

Health Challenges Encountered by Spouses of the Selected Defense and Security Wing Personnel Experiencing Intimate Partner Violence (IPV) in Lusaka, Zambia: An Interpretive Phenomenological Study

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Abstract

Background: Intimate Partner Violence refers to violent behaviour perpetrated by a partner within the context of marriage or cohabitation such as; physical harm, sexual coercion, and controlling behaviour. Studies have shown that IPV is more prevalent among military than civilian populations. Effects of IPV include Physical injuries, Sexually Transmitted Infections, Pelvic Inflammatory Disease, Urinary Tract Infections, unwanted pregnancies, pregnancy complications and mental health problems. Nevertheless, there is very little understanding about the health challenges encountered by spouses of Defense and Security personnel in Lusaka.

Objective: The aim of the study was to explore the health challenges encountered by spouses of the selected Defense and Security Wing personnel experiencing intimate partner violence in Lusaka.

Setting(s): The study settings were two (02) of the seven (07) Garrisons in Lusaka, which is Garrison 1 and Garrison 2.

Participants: The study population comprised spouses of the selected Defense and Security Wing personnel in the study setting. Fifteen participants were interviewed for this study.

Methodology: The interpretive phenomenological design was used to answer the research question because it was exploratory in nature. Purposive sampling was utilised to select 15 women aged between 21 and 49 years participants from 2 cantonments in Lusaka. Data were collected through face-to-face interviews utilising an interview guide and analysed deductively using thematic process.

Findings: Two main themes emerged from the data: Theme one – *Types of violence*, described the different sorts of violence experienced by the spouses and Theme two – *Impact of violence*, characterized the different health effects of violence experienced on the victims. The study revealed that participants experienced physical force, mental torture, abusive sexual activities, guiding attitudes and

snooping/trailing type of violence. The health problems experienced included physical, psychological, reproductive and chronic health problems.

Conclusion: The health challenges experienced by spouses included physical, psychological, reproductive and chronic health problems. The study revealed that most women suffer from intimate partner violence - related health challenges in silence. Therefore, there is need to teach conflict resolution skills to couples. Similarly, midwives and other healthcare providers need to be very observant and inquisitive when attending to IPV victims because the morbidity affects mostly women and it has a lifelong health impact – chronic health challenges.

Recommendation: In the military culture, violence and aggressive behaviour are acceptable norms. These are taught and implemented as effective solutions to resolve conflict. Consequently, violence spillover in homes has been reported by intimate partners. Therefore, it is recommended that authorities come up with couple/family workshops /seminars where conflict resolution skills could be taught.

Keywords: Intimate partner violence, Spouses, Defense, Security Wing, Personnel, Health, Military Challenges.

What is already known?

- Intimate partner violence is more prevalent among military than the civilian population in most regions of the world.
- Most developed countries have undertaken studies to investigate intimate partner violence among its military population and interventions have been made to address the public health problem.
- Intimate partner violence data is inadequate in most African countries, including Zambia.

What this paper adds

- The paper confirms the existence of intimate partner violence among military population in Zambia, this entails that the problem is a common phenomenon even in developing countries like Zambia.
- This study found that intimate partner violence among military population had health impact on the victims (spouses) that stemmed from each type of violence perpetuated.
- The findings have revealed the nature of the intimate partner violence in the Defense and Security experienced by some victims of this problem.

1.0. Introduction

Intimate partner violence is a global health problem affecting a third of women (WHO, 2017). It has been estimated that about 30% of ever-partnered women have experienced or will suffer from IPV at some point in their lifetime (United Nations Women, 2019; WHO, 2017). This could either be in form of physical assault, sexual assault, or emotional abuse, which peaks during the reproductive years and has been observed in both developed and developing countries (WHO, 2021; 2017). Although both sexes can perpetrate or be victims of IPV, women experience the overwhelming burden (WHO, 2021; Pathak et al., 2019). The Kwan, (2020) and Sparrow, (2017) studies in the military population significantly revealed more IPV prevalence than were in the civilian population. Likewise, Taft, (2016) reported IPV in the United States and the Canadian military populations to range from 13.5% to 58%. The pooled prevalence of IPV in Africa is estimated to be 41.3%, and regionally, the highest prevalence of IPV is in Central Africa 49. 3%, followed by East Africa at 44.1%, Southern Africa at 39.4%, and West Africa at 34.3%

(Nabaggal, Reddy, and Manda, 2021). In Sub-Saharan Africa, an intimate male partner has physically assaulted 13 to 49% of women (Centre for Disease Control, 2015).

