PASK 2025-2026 Review

Topic #15: Partner Violence in Africa: A Decade of Evidence from 2013–2023

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Intimate partner violence (IPV) constitutes one of the most pervasive and complex public health and human rights challenges globally, with particularly profound implications across African countries. IPV encompasses physical, sexual, and psychological abuse, as well as coercive and controlling behaviors within intimate relationships, and its consequences extend beyond individual victims to affect families, communities, and broader social systems (World Health Organization [WHO], 2021; Muluneh et al., 2020). Although global attention to IPV has increased in recent decades, research in African contexts has historically been limited or overshadowed by competing public health priorities, such as infectious diseases and maternal health concerns (Palermo et al., 2014; Semahegn & Mengistie, 2015).

The present review builds upon the original Partner Abuse State of Knowledge (PASK) project (Esquivel-Santoveña et al., 2013), which provided a global synthesis of IPV research and identified key patterns across regions. The earlier PASK review highlighted that IPV is a widespread phenomenon affecting both men and women, with psychological aggression being the most commonly reported form, followed by physical violence, and with evidence suggesting bidirectionality in many relationships. It also identified consistent risk factors across contexts, including economic stress, substance use, and rigid gender norms, while noting that associations between national development indicators and IPV were not always consistent.

Extending this foundational work, the current review focuses specifically on African countries and synthesizes 352 quantitative studies published between 2013 and 2023. Using the same analytical framework, this study examines prevalence, gender differences, impacts, risk factors, development indicators, women's empowerment, and relationship dominance within the African context. By doing so, it provides a regionally grounded update that both confirms and refines earlier global findings, while highlighting context-specific dynamics that shape IPV across the continent.

Methodologically, this study employed a systematic review design, focusing exclusively on quantitative research conducted in African countries. A comprehensive search strategy was implemented across multiple academic databases, following procedures consistent with the original PASK review (Esquivel-Santoveña et al., 2013). From an initial pool of 6,325 articles, a rigorous screening process resulted in a final sample of 352 studies. These studies were systematically coded for key variables, ensuring comparability across findings and allowing for a structured analysis of patterns within the African context. Below is a summary of the published article as well as the accompanying tables, organized alphabetically by country.

The findings confirm that IPV remains alarmingly widespread across African countries, consistent with earlier global evidence indicating high prevalence rates in low- and middle-income regions (Esquivel-Santoveña et al., 2013). However, the current review reveals even greater variability across contexts, with extreme ranges in reported physical and sexual violence. Psychological abuse and controlling behaviors also emerged as highly prevalent, reinforcing previous findings that non-physical forms of violence are both widespread and often normalized. In contrast to earlier global conclusions that emphasized psychological violence as the most common form, the African-focused data suggest that physical and sexual violence are particularly prominent in many settings, highlighting the importance of contextualizing IPV patterns within regional sociocultural conditions.

Gender differences observed in this review are largely consistent with prior PASK findings, which identified IPV as affecting both men and women. However, the present analysis shows a clearer and more pronounced pattern of female victimization in African countries, particularly in relation to severe forms of violence such as physical and sexual abuse. At the same time, evidence of male victimization and bidirectional IPV aligns with earlier findings, although these experiences remain underreported due to cultural norms surrounding masculinity. Notably, similar to the earlier review, research on non-heterosexual populations remains virtually absent, indicating a persistent gap in the literature.

The impact of IPV identified in this review reinforces and extends previous findings regarding its profound psychological and social consequences. Consistent with global evidence, IPV is associated with depression, anxiety, trauma, and other mental health outcomes. However, the African context highlights additional dimensions, including significant reproductive health consequences and pronounced intergenerational effects on children. These findings underscore

that IPV is not only an individual-level issue but also a family and community-level phenomenon with long-term developmental implications.

