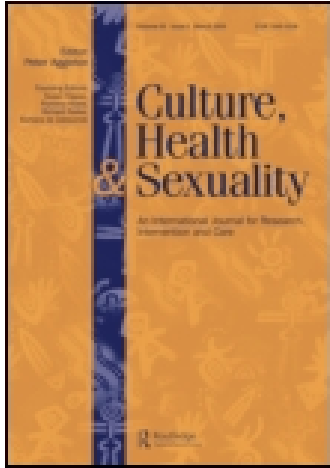


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Dan K. Kaye^{a b}, Florence Mirembe^a, Anna Mia Ekstrom^b, Grace Bantebya^c & Annika Johansson^b

^a Department of Obstetrics and Gynaecology, Makerere University Medical School, Uganda

^b Department of Public Health Sciences, Karolinska Institute, IHCAR, Sweden

^c Department of Women and Gender Studies, Makerere University

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SHORT REPORT

The Social Construction and Context of Domestic Violence in Wakiso District, Uganda

DAN K. KAYE^{1,2}, FLORENCE MIREMBE¹, ANNA MIA EKSTROM²,
GRACE BANTEBYA³, & ANNIKA JOHANSSON²

¹*Department of Obstetrics and Gynaecology, Makerere University Medical School, Uganda,*
²*Department of Public Health Sciences, Karolinska Institute, IHCAR, Sweden, and* ³*Department of Women and Gender Studies, Makerere University*

Abstract

This study explored community perceptions of factors associated with domestic violence, with an emphasis on events occurring during pregnancy. Ten focus group discussions, 14 key-informant interviews and four case vignettes were conducted in Wakiso district, Uganda between August and December 2003. Data were analysed using thematic content analysis. Perceived motives and meanings, triggering as well as associated factors, perceived coping mechanisms and community support available for reducing domestic violence, especially that occurring during pregnancy, were identified. Urban migration, changing cultural values and men's unemployment shift the balance of power in gender relations. Resultant male uncertainty and gender antagonism is associated with domestic violence. Family institutions such as extended family structure, relatives and in-laws were perceived as offering little protection. Factors triggering violence included failed negotiation of sexual relations, disagreement concerning the division of labour within the household and misconceptions about the physical and physiological changes, both dietary and behavioural, which occur in pregnancy.

Résumé

Cet étude a exploré les perceptions communautaires des facteurs associés à la violence domestique, en mettant l'accent sur les événements qui se produisent au cours des grossesses. Dix groupes-focus, 14 entretiens avec des informateurs clé et quatre discussions à partir de vignettes de cas ont été menés dans le district de Wakiso en Ouganda, entre août et décembre 2003. Les données ont été analysées par contenu thématique. Motifs et significations perçus, facteurs déclencheurs et associés, mécanismes de défense perçus et soutien communautaire disponible pour réduire la violence domestique, en particulier celle qui se produit au cours des grossesses, ont été identifiés. La migration urbaine, les valeurs culturelles changeantes et le chômage chez les hommes modifient l'équilibre de pouvoir entre les genres. Les incertitudes masculines qui en résultent et l'antagonisme de genre sont associés à la violence domestique. Les institutions familiales comme la famille élargie, la parenté et la belle-famille, sont perçues comme offrant peu de protection. Les facteurs déclenchant la violence comprennent l'échec des négociations sexuelles, les désaccords sur le partage des tâches domestiques et les idées fausses sur les modifications physiques et physiologiques, aussi bien d'ordre diététique que comportemental, qui se produisent au cours des grossesses.