Zambia is among the countries with a high incidence of lifelong physical and sexual IPV in the world ranging from 39 to 50% annually (Hampandeui and Rael, 2018; McCloskey et al., 2016; United Nations Women, 2016). In addition, the Zambian Demographic and Health Survey - ZDHS (2018) reported that 49.5% of women between the ages of 15-49 years experienced IPV. Congruently, the Zambia Police Victim Support Unit - ZPVSU (2021) fourth-quarter disaggregated data indicated that 60.5% of women compared to 16.6% of men reported IPV countrywide. The highest reports filed were under physical violence (61.7%), sexual offences (17.8%), and 5.5% emotional violence.

1.1. Causes / Risk Factors for IPV

Intimate partner violence has roots in both evolutionary and sociocultural forces. In the context of evolutionary processes, IPV may have evolved to facilitate survival goals like self-defense and reproduction, hence, preventing mates from defecting to other potential partners or helping reacquire former mates (Hamel, 2020; Chester and DeWall, 2018). Similarly, there is also strong evidence between all the socioeconomic and demographic, antisocial and borderline personality disorders as well as sociocultural factors that are associated with increased risk of IPV (Qi, McBlair and Shepard, 2022; Stiller, Bärnighausen and Wilson, 2022; Yenilmez, 2022; Armenti and Babcock, 2021; Trahan and Babcock, 2019; Gerino et al., 2018). Likewise, the abuse of substances such as alcohol and other stimulants has consistently been associated with the perpetration of IPV (Leonard and Quigley, 2017; Ward-Lasher, 2017; Salas-Wright et al., 2016). Furthermore, other scholars have proposed that IPV arose out of structural and patriarchal systems, in which men seek to dominate and subdue women, though not mutually exclusive (Becker, Kafonek, and Manzer, 2021; Berggren, Gottzén and Bornäs, 2020; Few-Demo and Allen, 2020; Bates et al., 2019; Nicolson, 2019).

The risk factors for IPV perpetration across regions are generally the same for men and women (Gibbs et al., 2020; Meeker et al., 2020). These include young age – between the ages of 18-30 years, lower levels of education; low marital satisfaction, disability, low income, and unemployment. Also, witnessing and experiencing violence in childhood as well as neglect (Alanen and Kasongo, 2021; Hanafi et al., 2021; Gibbs et al., 2020; Meeker et al., 2020; Capaldi et al., 2019, Low et al., 2019; Walker et al., 2019). Alike, in the Sub-Saharan region and Zambia, there is strong evidence that the risk of IPV is heightened by its acceptance as a normal practice. In the Zambian culture, the institution of marriage justifies sexual violence toward women (Alanen and Kasongo, 2021; Moono, 2019). The payment of lobola (bride price) means the woman automatically becomes the man's "property". Consequently, the husband's sexual satisfaction is mostly emphasized and denying him this conjugal right results in violence (Alanen and Kasongo, 2021; Li, Sun and Button, 2020; Moono, 2019; Movitz and Young, 2018; Mitchell et al., 2016). Intimate partner violence remains an under-recognized health issue within military populations in most regions (Kwan et al., 2020; 2018; Sparrow et al., 2017). The military is characterised by structures that are dominated by values such as formality, ranks, leadership, loyalty, and camaraderie (Kwan et al., 2018; Kern, 2017; Sparrow et al., 2017). These values are placed on masculine ideals, encouraging notions of dominance, aggression, and risk-taking (Kern, 2017; Carroll et al., 2016; McCloskey et al., 2016). Other factors inherent to the military service favouring IPV perpetration include; majority are relatively youthful personnel and at higher risk of heavy alcohol consumption; frequent relocations, and the tendency to objectify the victims (Kwan et al., 2020; Sparrow et al., 2020; 2017; Kern, 2017; Sharoni, 2016).

