerged over the years, acceptance that this is their life. The women often mentioned that even though the men were violent against them they were very good fathers, by stating this they were making a positive comparison to protect the man and also to find a reason to stay in this relationship. These coping strategies are consistent with previous research on what emotion-focused strategies are and how they are exerted (61,62). From these explained coping strategies some consequences from using them also emerged. The women explained how they felt confused, depressed, lonely, suffocated and how they had a hard time expressing their feelings. According to previous research emotion-focused coping strategies are often related to both depression and psychological distress (63).

The problem-focused coping strategies that the women used to handle their men’s alcohol abuse and violent behavior included planning to leave, searching for social support, fighting back, searching for help at law enforcement and flee. These coping strategies are consistent with previous research on what problem-focused strategies are and how they are exerted (61,64). The social support that the women in this study accessed were ranging from church elders, to family members, to police support. Previous research has shown that women who use problem-focused coping strategies have a greater self-efficacy for leaving abusive partners (68). In contrast, this study shows that the women that search for social support
usually gets a large resistance when they themselves propose a divorce. Church elders, police officers, victim-supports and families are advising to stay and give the husbands more chances to change. This resistance results in the women deciding to stay and give additional chances to their husbands. Previous research has shown that women who search for social support as a coping strategy are often less hopeful (69). However, the women in the current study seemed to think that they were alone and did not get the help they needed, imaginably this could be due to the resistance from the social support that was accessed. These women tried to reach for help but did in the end not get it and it made their situation worse. A previous study from India shows that abused women who seek legal help are more often told to solve their conflicts at home (15). Culturally in Zambia, a man means being married, strong and taking care of the family. This male gender role is learned from the bible; therefore, it is a responsibility from God (82). In previous research, Zambian men associate violence against women and male oppression of women with the “African culture”, opposed to Christianity where men should respect their women and strive for partnership in the marriage (82). Since in this context being a man means being married, a result could be that the social supports that the women access sees divorce as a setback and therefore advise them to stay. Another consequence that emerged from the used strategies in this study was that violence became more severe than before the reporting of it. If the women started to argue, fighting back, or if they ran away, the husbands got angrier and more violent, this increased magnitude of violence were often due to the husbands belief that their wives lacked respect and questioned the husbands position as the decision-maker.

STRENGTHS AND LIMITATIONS

Limited research has been conducted about the complex relationships between alcohol abuse, violence and coping strategies. Therefore, this study gives an understanding of these complex relationships and how to address the context specific needs. This study also sheds light of how current strategies are working and what is needed to improve these women’s well-being.

Since the respondents in this study were recruited at the Gender-Based Violence - clinic, they had all chosen to seek for help and were therefore, all of them using problem-focused coping strategies. However, most of the participants had been married to their husbands for long periods of time and had earlier been using emotion-focused coping strategies. Since many of the marriages had been over ten years prior it might have affected the women’s recall, in
contrast, it may have given them time to reflect on their experiences. In addition, the women’s description of their husbands’ alcohol abuse might fit the criteria for alcohol use disorder. Therefore, more qualitative studies are needed on the role of alcohol for abusive partners with less of a serious drinking problem in order to investigate what effect less alcohol abuse has on violence and coping strategies. Due to the use of an interpreter during the interviews, there might be some loss of information. The interpreter might perceive the questions “wrong” and then ask it in the way it was perceived to the respondent. Additionally, direct translations can have different meanings and therefore some questions might not have been “correct” perceived by the respondent. Two of the three interpreters were males, and since the subjects in the interviews were sensitive it might have interfered how the women answered. However, these men were working at the Gender-Based Violence – clinic and to some extent knew these women since they had been counselling them earlier, which may have been comforting for the women. This study is a qualitative study, which gives a deeper understanding of the complex relationships between the stated issues. However, since it is a qualitative study it also has a smaller sample size and is therefore not generalizable, and the findings can only represent the women in this study. The use of audio recorder can make the women uncomfortable and result in limited answers, even though they approved the recording beforehand. Yet, these women seemed to speak freely and honest. It would have been optimal to discuss the coding and transcripts with a second researcher to doublecheck the interpretations, due to lack of time this was not possible. Additionally, interpreters were used during the interviews, which might have resulted in some answers being overlooked. In order to avoid this issue a second interpreter would be needed to look at the interviews, however, also this was not possible due to lack of time and access.