Risk factors identified in this review largely mirror those reported in the original PASK study, confirming the robustness of ecological models of IPV. Alcohol use, low educational attainment, and exposure to violence in childhood remain central predictors across contexts. However, the current findings emphasize the particularly strong role of structural factors in African countries, including poverty, economic instability, and limited access to services. These structural conditions interact with deeply entrenched patriarchal norms that legitimize male dominance, reinforcing patterns of violence in ways that may be more pronounced than in other regions.

At the structural level, the relationship between national development and IPV provides important insights. While earlier PASK findings suggested that the association between development indicators and IPV was inconsistent, the present review identifies a clearer pattern in which lower levels of development are generally associated with higher IPV prevalence in African countries. Nevertheless, this relationship remains complex, as cultural norms, institutional capacity, and enforcement of legal protections play critical roles independent of economic development.

The role of women's empowerment also reflects both continuity and complexity in relation to earlier findings. Consistent with prior research, increased education, economic autonomy, and decision-making power are generally associated with reduced IPV risk. However, the present review provides stronger evidence of a backlash effect in highly patriarchal contexts, where shifts in traditional gender roles may provoke increased violence. This finding extends previous work by highlighting the conditional nature of empowerment and the need for broader cultural transformation alongside individual-level interventions.

Finally, the analysis of relationship dynamics offers one of the most significant contributions of this review. While the original PASK study found limited or inconsistent associations between dominance and IPV in some contexts, the African-focused evidence demonstrates a strong and consistent relationship between power imbalances and violence. Male-dominated decision-making, control over resources, and restrictions on women's autonomy are systematically associated with higher IPV rates. Conversely, shared decision-making and more egalitarian relationship structures are associated with lower levels of violence, underscoring the importance of addressing power dynamics in prevention efforts.

In conclusion, this updated PASK review confirms that IPV is a pervasive global phenomenon while also demonstrating that its expression in African countries is shaped by specific structural, cultural, and relational dynamics. Compared to earlier global findings, the African evidence highlights stronger associations with structural inequality, more pronounced gender asymmetries in severe violence, and a clearer link between relationship dominance and IPV. These findings underscore the need for comprehensive, culturally grounded interventions that address not only individual behaviors but also broader systems of inequality and social norms. Future research should prioritize longitudinal designs, underrepresented populations, and the evaluation of interventions that are responsive to the diverse realities of African contexts.

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NOTE: References organized alphabetically by country

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Algeria	Mellouki et al., 2023	2138 women	Adult women 18 years of age or older. The average age was 33.91 ± 9.02 years, and 64.5% were unemployed at the time of the survey. 93.5% had a formal marital status (legal marriage) at the time of aggression (93.5%). 49.5% of the victims had one or two dependent children, while almost a quarter had between three and four children. An average of two children was observed.	A cross-sectional descriptive study was conducted over three months (first quarter of 2018) at the forensic exploration unit of Annaba Hospital. The study included 200 women who had been abused by an intimate partner. It focused on the impact of maltreatment on physical health, incorporating the World Health Organization's definition of health status, which considers both mental and social aspects.	**Prevalence of Domestic Violence** 9.35% of the participants were exposed to domestic violence. Out of this, 93% the interviewed victims reported experiencing emotional abuse; 46.5% declared having suffered from economic violence, and 27.5% declared having suffered marital sexual violence. **Associated Factors** Victims are more likely to present multiple somatic and psychic disorders: aggravation and imbalance of previous pathologies, acute posttraumatic stress disorder, and suicide attempt; moreover, this mistreatment increases the risk of abortion, threats of premature delivery, and sexually transmitted infections. Intimate partner violence goes hand in hand with negative and dangerous health behaviors and with alcohol and toxic substance consumption.
Angola	Stojetz & Brück, 2023	759 males	Male war veterans residing in Huambo who were ever part of an armed group during the Angolan War. No more information given.	Data was obtained from the Study of Angolan Ex-Combatants (POEMA). The survey detailed information on war and military service experiences, pre-service background and post-war social, economic and political behaviors twelve years after the end of the war. Veterans had to	**Prevalence of IPV** 44% of respondents' partners report having experienced (any form of) domestic violence and 12% reported sexual violence in the last 12 months . **Associated Factors** There is a strong link between exposure to wartime sexual violence and domestic violence 12 years after the end of the war, estandardized beta of .33 ($p < .10$).