Correspondingly, studies on the military population in the United States showed that spouses of military personnel are two to five times at risk of experiencing IPV than their civilian counterparts (Sparrow et al., 2020; Taft et al., 2016; MacManus et al., 2015).

1.2. The Health Challenges Associated with Intimate Partner Violence

Globally, 38% of all murders of women are committed by male intimate partners compared to 7.6% of men murdered (WHO, 2021; Kim, 2020). According to the American Psychiatric Association, (2021) IPV has numerous effects on the victim's lives and quality of life. The health effects include physical injuries like lacerations, fractures, and other internal organ injuries. One important sex difference in IPV dynamics is the greater physical impact on female victims in comparison to men. This is noticeable from the number of women who seek medical attention for their injuries or killed in an intimate homicide (Hamel, 2018; Domenech and Garcia-del-Valle, 2017). Besides, there is also poorer health outcome like physical, psychological, and cognitive functioning among women (St Ivany et al., 2018; Gagnon and DePrince, 2017; McCloskey et al., 2016).

The effects of sexual IPV include sexually transmitted diseases like HIV, unwanted pregnancies, pregnancy complications, sexual malfunction, pelvic inflammatory diseases, and urinary tract infection (Amegbor and Pascoe, 2021; WHO, 2021; 2017; Hasstedt and Rowan, 2016). Women who have experienced sexual violence are also less likely to visit a skilled antenatal clinic (Potter et al., 2021; WHO, 2021; Simona et al., 2018). Similarly, IPV makes it hard for women to have a say on the type of contraception they will want to use (WHO, 2017; 2016; McCloskey et al., 2016).

2.0. Methodology

The research design was interpretive phenomenology. The study setting were two (02) Garrisons in Lusaka that is Garrison 1 and Garrison 2. The Garrisons were selected purposively. The purposive selection was also used to select potential participants from the health facility's Outpatient Department Register (Gender Based Violence Register) and other registers with data related to the study. The inclusion criteria was that; the participant should be married to a Defense and Security Wing personnel of any rank and belonged to any of the two (2) selected Garrisons. Alike, participants who were not cognitively and physically fit at the time of data collection were excluded from the study. The collection of data took about 3 weeks and 15 participants were interviewed. Data were collected using a semi-structured interview guide. The researcher adapted "A six-step process for thematic analysis" presented by Braun and Clarke, (2021; 2006) to analyze the data.

3.0. Ethical Considerations

The researcher sought clearance from the University of Zambia's biomedical research ethics committee (UNZABREC) and the National Health Research Authority (NHRA) before carrying out this study (Appendix I and II). In addition, due to the nature of the study setting, the researcher also sought clearance from the Defense and Security Command at headquarters through the Training Branch. Permission was also granted by NHRA to have the study findings disseminated. To ensure the confidentiality and anonymity of the study site and participants 'safety, the names the study setting have been withheld.

4.0. Findings

4.1. Participants’ Demographics

Fifteen participants took part in the study with majority being women aged between 30 to 39 years. The majority of the participants had completed their secondary school education (12th grade) and in informal employment. More than two thirds of the participants had 5 or more years of marriage as presented in the Table 1 below.

Table 1. Participant’s demographic characteristics.

Sex	Age Range	Education level	Employment Status	Duration of marriage
Male = 2	21 – 29 years	9 th grade = 2	Formal employment = 4	1 – 4 years = 2
Female = 13	30 – 39 years	12 th grade = 9	Informal employment = 7	5 – 9 years = 6
	40 – 49 years	Tertiary = 4	No employment (Housewife) = 4	10 – 14 years = 3
Total = 15				15 years or longer = 4

Summary of Demographic Characteristics of Participant (N=15)

4.2. Generated Themes

Two major themes namely: **Types of violence** experienced and **Impact of violence** emerged from the data as theme 1 and 2 respectively.