Correspondence: Dan K. Kaye, Makerere University Medical School, PO Box 7072, Kampala, Uganda. Email: dankkaye@yahoo.com

Resumen

En este estudio se analizaron las percepciones de la comunidad sobre factores relacionados con la violencia doméstica poniendo énfasis en los casos que ocurren durante el embarazo. Se llevaron a cabo diez grupos de discusión, 14 entrevistas con informantes clave y cuatro casos ilustrativos en el distrito de Wakiso, Uganda, entre agosto y diciembre de 2003. Los datos se analizaron por contextos temáticos. Se identificaron motivos y significados percibidos, desencadenantes y factores relacionados, mecanismos de mimetismo y apoyo de la comunidad disponible para disminuir la violencia doméstica, especialmente cuando las mujeres están embarazadas. La migración urbana, el cambio de valores culturales y el desempleo por parte de la sociedad masculina declinan la balanza de poder en las relaciones entre los sexos. La incertidumbre resultante entre los hombres y el antagonismo de sexos se relacionan con la violencia doméstica. Se opinaba que las instituciones familiares, tales como estructuras familiares, los familiares y suegros ofrecían poca protección. Los factores que desencadenan la violencia incluían fallo en las negociaciones de las relaciones sexuales, desacuerdos sobre la división del trabajo en la casa y las ideas falsas sobre los cambios físicos y fisiológicos, tanto de alimentación como de conducta, que ocurren durante el embarazo.

Keywords: *Domestic violence, social context, risk factors, pregnancy, Uganda*

Introduction

Although widely reported in the Ugandan media and hospital records, little is known about the social construction and context in which domestic violence occurs, associated factors, or men's and women's perceptions of its consequences. The World Health Organization (1997: 1) has defined domestic violence as 'the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners'. Other authorities have defined it as 'any act that is intended, or perceived to be intended, to cause physical or psychological harm by people related through blood, intimacy or law' (ACOG 1995: 161).

Silberschmidt (1991) in her ethnographic studies among the Abaguusi of Kiisi District, Kenya, noted that that gender violence was common in transitional societies. She noted that men seem to have lost identity, their position is weakened, and their esteem and self-respect is affected as a result of altered gender relations following modernization (and unemployment). This caused conflict that led to high levels of domestic violence. In order to analyze the factors associated with domestic violence, Heise (1998) has proposed a framework that conceptualizes them as the interplay of personal, situational and socio-cultural factors. Within this model, violence results from the interaction of factors at the level of the environment, biological and personal history, relationship context, community context and community institutions (economic, social and cultural).

Many studies of domestic violence have shown that violence may increase during pregnancy (Gazmararian *et al.* 1996). Ballard *et al.* (1998) in a review of prevalence studies on violence during pregnancy recommended that future research on violence during pregnancy should search for violence before, during and after pregnancy for any ongoing patterns.

Domestic violence is common among women of different socio-economic strata in rural and urban areas in Uganda (Blanc *et al.* 1995, UBS 2001). In a recent hospital-based study of new attendees at an antenatal clinic, 57% of women reported a history of domestic violence during pregnancy, most of which was moderate to severe (Kaye *et al.* 2002). Other studies in Uganda (Blanc *et al.* 1995, UBS 2001) have explored women's and men's perceptions of domestic violence, but have not examined the context during pregnancy. The objective of this study, therefore, was to explore the perceptions of factors associated

with domestic violence, particularly during pregnancy, and the perceived community resources available to prevent domestic violence. The study design was reviewed and approved by ethical committees of Makerere University, Uganda and Karolinska Institutet, Sweden.

Theoretical framework

Most previous research has looked at domestic violence in general, and not specifically during pregnancy. In this study, we attempted to explore the usefulness of frameworks offered by Heise (1998), Counts *et al.* (1999) and Silberschmidt (1991). Heise's ecological framework was used to explore the perceived influence of individual (personal or biological) factors, family factors (kinship as well as relationship context), societal factors (unemployment and socio-economic impact of women's employment) and community factors (cultural context, laws on violence and social institutions for providing support to survivors). The sanctions and sanctuaries model (Counts *et al.* 1999) was utilized to identify the perceived family, societal and community institutions that promote or trigger domestic violence. This model was also used to identify factors that reduce violence and provide support to survivors in the form of sanctuaries. To explore the role of social and economic transition (Silberschmidt 1991), unemployment, women's employment and age asymmetry were examined among respondents from different age groups, and from rural and peri-urban areas.