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				complete two interviews. First, a private household-level interview, together with their (main) cohabitant partner, if they had one at the time of the survey. Second, a private individual interview, which included extensive modules on pre-military service, military service and war experiences.	

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Angola	Yaya & Ghose, 2019[3]	7,669 women	The mean age was 27.65 years (SD = 9.25) with a range of 15-49.	This study utilized data from the 2015–2016 Angola Demographic and Health Survey (DHS), the first standard DHS survey conducted in Angola under the National Development Strategy Program and the Millennium Development Goals. Data collection occurred between October 2015 and March 2016. The study employed cross-sectional data on women from the nationally representative sample. A multistage sampling technique was used, involving the systematic selection of clusters at the national level and final household selection within those clusters. The outcome measure was the self-reported experience of abusive behavior/actions by husbands or partners. Data analysis was conducted using descriptive and logistic regression methods.	**Prevalence of IPV** Physical IPV (32.3%, 95% Confidence Interval = 30.3 to 34.5), emotional IPV (27.3%, 95% CI = 25.3 to 29.4) and sexual IPV (7.4%, 95% CI = 6.6 to 8.4). **Associated Factors** Women in the rural areas had significantly lower odds of reporting all three types of IPV. Women with higher education were less likely to experience IPV compared with those with no education (except for those in the highest education category). Women in the higher wealth quintile households in general had lower odds of experiencing physical and sexual IPV. The odds of physical IPV in the highest wealth quintile was 0.696 times [95% CI = 0.510, 0.950] lower compared with those in the lowest quintile. Women engaged in blue collar profession had 1.182 times [95% CI = 1.029, 1.358] higher odds of experiencing any form of IPV. The odds of experiencing physical IPV was lower for the female-headed households [OR = 0.832, 95% CI = 0.723, 0.958]. Regarding husband/partner's characteristics, having primary level education was associated with higher odds of physical and emotional IPV. Husband/partner's blue and white-collar professions were associated with higher odds of sexual and emotional IPV. Alcohol drinking was significantly associated with higher odds of physical [OR = 2.950; 95% CI = 2.632, 3.306], emotional [OR = 2.470; 95%

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					CI = 2.187, 2.789] and sexual [OR = 2.729; 95% CI = 2.220, 3.354] IPV. Having an age gap of 6–10 years showed a protective effect against experiencing IPV [OR = 0.848, 95% CI = 0.746, 0.965]. Women who reported experiencing physical IPV had increased odds of drinking alcohol [OR = 1.474; 95% CI = 1.290, 1.684] compared with those who did not.