4.2.1. Theme 1: Types of violence

This theme described participants’ narratives of the types of IPV they were subjected to by their military spouses of the selected Defense and Security wing. The study findings reviewed that some participants experienced patterns matching physical, sexual, psychological and stalking violence. Participants reported experiencing one or multiple violent acts from their spouses at the same time. These acts of violence constituted the subthemes that made theme 1 – Use of physical force, Abusive sexual activity, Mental torture and Snooping/Trailing. The revelation of the subthemes that informed this theme were:

4.2.1.1. Use of physical force.

The study findings revealed that physical violence was a common phenomenon among the female study participants. Some female participants’ spouses were using a military belt or a piece of hosepipe to beat them as stated by the following participants:

“....You see, I wanted to know the person who filmed me and sent him the video because he was not there himself... I knew someone had betrayed me.Out of anger, I smashed his phone using a meat mallet and I guess, that is what made him lose it also.He slapped me on the face and whipped me many times with the combat belt. I only realized that I was admitted at the camp hospital later in the morning the following day...” P4.

It was also noted that participants’ spouses were sometimes cruel to them, as they would inflict pain on their bodies without a reasonable cause. For example, one of the female participant’s spouse wake her up in the night over a petty issue that had happened during the day. She stated:

“...In the night around 02:00hrs that is when he wake me up and brought up just a simple issue. I tried to explain myself but he had already made his conclusions. ...From there, I just saw him getting his belt and started whipping me like a child....” P7.

In some instances, female participants experienced IPV from their spouses because of not doing the house chores in the expected manner and it was not only restricted to the use of hosepipe, belts, slapping and pushing the victims. One participant had this to say:

“.....My husband usually gets annoyed when his uniforms are not properly done. ...One time, he even burnt me with the pressing iron here on the thigh and this scar here is a testimony of his reaction to what he calls poor laundry services. ...It's not that I don't know how to prepare his uniforms but some uniforms are difficult to just prepare the way he wants them” P12.

Furthermore, it was also noted that some female participants' spouses seemingly cherished corporal punishment when handling family differences. This is depicted in the example below:

“...My husband is such a kind of person who really treasures corporal punishment.Even his children knows this. Yet, each time you criticize him about this approach, it turns out that am the victim even when am pregnant.He would either slap me, push me hard or even kick me. P14.

4.2.1.2. Abusive sexual activity

The study findings revealed that abusive sexual activity (sexual violence) was a common concern among the female participants. It was noted from the findings that some female participants' spouses were sexually hyperactive as adduced from the following responses of the participants:

“.....He demands too much sex and at times he just wants to be having sex almost the whole night.I get tired and need some rest as well....” P. 1.

Similarly, another participant also stated, *“...Sex should not be for many hours – it's not normal....”* P4. Likewise, it was echoed that some of the female participants' spouses used to force them to have sex while they were menstruating. Correspondingly, one of the participants stated that:

“....Forcing your partner to have sex especially in the manner she is not comfortable with and even during periods is sexual violence. “...If I refuse to have sex with him during my periods then he would often lock me out of the bedroom.And I would sleep in the other bedroom with the kids” P12.

In addition, one participant went further to state that her spouse would rape her while asleep. She stated that *“....Sometimes, he would force himself even in my sleep, you just feel or realize that he is inside (he has penetrated you).You see its painful most of the times...I honestly thought that in marriage one has to consent to sex as well...”* P3.

The findings also indicated that some female participants experienced regular inspection of their private parts by spouses on suspicion of 'sexually cheating' and had this to say:

“....You know this man is at another level of madness, he always likes inspecting my private parts on suspicion of me cheating on him especially if I had gone out and well dressed...” P9.

Another participant echoed that:

“... My problem is that when my husband comes home from his prostitutes, he thinks I behave irresponsibly like he does so he demands to inspect my private parts to check if I have had sex with another man when in fact it's him who sleeps around, who wouldn't be annoyed of such a behaviour. ...He doesn't even allow me to visit my relatives due to his thoughtless jealousy behaviour.....” P10.