Methods and procedures

An exploratory qualitative study was carried out in Wakiso District, Uganda. This district surrounds the capital city, Kampala, and is unique in that it has areas with markedly different areas of socio-economic development, ranging from peri-urban neighbourhoods (bordering the city) to typically rural areas. The district is heterogeneous, the population being made of people of varied ethnicity (UBS 2001). Most of the people understand or speak Luganda, a local Bantu language dialect of the Baganda, the indigenous tribe of the region. The smallest administrative unit in Wakiso district, the Local Council I, has nine positions of which one is reserved for a woman whose responsibility it is to look after family and gender issues. This is the first place where domestic violence cases are likely to be reported. The study setting took place in two parishes in two health sub-districts (Wakiso and Kasangati): one peri-urban and one rural.

Focus group discussions

The study involved ten focus group discussions of six to ten people per group, with men and women participating separately: four for men (two for those aged 18–30 and two for those 30–40 years) and four for women (two for those aged 20–30 and two for those above 30 years). Participants were identified by the first author and three research assistants, assisted by the local council chairpersons from different villages in each parish. They were purposively selected to provide a diversity of ages and socio-economic background, and subsequently diverse views and opinions. The only information participants received before the focus groups was that they were to discuss issues related to roles of men and women in community development. They did not have the chance to meet beforehand. The focus group discussion guide focused on perceived behaviours that constitute violence, associated

factors, perception as to why these factors are associated with violence, and community as well as survivor resources used to reduce violence.

Key-informant interviews

From suggestions and views that emerged from the focus group discussions, 12 men and women were purposefully selected for key-informant interviews. The majority were 'gate keepers', or people socially respected and identified by the communities as key sources of information or support for domestic violence survivors. They included civic leaders, women leaders on the local councils, members of FIDA (Association of Women Lawyers), religious leaders and health workers of either sex. Interviews focused on interviewees' perceptions of what actions constitute violence, factors associated with violence, their interpretation of why the particular factors are associated with violence, and the resources used by survivors or available within the community to reduce violence.

Case-vignettes

In order to explore the interrelation of perceived factors associated with violence during pregnancy, and the likely sequence of events, four case vignettes were prepared. Each comprised 8–12 participants of different sexes, representing younger and older age-groups. The case history plot revolved around a story of a pregnant woman and participants were asked to discuss what might happen to her, after distinct hypothetical episodes or situations, in relation to violence. The role of ill health, gender roles, pregnancy changes, dietary preferences and employment (which were suggested in the interviews and FGDs that had been conducted beforehand), were explored as part of the plot. Participants were asked to identify alternative courses of action, and factors which might influence them, in a given situation.

Data analysis

Proceedings were tape recorded, and field notes were used to ascribe quotations during each interview. Data analysis involved the development of codes and categories for expressions or phrases with similar meanings following procedures described by Patton (1987), Patton (1990) and Pope *et al.* (2000). Systematic comparison and re-classification of emerging codes and categories across texts was performed using thematic content analysis, as described by Burnard (1991). Easy Text (EZ Text) software was used to facilitate the data analysis process.

Findings

Participants reported that physical, emotional and psychological violence was common, even during pregnancy. In focus group discussions, violence was described as 'fighting', implying that at times, that violence against men by women occurred. Key informant interviews with health workers, civic (local council) leaders and women leaders revealed that women often reported physical injuries. Such injuries included cuts, bruises or larger

wounds. According to one male health worker, violence is under-estimated in the community:

It [violence during pregnancy] is very common, but is very easy to miss. This is because only those with serious injury come to the health unit. It is after you ask that they open up and tell you their secrets. They can only reveal to you if you are seen as a friend.

Focus group discussions suggested that sexual violence was reportedly rare, but possibly underreported. Stigma associated with sexual violence, and the prevailing perception that a 'married' woman cannot be raped by her spouse since a woman is not expected to refuse his sexual advances from her spouse were offered as reasons for this. In contrast, in both interviews and focus group discussions, sexual violence among unmarried people, especially young ones, was reportedly common.