CONCLUSION
This study aimed to investigate which societal factors drive and maintain the alcohol-related violence towards women and what coping strategies these women use to handle this form of violence. Four core findings emerged from the analysis, which revealed relevant answers to the research question. The biggest reason for both alcohol abuse and violence was monetary issues in a poverty context. Poverty also seemed to be the source for the changing of the traditional gender roles. The strategies that were more commonly used were problem-focused strategies, while emotion-focused were not used to the same extent. Social support was the problem-focused strategy that was frequently used by these women. However, instead of
getting help through the social support, the women ended up experience a resistance, did not get the help they wanted and needed, and it resulted in their situation worsening. Consequences that emerged from the used strategies were always in some way negative for the women. Emotion-focused strategies resulted in the women feeling alone and depressed. Problem-focused strategies often resulted in additional and more severe violence.

It is clear that the already existent coping strategies are not working to counteract the violence. However, it seems like the issue is how the society chose to help and not the methods the women use to search for the help. It seems to be deeply imbedded in the context, how divorce is a failure and men that are not taking care of their families and are not married are actually not real men. In order for this to change the perception of what is being a man and a woman needs to be further understood. Further research needs to explore how culture and religion in these contexts are affecting the gender roles and how this relates to alcohol abuse and violence amongst men. In addition, since the reason for the alcohol abuse, violence and changing gender roles seems to fall back on monetary issues, more research about the complex relation between poverty, alcohol abuse, violence and gender roles is needed. This research is especially needed in the contexts where alcohol abuse is a growing issue.
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13. McLachlan S, Binns T. Tourism, development and corporate social...


Information sheet

My name is Evelina Flodkvist and I come from Uppsala University in Sweden to conduct this study in Livingstone. I’m collecting data for my master’s thesis, which is concerning Gender-Based Violence and its relation to alcohol abuse. This consent form may consist of phrasing that is difficult to understand, please feel free to ask me to elaborate on any information you find unclear, as we go through it now or you can contact me at any point in the future. You can take your time in deciding whether or not to participate. Before doing so feel free to discuss your participation with anyone you feel comfortable with. To be able to collect this data I will conduct interviews and asking questions about violence related to alcohol abuse. Gender-Based Violence is a problem in all communities and it is important that we manage the survivors of such violence with a great deal of caution and care. We want to know about your experiences from being exposed to violence. You are being invited to take part in this research because we believe that your experience plays an important role in identifying gaps and improving research about Gender-Based Violence. It will be strictly confidential and you will be assured anonymity. To seek this help at the clinic is both a risk but most of all a benefit. Gender-Based Violence and alcohol abuse are two sensitive subjects, to talk about this and share your story can of course cause some discomforts. It is voluntarily to participate and you have the right to withdraw or seek clarification. The information that will be recorded will also be confidential, your name will not be included, only a number and your age will be used to identify you, and no one but myself will have access to this information after the interview. All the information will be kept private and we will not share any information about you outside the research team.

Thank you!
STATEMENT OF CONSENT/ASSENT

The principal investigator, Evelina Flodkvist, has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will not alter my usual medical care. In the use of this information, my identity will be concealed. I am aware that I can withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Name:…………………………
Signature of participant ………………………
Age………………
Date (DD/MM/YY)…………………………

Name of Witness……………………………………
Signature of Witness…………………………
Date (DD/MM/YY)……………………………………

Name of interviewer……………………………
Signature of Interviewer ………………………
Date (DD/MM/YY)…………………………
Interview guide

Name:
Age:
Education:
Occupation:
Town/City/Village/District:
Relation:
Family under same roof:

1. Can you explain why you decided to come and get help here on the clinic?
2. Can you tell me about the violence that you’ve been experiencing?
   - Does this happen often?
   - Can you tell me what type of violence that he has been using?
   - What do you think triggers the violence or makes it worse?
   - Do you know why he uses violence against you?
   - When does he use violence against you?
3. How do you feel when he has been using violence against you?
   - How is the violence effecting you?
   - Changes your life?
   - Effecting your everyday life?
   - Can you tell me how you feel during the assaults?
   - Can you tell me how you feel after the assaults?
4. Can you explain some of the effects on you and your life from the assaults?
Gender-Based Violence’s relation to alcohol consumption in Livingstone town, Zambia

Dear Sir/Madam

My name is Evelina Flodkvist and I come from Uppsala University in Sweden. I’m collecting data for my master’s thesis, which is concerning Gender-Based Violence and its relation to alcohol consumption. I’m asking for access to the General Hospitals’ Gender-Based Violence clinic, but also its clients and the staffs’ support at the clinic. All help is appreciated.