It was noted that some participants' spouses were sexually hyperactive because of using concoction of traditional sexual boosters (Aphrodisiacs). Comparably, one participants stated that:

“....My husband has also this habit of taking “Congo dust or Mutoto/Mwana apeluke” just to punish me or prove a point.I hate having sex because of that and I feel reduced to a prostitute...” P4.

On the contrary, male participants were denied conjugal rights by their spouses. One of the male participants revealed having sex at his wife's will, which was very tormenting and infuriating to him. He only enjoys the conjugal rights when his wife wants to be 'touched'. In his narrative, he indicated that:

"...You know, us men are always ready and charged to have sex, but when your wife only gives you when she wants or feels so, it's very tormenting.How do you deal with pressure of just watching her and only have access when she wants to be touched?I have even lost concentration..." P15.

4.2.1.3. Mental torture

The study revealed that mental torture (psychological violence) was the commonest element amongst all the participants. The recorded acts that lead to mental torture included; use of inappropriate language or disrespectful comments in the presences of others which includes children and dependents, controlling behaviour, and refusing to eat food prepared by a wife. In view of the above findings, the following statement from the female participants have been quoted:

"...My husband told that one of these days he would organize alangizi (traditional marriage counsellors) for me, so that they can help me sharpen my sexual skills. He claims I am an 'old kalewa' meaning old-timer and finished woman....I have even lost weight because of such disturbing remarks from him....I do not feel that worthiness for myself...." P1.

Additionally, the male participants were also negatively affected by acts of their military spouses.

In support to the finding, one of the male participants stated that his spouse used to shout at him and poured dirty water on his body:

"...She does not respects me even in the presence of others... she would shout at me. One day, I wanted to go and check on my friend but my wife did not approve that. We differed just on that, and she even poured dirty water on me during the same misunderstanding..." P5.

In line with the findings, some female participants were experiencing negative emotions because their spouses were denying them the conjugal rights. This can be noted in the following statements:

".....I developed some emotional problems because I expected to be having sex frequently with him, but I used to have sex once in two weeks or more...sometimes I would even experience sleepless nights.I would wander all night figuring out what has gone wrong with me...." P7.

Another participant echoed:

".....There was no way I could stay a month plus without my husband touching me as if I was sick because even a heavily pregnant woman is touched.This is mental torture for me..." P6.

4.2.1.4. Snooping/Trailing activities

Some study participants reported that they experienced snooping or trailing activities (stalking behaviour) from their spouses. Spouses demonstrated stalking violence through behaviours such as; handbag searching, phone call tracking and recording, following them wherever they went. In line with the findings, a female participant stated:

"...My husband (spouse) called my new boss around 01:30hrs to find out who he was and what the relationship with me was. It was good my boss was sober with him. ...But when I reported for work, it was something else for me.He warned me that if my husband continues with the same mindset he was going to facilitate a transfer for me.Suspicious men are stalkers and will always find a reason for their actions" P 4.

Another participant said:

“...I know the things I keep in each handbag so that I don't get mixed up when looking for something. However, I used to wonder when I find certain items have been misplaced. ...it is not typical of me. I suspected the kids searching the handbags. I laid a trap to find out who was searching in my stuff... guess what? It was my husband who was searching my handbags and other stuff...” P7.

4.2.2. Theme 2: Impact of violence on spouses of Defense and Security personnel

Theme 2 characterized participants' health problems that they experienced or was associated with IPV encountered from their spouses. The revelation of the subthemes that informed this theme were:

4.2.2.1. Physical problems.

The majority of the female participants have experienced physical health problems mainly resulting from physical violence with their spouses. The study findings revealed a number of physical ailments that were associated with IPV and included the following; bruises, body swellings, ear injuries, broken tooth, eye injuries, fractures, dark skin marks, open wounds, body pains, dislocations, burns, and abdominal pains. On the contrary, male participants did not report experiencing much of the IPV physical health challenges resulting from confrontation with their spouses apart from headaches and fatigue. Moreover, female participants experienced multiple physical health challenges as may be noted from some of the following statements:

“.....It was just over a simple mistake, then he punched me on the left side of the face and, I lost my balance and fell on the bed. ...I started bleeding from the left ear and the mouth....Later, my face was swollen especially the left side....I could not tell people the truth but just lie about it.....” stated P 2.