In both interviews and focus group discussions, psychological violence was reported to manifest itself in male refusals to allow women to go out and work or male attempts to deny them particular foods. One interviewee said:

Yes, these cases are common. [...] Some of these reported that the husbands often locked them in the house. There was one woman who reported that the husband constantly accused her of having sexual affairs with other men. He therefore stopped her from working even before she conceived, and stopped her from eating particular foods which she preferred to eat. She would not even allow her to go visit relatives, go to shops or go to antenatal care until she delivered from home. (Women's counsellor, rural area)

According to focus group discussions and interviews, marital conflicts are often solved in this way. Initially, survivors try to ensure that disputes are settled within the family. Beyond this, however, they may seek support from the local council. The chairperson and the council member in charge of women's affairs were most usually approached. Only when injuries were serious were the police involved, and only then as a last resort.

Perceived causes of domestic violence

Both men and women believed domestic violence in pregnancy to be part of more widespread family violence, and that either sex can be perpetrators or victims. In case vignettes, interviews and focus group discussions, men and women referred to the violence as 'fighting', implying that both men or women could be survivors or perpetrators (assailants).

Women are often violent as they believe they will not be convicted of any serious crime, after all, it will be after chronic torture. It is 'mentally tortured' women who resort to violence, especially if violence occurs for a long time or is associated with cruelty or actions aimed at shaming the woman, such as talking about the private life in public or undressing them in public. (Local Council chairman)

In focus group discussions and key-informant interviews, the community identified cultural beliefs (such as men's superiority over women), lack of support from the family and the judicial-legal system, and unmet expectations leading to or resulting from poor couple communication, as reasons why domestic violence took place. Women survivors rarely reported physical injuries, except when they were severe, there was an associated threat to inflict more severe injuries, or survivors were willing to end the marital relationship. The

judicial-legal system was reported to be being weak and biased in favour of men. There was widespread ignorance about the rights of individuals, laws and sources of useful information to prevent violence.

The view was expressed that some men use violence as a way of disciplining women who they suspect are unfaithful, or are violent a result of insecurity. In focus group discussions and interviews, participants also blamed violence on the changing status of women as a result of increased employment. In the rural area, focus group participants believed that employment made women disrespectful, a view which a minority of the women and men disagreed with. In contrast, women's employment leading to violence was a minority view in the peri-urban area. The majority view in this latter context was in favour of women's employment, though most men still preferred women to work near the home in a shop or some income-generating activity. Employment and resulting insecurity and antagonism between spouses was exemplified one interviewee:

Some men think that women who go to work will get other men, so they get very jealous that working women will not show them respect. But it is true, when some women start working they no longer listen to the spouses, after all they also earn money.' (Interview with midwife, rural area)

Insecurity and conflict are often worse when the man himself is unemployed:

Men who are not employed feel insecure. They always feel sort of inferior. They pick quarrels with the spouses at any time, sometimes without any provocation. It is just a way to enforce their authority and power. (Local Council Chairman).

Another reason for violence is poor couple communication, often characterized by arguments. Most respondents were of the view that failure to resolve differences amicably was responsible for the violence, especially when community members, relatives or in-laws do not offer support. Such arguments were believed to be more common among young couples, whereas older women keep quiet and avoided arguments that might end in violence. Young people, on the other hand, were reported to be too 'impatient'.

People marry when they have certain expectations. When they realize that these cannot be met, they lose interest in relationships. This is common with young people. (Interview, 28 years, married, peri-urban area)

In contrast to the rural area, a few men and women in the peri-urban focus group discussions blamed violence on moral degeneration brought about by mass media.