To be able to collect this data I will conduct interviews and asking questions about violence related to alcohol consumption. Gender-Based Violence is a problem in all communities and it is important that we manage the survivors of such violence with a great deal of caution and care. Health care professionals play a crucial role in this management process, as they are the first point of contact of many survivors who chose to seek help. The interview may consist of phrasing that is difficult for the clients to understand, they should feel free to ask me to elaborate on any information they find unclear, as we go through it or contact me at any point in the future. The clients can take their time in deciding whether or not to participate. Before doing so they should feel free to discuss their participation with anyone they feel comfortable with. The clients are being invited to take part in this research because I believe that their experience play an important role in identifying gaps and improving research about Gender-Based Violence. It will be strictly confidential and they will be assured anonymity. It is voluntarily to participate and the clients have the right to withdraw or seek clarification. The information recorded will be confidential, their name will not be included, only a number and their age will be used to identify them and no one but myself will have access to this information after the interview. All the information will be kept private and we will not share any information about them outside the research team.

Yours sincerely,

Evelina Flodkvist

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Evelina Flodkvist
+46 705 157727
Eve_flodkvist@hotmail.com
2018-08-08

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APPENDIX 4/ LETTER TO ADMINISTRATION
TO THE CHAIRPERSON,
PROF. MAIMBOLWA

INTRODUCTION OF EVELINA FLODKVIST

Dear Sir/Madam

This is to introduce the above-mentioned person who is currently in her first year at Uppsala University Global Health master’s program. She is undertaking a field research project between August to September. Her topic is “Gender-Based Violence relation to alcohol consumption in Livingstone town, Zambia”. She plans to use LCH GBV/CSA One Stop Centre for this project.

Any help rendered to her will be greatly appreciated.

Yours sincerely,

Mats Målqvist
Professor
Study protocol/ Minor Field Study

-Gender-Based Violence’s relation to alcohol consumption in
Livingstone town, Zambia

Evelina Flodkvist
June 2018
INTRODUCTION AND BACKGROUND

Gender Based Violence (GBV) is a major human rights and public problem, including all sexes of all ages. The term GBV is often used as a synonym for violence against women; however, it also harms men (men and women practicing violence against men). Even though violence against men occurs, men are the primary perpetrators when it comes to GBV. The UN Declaration on the Elimination of Violence against Women defines the term “violence against women” as: any act of GBV that can result in psychological, sexual or physical harm and suffering to women (1). It can include deprivation of liberty and threats that either occurs in the private life or in public. Physical abuse is threats and physical assaults that are used to control another person. This physical abuse can include punching, choking, hitting, throwing objects at someone, using a weapon, kicking, pushing and biting. Sexual violence is defined as any unwanted sexual act, such as comments, advances or acts to traffic women’s sexuality. This can be done by using coercion, physical force, harm and threats, by any person regardless of the relationship the perpetrator has to the victim. The definition includes forced sex, child abuse, rape and sexual coercion (1). Furthermore, economic violence is explained as “behaviors that control a woman’s ability to acquire, use, and maintain economic resources” (2).

ALCOHOL CONSUMPTION IN ZAMBIA

Alcohol consumption is a major health risk factor for Zambian men, and is associated to physical violence. According to the Zambian Demographic Health Survey, 9.8% of men drinking alcohol is reported to have a heavy episodic drinking behavior. In Zambia, men are reported drinking alcohol more frequently than women, 37% of the men reported getting drunk weekly, and 13% reported getting drunk daily or almost daily. Whereas 2% of the women reported getting drunk weekly, and 1% getting drunk daily or almost daily. Alcohol has an effect on the personality and also influences the decision-making (3). The exact relationship between alcohol and violence is unclear, however, researchers have found that drinking patterns are related to sexual and partner violence (1).