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Angola	Nimi et al., 2019[3]	995 women	Maternal ages of women were 13-30 years. 38.4% had 9-12 years of education, 77.6% were married or in cohabitation, and 51.9% were from urban areas.	A cross-sectional study was conducted between December 2012 and February 2013, involving 995 women who delivered at a maternity hospital in Luanda, Angola. Data were collected through face-to-face interviews using a structured questionnaire administered by six trained interviewers in a reserved area, ensuring the absence of the husband or partner during the interview.	**Prevalence of IPV during pregnancy** Any Type of Violence: 13.0% (95% CI: 11–15%); Physical Violence: 4.3% (95% CI: 3.1–5.6%); Psychological Violence: 7.7% (95% CI: 6.1–9.2%); Sexual Violence: 0.2% (95% CI: 0–0.5%) **Associate Factors** The occurrence of physical violence decreased with increasing age and education, and was more common among women who consumed alcohol during pregnancy, while psychological violence was significantly more frequent among women aged 20 to 24 years and those who had their first sexual intercourse before the age of 15, and less frequent among those who were married or in cohabitation.
Benin	Ogboghodo & Obarisiagbon, 2019	750 males and females	Young people aged 15-24 years. Mean age was 20.7 ± 2.01 years. 62.8% were females, 79.4% of the respondents had secondary level of education, 20.4% had tertiary level of education, and only 0.5% had primary level of education. 93.2%, did not live with their partners.	This descriptive cross-sectional study was conducted in Benin City, Edo State, among young persons aged 15–24 years. A two-stage sampling technique was used to select participants. Data were collected using a pre-tested self-administered questionnaire adapted from the WHO multi-country survey on domestic violence. The analysis was performed using IBM SPSS version 22.0, with a significance level set at $p < 0.05$.	**Prevalence of lifetime Dating Violence** The lifetime prevalence of dating violence (DV) was 52.3%, of which psychological was the highest with a prevalence of (45.2%), followed by sexual (13.2%) and physical (12.0%) violence. **Prevalence of last 12-months Dating Violence** Prevalence of all forms of dating violence among respondents was 47.2%, while the prevalence of psychological form of dating violence was 39.2%, followed by sexual with 11.2%, and physical with 10.8%, forms of DV. **Associated Factors** The association between risky sexual

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					behavior and one-year prevalence of DV was statistically significant (p = 0.001). The association between aggressive behavior and one-year prevalence of DV was statistically significant (p =0.005). The association between engagement in unhealthy behaviors and one-year prevalence of DV was statistically significant (p <0.001).
Botswana	Barchi et al., 2021	469 women	Women with mean age of 31.2 (SD= 10) years, 62.1% had secondary education, 50.6% were living together/in union and 81.8% were not working for wages. 80% of the had one or more children, and 18% of the women in the sample were employed at the time of study.	The study utilized cross-sectional data collected in 2009-2010 from Maun, Botswana, a peri-urban settlement. Interview instrument comprised 82 semi-structured questions covering sociodemographic characteristics, women's health, decision-making processes, and experiences of violence. To investigate the association between recent experiences of emotional, physical, or sexual IPV and major depressive disorder (MDD), three binary logistic regression analyses were conducted. These regressions aimed to identify significant associations between IPV and MDD.	**Prevalence of IPV** 41% reported experiencing some form of intimate partner violence (IPV) in the 12 months preceding the study, with emotional violence reported by 23%, physical violence by 37%, and sexual violence by 10%. Specifically, rates of any form of IPV were reported as 41.9%, emotional violence at 22.9%, physical violence at 37.2%, and sexual violence at 10.0%. **Associated Factors** Women who experienced emotional violence (OR= 1.89, 95% CI= 1.046-3.427, p= <.05) and physical violence (OR= 1.82, 95% CI= 1.011-3.275, p= <.05) were more likely to present with major depressive disorders. These findings indicate a significant association between experiences of emotional and physical IPV and the presence of major depressive disorders among the study participants.

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Cameroon	Mulat et al., 2022[3]	4,903 women	Ever-married women between 15-49 years with a mean aged of 31.3 (DE= 8.4) from Cameroon, where the 50.5% were living in rural areas, 36% had secondary education level, 41.5% were poor, and 70.9% were not working.	The study employed a cross-sectional survey design, utilizing data from the 2018 Demographic and Health Survey of Cameroon to investigate domestic violence (DV), including physical and emotional violence. Statistical analyses involved bivariable and multivariable logistic regression techniques, with a significance threshold set at a p-value < .02.	**Prevalence of IPV** The prevalence of domestic violence (DV) in the past 12 months among ever-married Cameroonian women was 30.5% (95% CI: 29.3%, 31.8%). In the past 12 months, women reported experiencing emotional (21.87%), physical (18.7%), and sexual (6.5%) violence. **Associated Factors** Factors significantly associated with DV included women's higher educational attainment (AOR=0.58, 95% CI: 0.37, 0.92, p=0.004), husbands with primary educational level (AOR=0.83, 95% CI: 0.0, 0.9, p=0.04), husbands who drink alcohol (AOR=3.00, 95% CI: 2.56, 3.53, p<0.001), and the geographical region of residence, specifically in the west (AOR=2.48, 95% CI: 2.56, 3.53, p<0.001), south (AOR=1.89, 95% CI: 1.31, 2.72, p=0.001), and Yaoundé (AOR=1.65, 95% CI: 1.14, 2.39, p=0.009). In the past 12 months, women reported experiencing emotional (21.87%), physical (18.7%), and sexual (6.5%) violence.