In addition, another participant had this to say:

“...I was kicked with his military boots everywhere and had swellings on my body and experienced abdominal pains, backache, headache as well as bleeding from the nose....For some days I was swollen and could not go out....” stated P10.

4.2.2.2. Psychological problems

The study findings revealed that all the participants – both males and females experienced some sort of psychological health problems. The following experiences were reported by participants; feeling of shame or embarrassment, living in fear, persistent headaches, lowered self-confidence or esteem, hatred towards their spouses, felt betrayed and trapped in the relationship, sleeplessness, fatigue, and nightmares. Other reported experiences includes loss of concentration, panic attacks, loss of appetite and interest in things around the victim's life. In line with the findings, one participant stated:

“...You know, that time I was even 3 months pregnant. I later had a miscarriage while still recovering from the beating he gave.Mmmmh, this is what even depressed me even more, I lost weight, stopped socializing and I had no one to trust.I don't have sexual desire up to now and sometimes I even fail to sleep....” P4.

Equally, males were also psychologically affected by their military spouses' violence. One of them narrated how he felt disrespected and frustrated by his spouse treatment. He stated that:

“....She shouted at me in the broad daylight outside and even poured dirty water on me in the presence of our dependents.Imagine the embarrassment and shame I had to go through. I cannot focus on anything and I have no peace of mind.You see, I never used to drink beer and not even smoking, but now I do. I feel less tensed up when I smoke or drink.....” P5.

4.2.2.3. Reproductive health problems

The study findings revealed that nearly every female participant had reported experiencing IPV effects related to the reproductive health. The experiences included bruises on the private parts, cases of STIs, unplanned pregnancies, abortions, contraceptives sabotage and refusal to use them. Furthermore, the following experiences were also reported; loss of libido, (UTIs), prolonged monthly period and painful sexual intercourse despite enough arousal.

This was evident from some of the following participants' narratives:

"...It is not comfortable when he just forces himself on you; I usually have cuts in my private area and sometime even bleeding. ...He does this most often especially when he is drunk. One time, he had some sores on his penis but insisted on having sex ..." P2.

Another one said: *"...My husband would either hide or throw away my family planning pills and I ended up conceiving at a time I was not prepared to have another child..."* P3.

4.2.2.4. Chronic health problems

From the study findings, it was also noted that some participants were experiencing chronic health challenges that are associable with IPV. The findings revealed the following: traumatic deafness, loss of libido, pain or some discomfort during sex, raised blood pressure (hypertension), painful monthly periods, insomnia, stigma and low self-esteem, persistent headaches, nightmares, and loss of tooth. In addition, it included physical disability, STIs and HIV infection. Like noted earlier, loss of libido was common among the majority of the participants. Some participants experienced on and off abdominal pains, backaches as well as stress incontinence.

One of them stated *"...I have now noticed that when am annoyed my bladder easily get full and I would be passing urine most often ...In the night I have to wake up many times otherwise, I will end up messing up myself.I was never like this before ..."* lamented P11.

Another participant said:

"...I usually experience this backacheand this makes it hard for me to perform sexually. I hold back to avoid worsening the pain..." P7.

5.0. Discussion

Theme 1: Types of IPV experienced by spouses of Defense and Security personnel.

Theme 1, described participants' types of violence that characterized their experienced IPV. The theme was categorized into subthemes as use of physical force, mental torture, abusive sexual activity and snooping/trailing violence. These types of IPV have also been described in other studies (Stewart et al., 2016; DeBenedictis et al., 2014) as physical, sexual, psychological or emotional violence, stalking and controlling behaviour. Notably, these types of IPV were perpetuated for various reasons. Some of the grounds of IPV perpetration among female participants were failure to perform the home chores as expected, spouses' controlling behaviour and the desire for corporal punishment. Similarly, Adejimi et al., (2022) and Ward-Lasher, (2017) reported that IPV was triggered by spouse's jealousy and controlling behaviour, abuse of alcohol and other stimulants by partners. On the contrary, Becker et al., (2021) echoed that IPV arose out of structural and patriarchal systems partners have been subjected to. Equally, Lane et al., (2022) study established that military personnel perpetuated IPV mainly to assert power and control over their partners. However, the study exposed that regardless of the cause of violence, it still attracted relatively the same nature of violence. The use of physical force (physical violence) was more pronounced