GENDER BASED VIOLENCE IN ZAMBIA

Zambia is a country where institutions and its customary laws are still vibrant where male traditional leaders still shape and influence society norms, affecting women in different ways. The communities continue to marginalize women and the patriarchal values have led to women remaining discriminated and disadvantaged and therefore being at a higher risk for violence (4).
47% of the Zambian women have since the age of 15 been suffering from physical violence, and 10% of all women have experienced sexual violence. According to the Zambia Sexual Behavior Study, the age group that is most affected by sexual violence is between 20 and 24 (4). There are variations between different districts when it comes to reporting of these assaults, which results in underreporting in some areas. These underreporting’s are due to social and cultural factors, such as stigma and shame, which prevent women from discussing this violence (1). Societal beliefs about violent behaviors, alcohol consumption and gender roles affect the risk of alcohol-related violence between partners. In some societies, heavy alcohol consumption and violent behavior against women are associated with masculinity ideals (5). Women with only primary education or less are at higher risk to be abused than women with higher education and/or an occupational status, which makes her husband perceiving her more valuable. It is more likely for women with lower or no education to believe that wife beating is justified. The main reasons for men beating their wives are due to the women neglecting their children or refusing to have sex (6). Percentage of women that thinks that wife beating is justified is lowest in Lusaka (22%), the capital of Zambia, and highest in the northern parts of the country (79%), percentage of men justifying wife beating follow the same statistical pattern as the female one (7). Women are not only beaten by their husbands, but also by their husbands’ family members. There is a practice called malobolo or lobola, which is also known as bride price, that is still widespread in Zambia. This practice leads the husband and the in-law family to purchase the bride and are therefore allowed to expose the bride to violence (4).

Majority of the perpetrators of GBV are married and in many cases, alcohol is a significant contributor to the violence. Females that have partners drinking alcohol experience more sexual violence than females with partners not drinking alcohol (1). Some evidence suggests that different alcohol consumption between partners is important, in couples where only one partner drinks it is more likely for alcohol-related arguments and physical violence (5). Alcohol is affecting the sexual risk behavior and is therefore a factor contributing to the relationship between GBV and HIV infection. GBV is a recognized factor in determining women’s HIV risk in sub-Saharan Africa. Women with a HIV status report a higher prevalence of being exposed to violence than women that are not infected. One of the reasons for this association is that alcohol is used as a way to cope with the living conditions following an HIV positive status (7). A study in 2013 showed that prevalence of alcohol dependence is high among people living with HIV (3.9% among women and 27.2% among men) (3).
PURPOSE AND RESEARCH QUESTION

There are several studies in Zambia concerning alcohol consumption and GBV, but fewer studies are investigating the relationship between these two. It is not often described women’s experiences from being exposed to violence when men are alcohol intoxicated, therefore the research question in this study will be:

- What are women’s experiences from being exposed to violence when men are alcohol intoxicated?

METHOD

This study will be conducted during eight weeks, from August to October 2018, in Livingstone town, Kazungula district in the Southern Province, Zambia. The study plan is developed with partners on site, director Derrick Sialondwe at the Livingstone GBV clinic; he is one of my contact persons in Zambia and will provide me with respondents. A translator from the clinic will be participating during the interviews, English is the official language but some of the interviews will be translated from other languages that are common in Zambia. The GBV-victims that are going to be interviewed will be women from 18 years and older. Interviews will be conducted until saturation. Thematic analysis will be used to analyze the data that is collected. The theoretical framework will include The Integrative Ecological Framework, which conceptualizes violence as a complex phenomenon grounded in interplay among sociocultural, personal and situational factors (9).
REFERENCES


13th August, 2018

The Professor
Uppsala Universitet
SWEDEN

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON "GENDER-BASED VIOLENCE'S RELATION TO ALCOHOL CONSUMPTION... IN LIVINGSTONE TOWN"

Reference is made to the letter by the Uppsala Universitet dated 8th August, 2018 in which a request is made to allow Evelina Flodkvist to conduct a research study at the Livingstone Central Hospital. I am pleased to inform you that authority has been granted for her to conduct the research at Livingstone Central Hospital.

By copy of this same minute the Clinical Officer General In-charge of Gender-Based Violence is advised to give you support.

Thank you.

Dr. K.O.R. Chiyéfu
Acting Senior Medical Superintendent

cc: file