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Cameroon	Fiorentino et al., 2019	894 women	Women with a median age of 37 years. 80% were living in urban areas, 63% were profesisonally active, and 60% had a secondary educational level.	The EVOLCam cross-sectional survey was conducted across 19 hospitals in the Center and Littoral regions. The study included antiviral therapy–treated women who reported at least one sexual partner in the previous year. Scores for recent emotional, physical, extreme physical, and sexual intimate partner violence were derived using principal component analysis and categorized into no, occasional, or frequent intimate partner violence. Multivariate logistic regression analyses were used to examine the relationship between intimate partner violence and antiretroviral therapy interruption of one month or more, along with associated factors.	**Prevalence of IPV** Emotional IPV: 29%; Physical IPV: 22%; Extreme Physical IPV: 13%; Sexual IPV: 18%. **Associated Factors** Frequent physical intimate partner violence was a significant risk factor of antiretroviral therapy interruption ⩾1 month (adjusted odds ratio = 2.42 (95% confidence interval = 1.00; 5.87)). It was also associated with HIV-related stigma (2.53 (1.58; 4.02)), living with a main partner (2.03 (1.20; 3.44) and nondefensive violence against this partner (5.75 (3.53; 9.36)).
Côte d'Ivoire	Falb et al., 2014	981 women	77.1% of the women were married with a mean age of 37.4 years, and the majority had not received formal schooling. The most common religion was Christian. Nearly 75% of women had four or more pregnancies.	Cross-sectional data from 981 women who participated in the baseline survey of a randomized-controlled trial in rural Côte d'Ivoire in October 2010 were analyzed for reports of reproductive coercion. Descriptive statistics and bivariate associations between intimate partner violence,	**Prevalence of IPV** Lifetime physical or sexual IPV: 49.8%. **Associated Factors** Lifetime IPV was associated with a 3.7 increase in odds of reporting reproductive coercion (95% CI: 2.4–5.8) compared to women who did not report such victimization.

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				reproductive coercion, and demographic variables were assessed using Wald Type 3 effect p-values from bivariate generalized estimating equations (GEE), which accounted for clustering at the village level. Logistic GEE models were used to estimate unadjusted and adjusted odds ratios.	
DR Congo	Corley et al., 2021	784 (674 females and 110 males)	86% female, 31% were between the ages of 20 and 43, 26% between 35 and 44, and 43% were 45 or older. 69% were married.	Cross-sectional survey data were analyzed from adults enrolled in a series of random-ized control trials aimed at improving outcomes related to economic well-being, family functioning, and gender equality. Gender attitudes were assessed using an adapted version of the Social Norms and Beliefs about Gender-Based Violence Scale, while socioeconomic status was measured using the Household Food Insecurity Access Scale. Female participants reported on their experiences of controlling behaviors, psychological abuse, physical violence, and sexual violence by male partners, who were asked about their perpetration of these IPV	**Prevalence of IPV** 61% reported having ever experienced or perpetrated controlling behaviors, 25% reported having experienced or perpetrated psychological abuse, and 28% reported having experienced or perpetrated physical or sexual abuse. **Associated Factors** Membership to Gender Equitable except Tolerant of Husband's Home-Life Dominance (a class expressing gender equitable attitudes but accepting of men's primacy within the domestic sphere) or Fully Gender Equitable was associated with lower odds of experiencing or perpetrating psychological abuse. Membership to Gender Equitable except Tolerant of Husband's Home-Life Dominance, had nearly half the odds of reporting ever experiencing or perpetrating physical and/or sexual violence as compared to those in the reference group, Tolerant of IPV.