Violence is common for many young couples. This may be due to the films they watch or what they read that affects their lifestyle. They begin to copy what they see. You know even films treat women as inferior to men. (Women's leader on Local Council)

Culturally and socially, men were felt to have more decision-making power than women. Some men saw no problem with this, but others (and most women) thought this might be associated with violence during pregnancy and identified a need to change the *status quo*. The judicial-legal system, lack of education and early marriages encourage and perpetuate such forms of gender inequality. One respondent summed it this way:

Women lack power to make decisions in the home. Local culture does not allow them to stand up to the men. The laws are also more supportive of the men, especially over sexual matters. (Local Council Chairman)

The majority of men and some women, especially in the peri-urban area, blamed organizations that empower women through providing employment or emphasizing women's rights. They singled out the Association of Women Lawyers (FIDA) for special comment. As one female respondent put it, FIDA provides support to survivors but also promotes violence:

You know in the African culture, women are brought about to be submissive to the man. So they are told to always obey the man and do everything that will maintain the marriage and avoid what will break the marriage. This women liberation and FIDA which empower women may make women disobedient and provocative to the spouses. In case the woman is employed, the men are challenged, yet they do not want challenge. The men fear losing status to such women so they respond with force. They demand sex by force, some times just to show that they are stronger or are in control. (26 years, Mother of 4, FGD)

The legal system was seen as offering more protection to men, who are rarely reprimanded, especially over marital issues.

Culturally, the man may just say that she was disciplining the wife. Our laws (legal system) do not favour women so they have nowhere to seek help. (Women's counsellor, Local Council)

Factors are associated with domestic violence during pregnancy

In focus group discussions, key-informant interviews and case vignettes, women's and men's lack of knowledge about pregnancy, the changes involved and their failure to adjust and tolerate each other, were believed to be associated with domestic violence during pregnancy. For some women, hormones were seen as changing their desire for sex, food preferences or ability to do household work. Others described pregnant women following such changes as 'irritable', 'aggressive', 'peculiar' and 'hating everything to do with the man, his clothes or his appearance'.

The hormones alter the women's appetite. For example, one woman just hated all food except matooke [plantain]. She forced her husband to buy for her matooke everyday. This woman was very hostile to everybody but became 'normal' after delivery. These hormones start very early, sometimes even before the pregnancy is visible [to others]. It is one way how some men, who have learned the behaviour of their spouses, find out early that the wife has conceived. For those, the husbands become understanding. For others where the spouse can not interpret the signs, domestic violence starts and increases through out pregnancy. (Interview with midwife, peri-urban area)

Similar views emerged in focus group discussions:

Pregnancy also alters women's tastes, they may hate some food types, some clothes or some other things. This brings about conflict with the spouse. (24 year-old woman, mother of 4, FGD)

Although both men and women recognized that these perceived changes were transient, and often regretted the violence attributed to them, the majority view in all age groups blamed them for the violence during pregnancy.

Some women become more argumentative or 'stubborn' when pregnant. They may even get hostile to me. If the women question the man's authority, men may think it is because the woman has other men. They then become violent. Where the man is suspicious or insecure, domestic violence is common. This is mainly where the man is unemployed or the woman has higher education and social status. (32 year-old nurse-midwife)

Overall, violence was seen as a manifestation of failed or poor negotiation of sex-related issues. Men often demanded sex from their spouses, even at times when the latter were not ready. Refusal could lead to violence or suspicion that the women had affairs with other men. Men, in such circumstances, used their superior strength and with support of cultural beliefs responded with violence. Likewise, some men were suspicious of their spouses, especially those employed outside the home, imagining that the latter would have affairs with colleagues at work or other people. This fear was more commonly reported among young couples, or where there was age asymmetry.

In focus group discussions and case-vignettes, denying men sex was perceived as something that might make them either seek it forcefully or become violent. Some respondents argued that denying sex to a regular partner implied that the pregnancy belonged to another man, it being a common belief that a pregnant woman should not have sex with a man who was not the father of the unborn baby for fear of complications during pregnancy or childbirth, or even the death of the baby in infancy. Similarly, failure to agree on gender responsibilities in household work was cited as responsible for violence in pregnancy.

Concerning the consequences of such domestic violence, both men and women in focus group discussions perceived abortion and premature births as likely effects, as well as emotional disturbance. This view was supported by a midwife from a rural health centre:

Most of them were psychologically affected. Many were in pain, others were hysterical. Some patients had threatened abortion. I am not sure whether some of these had induced abortion, but they (patients) present with incomplete abortion.