on female participants. Many participants described the acts of experiencing physical violence from their spouses as ranging from whipping, slapping, punching, burning, kicking and pushing. Congruently, other studies in the military populations have also reported more females experiencing physical violence from their partners (Alves-Costa et al., 2021; Chimah et al., 2015). This infliction of pain on the spouses made many female participants to have fear in their own homes and reduced their decision-making autonomy on many aspects that affected their wellbeing and that of their family. The finding resonates with partner experiences of IPV perpetrated by military personnel found in other studies (Lane et al., 2022; Lopez, 2022; Kwan et al., 2020).

The study also revealed that participants admitted experiencing abusive sexual activities (sexual violence) from their military spouses that aroused feelings of rage and betrayal which others found hard to overcome. Some female participants' partners forced themselves on them (marital rape) or repeatedly demanded for sex. A minority of participants described experiencing this while asleep or during their menses. Others cited experiencing sexual acts that they did not find comfortable. Similar findings of marital rape have been unearthed in other studies (Munro-Kramer et al., 2018; Smith et al., 2018; WHO, 2016). The findings further shows that some spouses to female participants were sexually hyperactive owing to the use of traditional sexual boosters (Aphrodisiacs). Buchholz et al., (2017) also found that substance abuse was linked to sexual hyperactive which resulted into sexual violence against the partner.

The recorded acts of psychological violence in this study included the use of inappropriate language (vulgar/strong words), controlling behaviour, disrespecting comments, refusing to eat food prepared by a wife, not talking to each other (avoidance), and infidelity accusations raised up emotions among participants. Consequently, insulting, yelling and name-calling were also the participants' responses to provocations of use of physical force, trailing behaviour and in some cases abusive sexual activities by their spouses. These findings are not unique to this study; such acts of responses have been reported under psychological violence in other studies (FitzPatrick et al., 2020; Peatee, 2018; WHO, 2017). Nevertheless, the use of inappropriate /vulgar/strong language was the most common form of mental torture among female participants. Similarly, Alves-Costa et al., (2021) also observed that, the use of aggressive language (strong language) as a style of communication among the military population were commonly replicated at home as well.

Furthermore, some participants were experiencing negative emotions because their spouses were denying them the conjugal rights. This lead to misplaced anger or aggressive behaviour of wives towards their spouses or vice versa. This is similar to the study findings by Lane et al., ((2022) that showed IPV impacts negatively on the social functioning of the partner. Likewise, some participants did experience some undesirable emotions from their military spouses relating to the conflict between nature of their partner's work and their family's expectations. Correspondingly, Alves-Costa et al., (2021) and Kwan et al., (2020) reported psychological violence among military spouses resulting from work-family conflict and gendered expectations.

Almost half of the participants including the males in this study reported having experienced some sort of repeated surveillance by their military spouses. Spouses demonstrated stalking through behaviours such as handbag searching, phone call tracking and recording, and following them wherever they went. This was described as irritating, threatening and robbed the stalked spouses' a sense of freedom. Correspondingly, some studies (Senkans, McEwan and Ogloff, 2021; Smith et al., 2018) also affirmed that women were more likely to be stalked by their military partners. This included accessing personal

records, contacting friends or workmates and physically following them up. Similarly, Monckton-Smith et al., (2017) noted as well that more women were stalked via their phones and internet.

Theme 2: Impact of violence on spouses of Defense and Security personnel.

The study findings revealed a number of physical ailments that were associated with IPV such as; bruises, body swellings, ear injuries, broken teeth and eye injuries. Other ailments reported included; fractures, scars, body pains, dislocations, burns and abdominal pains. It was also noted that majority of the participants experienced multiple physical problems; the face and genital area were the commonest sites of injuries. Similarly, health problems such as facial, eye and mouth injuries, fractures, dislocations, and burns have been also recorded in other studies (Potter et al., 2021; WHO, 2021; FitzPatrick et al., 2020; Lutgendorf, 2019). Congruently, physical violence has a poorer health outcome on victims such as disability (St Ivany et al., 2018; Gagnon and DePrince, 2017). Moreover, physical disability problems has the potential to affect the spouses' self-esteem and body image.