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				behaviors. To detect symptoms of anxiety and depression, the Hopkins Symptom Checklist-25 (HSCL-25) was employed, and the 16-item version of section four of the Harvard Trauma Questionnaire used to evaluate PTSD-related symptoms over the past seven days.	
DR Congo	Kidman et al., 2015	2,859 women	Married women, aged 15-49 years. 87.8% were currentrly married and 56-7% had none or incomplete primary education.	This study analyzed data from the 2007 Democratic Republic of Congo (DRC) Demographic and Health Survey (DHS), which used a multi-stage stratified cluster sample of 8,886 households across 300 villages or neighborhoods. Women aged 15 to 49 were interviewed on reproductive health topics, with a domestic violence module administered to a randomly selected woman from every other household. The analysis focused on 2,859 ever-married women. The primary outcome was current use of a modern contraceptive	**Prevalence of lifetime IPV** 59% of the women surveyed reported experiencing at least one form of IPV with their current or most recent partner; 52.8% reported physical violence; 32.4% reported sexual violence **Associated Factors** Women having ever experienced sexual IPV had 68% higher odds of currently using a modern method of contraception (adjusted OR 1.68; 95% CI 1.20, 2.35).

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				method, with key independent variables being individual-level experiences of intimate partner violence (IPV) and community-level IPV measures. Physical and sexual partner violence were assessed using a modified Conflict Tactics Scale, and community conflict exposure was measured using the Armed Conflict Location and Events Dataset (ACLED).	
DR Congo	Scolese et al., 2020	98 women	Mean age 33.33 years, average househlod size was 7.4. 16.33% were displaced at the time of the survey.	Utilizing formative and baseline data from the International Rescue Committee's (IRC) "Safe at Home" program, this mixed-methods study aimed to address shared risk factors for the co-occurrence of violence against women and violence against children within households. The quantitative aspect of the study employed a cross-sectional research design, drawing data from a pilot program named 'Safe at Home' in the Democratic Republic of Congo. The variables explored encompassed sociodemographic characteristics, disabilities, and intimate partner violence (IPV). Logistic regression was	**Prevalence of IPV** 78.57% reported experiences of intimate partner violence (IPV), encompassing physical and/or sexual violence. In terms of specific types of IPV, 73.47% reported sexual IPV and 60.20% reported physical IPV. **Associated Factors** Women with mild disabilities reported higher rates of IPV at 85%, comprising 67.5% for physical IPV and 77.5% for sexual IPV, while those with severe disabilities reported rates of 76.5%, 47.1%, and 70.6%, respectively.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				employed to examine the association between disability and IPV.	
DR Congo	Tiruneh et al., 2018[3,4]	5,120 women	Married women aged 15 to 49 years. No more information given.	This cross-sectional study used data from the DRC Demographic and Health Survey (DHS) conducted from November 2013 to February 2014. It analyzed 5,120 women, including a subgroup of 4,001 who had given birth within the last five years. IPV was assessed through self-reports of violence from current or former partners. Pregnancy loss was determined by asking about miscarriages, abortions, or stillbirths. Key variables included controlling behaviors, justification of wife-beating, and decision-making autonomy. The study employed a stratified two-stage cluster sampling design and used chi-squared tests and Spearman correlations	**Prevalence of IPV** The study found that 54.89% of women experienced any form of IPV, with 44.93% reporting physical IPV, 33.14% emotional IPV, and 24.77% sexual IPV. **Associated Factors** Women who justified wife-beating, had partners with controlling behaviors, had mothers who experienced IPV, held secondary or higher education, or had partners who consumed alcohol were more likely to report IPV. Female decision-making autonomy was negatively associated with IPV. All IPV types were positively linked to pregnancy loss. Among the sample, 81.2% reported controlling behaviors by their husbands, 76.3% justified wife-beating, and 75.3% had some decision-making autonomy. Pregnancy loss and unwanted pregnancy were associated with higher IPV outcomes.