Reducing domestic violence during pregnancy

Utilization of family and kinship networks and counsellors trained in conflict resolution were suggested as possible ways of reducing violence. However, counsellors were reportedly expensive and available only in large towns, with FIDA being the only local grass-roots organization able to help.

Some respondents perceived family networks as useful.

Women persist [in trying to deal with violence] if the men's side like her, and so family members especially the man's side are usually involved in reducing domestic violence. (Local Council Chairman)

However, others cited mistrust and suspicion linked to family members or in-laws as risk factors, especially during pregnancy. The majority view in focus group discussions advised caution in using family networks as exemplified by the following respondent:

Parents should be involved to offer advice and solutions. This should be carefully considered, as sometimes in-laws just worsen the situation by favouring one party. (34 years, FGD)

Many participants advocated community sensitization to domestic violence, alongside changes in laws and culture and the imposing of heavy fines on assailants. Such moves might encourage women to talk more openly about violence and let others who can offer assistance know of its existence. Furthermore, there is a need to increase advocacy for women's rights. Most respondents were in favour of using women leaders and non-governmental organizations to resolve disputes rather than the police and legal system, especially for minor cases.

What if the man is arrested? What if he is imprisoned? Who will look after the woman when the man is imprisoned? She will be stigmatized the more, and will be blamed or even hated by the man's family. That is why minor cases are disregarded, and some serious cases end at the local council level. Even the local councils encourage and counsel partners to reconcile without involving the police. (Old woman, FGD, rural area)

There was consensus that both men and women should be involved in efforts to reduce domestic violence. There was felt to be an urgent need to educate and sensitize men and women to the changes expected during pregnancy.

Sensitize men on need to change division of labour so that men assist their spouses during pregnancy to ease their workload, change sexual practices, anticipated pregnancy changes and women's expectations. (Women's local council leader)

Discussion

Few studies to date in Uganda have explored violence during pregnancy from a community perspective. This small-scale study shows that domestic violence is a problem whose determinants extend from individual or personal characteristics to family, community and societal level factors. The socio-cultural and economic context of the study setting is characterized by low but rising women's status due to modernization, women's employment and economic empowerment, poor legal or social support systems and changing cultural values. Social and economic transition, unemployment and women's increasing participation in the labour force create uncertainties and gender antagonism, that in turn led to violence.

The transition from a traditional patriarchal society to a modern society is associated with social changes which may affect the power dynamics in gender relations. In this kind of context, men and women may have different views and perceptions about masculinity and femininity within changing cultural values. The increasing participation of women in wage work can create uncertainty and insecurity for men in their traditional role as breadwinners and principal decision makers. Some feel alienated and confused by changing gender roles and division of labour. Related to this is women's increasing independence and autonomy. Some men view efforts aimed at empowering women with suspicion and mistrust. This is because such efforts, in raising the status of women, may apparently pose a challenge to male authority and power by shifting the gender power balance. Whereas some study participants expressed a fatalistic attitude to such changes, which may lead to the justification of violence and its perpetuation, others expressed a militant attitude. The latter, in situations of poor conflict resolution, is a recipe for violence. Confounded by ignorance of pregnancy changes, resultant suspicion and mistrust may promote violence during pregnancy.

Findings from this study are in line with those from previous research. Both Blanc *et al.* (1995) and the Demographic and Health Survey (UBS 2001) point to failure in sexual negotiation, changes in gender roles and the division of labour as risk factors for domestic violence. World-wide, factors associated with domestic violence include use of violence for conflict resolution and lack of protection from social and cultural institutions (Heise *et al.* 1999, Castro *et al.* 2003). Within this Ugandan context, domestic violence indicated unequal gender power relations in a changing socio-economic environment, which is compounded by misconceptions of pregnancy-related changes during pregnancy. Interventions to reduce domestic violence should have their ultimate goal as empowering individuals to make informed choices, since what may seem to work for some people may not work for others. Such interventions include education and sensitization of both men and women about associated factors and consequences of domestic violence.

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