The study findings also revealed that all the participants experienced psychological violence accompanied by any of the other forms of IPV. The most common psychological health problems experienced by participants were; shame or embarrassment, living in fear, persistent headaches, lowered self-confidence or esteem, and hatred towards their spouses. Moreover, others experienced lack of sleep, fatigue, nightmares, felt betrayed and trapped in their marriages. Furthermore, some psychological health problems reported by other participants included; loss of concentration, loss of appetite and interest in social activities relating to stigma. Equally, Chimah, (2015) study noted that psychological violence impacted negatively on the victim's health. Other studies (St Ivany et al., 2018; Gagnon and DePrince, 2017; McCloskey et al., 2016) also established that IPV led to mental health dysfunctioning among victims and was attributed to lowered self-confidence and concentration problems.

The study findings revealed that the reproductive health problems emanated from the abusive sexual activities, use of physical force and mental torture effects. Hence, most female participants sustained bruises in their private parts due to forced penetration (spousal rape), had STIs/HIV, unplanned pregnancy, disruption of contraceptives, loss of libido and urinary tract infections. Congruently, previous studies (Heise et al., 2019; Tenkorang, 2019; WHO, 2018) also reported that reproductive health challenges such as: sexual dysfunctions, unplanned pregnancy, abortion, pelvic inflammatory diseases, contraceptive sabotage and urinary tract infections were common among females who experienced IPV from their husbands.

The subtheme of chronic health challenges characterized those IPV health effects that were persistently experienced by the victims even in the absence of recent victimization (within 3 months). The study findings indicated that a minority of participants were experiencing difficulties with hearing (traumatic deafness) following an ear injury, sexual dysfunctional problems and body disfiguring. Furthermore, other chronic health challenges encountered by some participants included nightmares, emotional health complications and low self-esteem. These findings were consistent with previous studies (Kwan et al., 2020; Sparrow et al., 2020; WHO, 2021, 2017; Trevillion et al., 2015) that reported the association of IPV to a number of persisting health ailments such as difficulty sleeping, chronic pain syndrome, sexually transmitted infections, frequent headaches and substance abuse due to poor coping skills. Equally, Walker et al., (2020), Lutgendorf (2019) and Blanchard et al., (2018) studies observed that chronic health behaviours were more likely to stem from IPV.

6.0. Study limitations

While findings from this study provide important data on *“The health challenges encountered by spouses of the selected Defense and Security Wing personnel experiencing intimate partner violence (IPV) in Lusaka-district”* there are limitation to the study:

1. It is likely that sensitive topics such as IPV may be affected by nondisclosure due to many underlying factors (for example cultural, religious, and societal). Thus, it is possible that some participants did not disclose much of the IPV data in spite of participants being assured of confidentiality and anonymity.
2. The second limitation is that, although the qualitative method was considered a strength to this study, it was also a limitation. This is because qualitative methods are often less likely to be generalized to the entire community.
- 3.

7.0. Conclusion

Two major themes of focus emerged from the data. Theme 1 – Types of IPV, which was characterised by the different types of violence experienced by spouses. Mental torture was the most pronounced type of violence among study participants. Similarly, theme 2 – Impact of violence established that spouses suffered the following ailments: burns, ear injuries, broken teeth, eye injuries, persistent headaches, panic attacks, rage and hatred. Likewise, some participants continued to experience some IPV upshots, which were referred to as chronic health problems. These problems included physical disabilities, sexual dysfunctional problems, emotional complications, social stigma, and HIV infection. The findings of the study reveals that spouses of the selected Defense and Security Wing personnel experience various health problems that stemmed from each type of IPV. Therefore, midwives and other healthcare providers should actively screen every man or woman accessing healthcare services for IPV and treat or refer them appropriately.

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The authors declare no conflict of interest in the study.

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