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				to examine associations between individual and community-level characteristics and the outcomes.	
DR Congo	Tlapek, 2015	1,821 women	Married or cohabitin women. Aged 15-40. 40.9% had primary education, 27.2% had no education, and 31.9% had secondary or higher education.	The study analyzed data from the 2007 Congo Demographic and Health Survey (DHS) to evaluate the risk and protective factors associated with intimate partner violence (IPV) and the influence of women's status, a factor previously implicated in IPV research. The analysis focused on a sample of married or cohabiting women aged 15 to 49. Four logistic regression models were utilized to test the relationships between physical, sexual, emotional, or any violence, and the independent variables of interest. Each model corresponded to a specific type of violence (physical, sexual, and emotional), with an additional	**Prevalence of IPV** 30% had experienced sexual violence from an intimate partner in their lifetime, 41.4% had experienced emotional violence, and 53.6% had experienced physical intimate partner violence (IPV). Additionally, the results indicated that 68.2% of respondents experienced at least one of the three types of IPV in their lifetime. **Associated Factors** An attitude of acceptance toward spousal violence was associated with increased risk for physical and emotional IPV. Women who were the only wife of their husband were half as likely to experience IPV compared with women whose husbands had other wives or women who did not know their husbands' marital status. Partner's use of alcohol was associated with nearly doubled risk for both physical and sexual IPV.

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				model addressing any form of IPV. The study was designed as a cross-sectional study to explore the risk and protective factors associated with IPV among women in the Congo using logistic regression analysis.	
DR Congo	Vaillant et al., 2020	1,387 Adult men and 1,220 female partners	Men with mean age of 41 years who were having living in the community for at least 6 months. Women had mean age of 35 years. Both had some schooling (77% and 44% respectively). The household size average was 7.3 members.	In this study, data was obtained from an intervention aimed at reducing intimate partner violence (IPV), with IPV prevalence measured at baseline before the intervention. The study employed a two-armed, matched-pair, cluster randomized controlled trial design. One group received attendance by an EMAP program designed to transform gender relations, while the other served as a control group. Interviews were conducted with men and their female partners.	**Prevalence of IPV** Rates of IPV reported by women at baseline were as follows: 72.1% for any IPV, 37.1% for physical IPV, 29.9% for sexual IPV, 65.5% for emotional IPV, 48.5% for physical or sexual IPV, and 33.4% for severe physical IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Egypt	Abdelghani et al., 2021	835 women	Pregnant women with a mean age of 28.7 ± 6.04 years. 88% were educated, 73.1% were rural residents, and 77.2% were housewives.	This cross-sectional study included 835 pregnant women receiving antenatal care at Zagazig University Obstetrics and Gynecology Outpatient clinics from October 1, 2017, to September 30, 2018. Sociodemographic and clinical data were collected using a semi-structured questionnaire. Clinical data covered lifetime exposure to intimate partner violence (IPV), including physical, verbal, emotional, economic, and/or sexual abuse by a current or former partner. Psychometric assessments included the Beck Suicidal Ideation Scale (BSS), Zagazig Depression Scale (ZDS), Hamilton Anxiety Rating Scale (HAM-A), and the Structured Clinical Interview for DSM-IV-TR Axis II Personality Disorders (SCID-II) to evaluate suicide ideation, depression, anxiety, and personality disorders. The study also investigated possible pregnancy-related variables.	**Prevalence of Lifetime IPV** Overall: 46% of women reported experiencing IPV at least once throughout their relationship with their spouses. **Associated Factors** Odds of Currents Suicide Risk among pregnant women increased with those who had a history of IPV exposure (OR 8.8, 95% CI: 2.8, 27.7).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Egypt	Abdelhai & Mosleh, 2015	376 women	Pregnant women. The mean age of all participants was 27.8±5.99 years. 25.5% were illiterates and 64.6% had reached an educational level below a university degree. Women in the third trimester constituted 61.7% of the studied group, with 13.8% being pregnant for the first time. The mean number of pregnancies was 2.38 ± 1.78, and the majority of participants (81.4%) had at least one live birth.	This cross-sectional study, conducted from January 20 to March 24, 2013, involved a systematic random sample of 376 pregnant women attending the antenatal care outpatient clinic at Egypt's largest university hospital. Participants were interviewed using a structured questionnaire covering three components: sociodemographic characteristics, the Hospital Anxiety and Depression Scale (HADS), and the Hurt, Insulted, Threaten, Scream (HITS) inventory for domestic violence screening. The HITS inventory, consisting of four items, assesses how often a partner physically hurts, insults, threatens, or screams at the participant, with total scores ranging from 4 to 20. A score above 10 indicates a positive screening for intimate partner violence (IPV).	**Prevalence of IPV** Exposure to domestic violence (DV) during pregnancy was detected in 30.6% of participants. Among these, 49.6% reported being insulted by their husbands, 55.7% experienced frequent screaming or cursing, 28.7% were threatened with harm, and 25.2% were physically abused. **Associated Factors** Additionally, 9.8% of women reported problematic relationships with their husbands, with 81% of these women showing anxiety and depressive symptoms, and 83.8% experiencing IPV. Women with symptoms of depression alone or combined anxiety and depression were three times more likely to report exposure to DV compared to those without such symptoms [odds ratio (OR) = 3.1, 95% CI: 1.1–8.3 and OR = 3.3, 95% CI: 1.5–7.3, respectively]. Multivariate logistic regression confirmed that simultaneous anxiety and depression were independently associated with DV exposure (OR = 3.27, 95% CI: 1.28–8.34, P = 0.013).
Egypt	Corradini & Buccione, 2023	8,598 women	5022 ever married women aged 15 to 49 from Egypt.	Two sources of data were used from the Demographic and Health Surveys (DHS) collected in Egypt in 1995 and 2005, respectively 5 years before and 5 years after Khull the reform.	**Prevalence of IPV** 36.5% reported domestic violence in the past 12 months. **Associated Factors** The effect of the reform on domestic abuse (Khull) is large, negative and statistically

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				The main analysis uses repeated cross sections	significant, corresponding to a reduction of domestic violence of about 58%.
Egypt	Vyas, 2017	6274 women	All ever-married women, ages 15–49. 23% had no schooling and 53.8% had completed secondary schooling or higher. Women's participation in the labour force was low with only 15% reporting they had worked in the past 12 months — the majority of whom worked in the professional/service sector.	This study utilized nationally representative cross-sectional demographic and health survey data from 2014, focusing on ever-married women aged 15–49. Among the participants, 23% had no schooling, while 53.8% had completed secondary schooling or higher. Only 15% of the women reported labor force participation in the past 12 months, primarily in the professional/service sector. Multivariate logistic regression was used to assess the relationship between past year partner violence and self-reported STI symptoms among currently married women. Respondents answered seven questions on physical violence and three on sexual violence.	**Prevalence of lifetime IPV** 24.8% reported they had experienced physical or sexual partner violence in their lifetime; 21.1% had experience physical violence only; 3.3% had experienced both physical and sexual violence; and few 0.4% had experienced sexual violence only. **Prevalence of past 12-months IPV** 14% reported they had experienced physical or sexual partner violence; 11.3% had experienced physical partner violence only; 2.1% physical and sexual partner violence; and 0.5% had experienced sexual partner violence only. **Associated factors with IPV** 29.5% of women who had not been abused in the past 12 months self-reported past year STI compared with 52.4% of abused women.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Egypt	Yaya et al., 2021[3]	12,205 women	Ever married women. 20% had an age range from 25 to 29 years. 55.2% of them resided in rural regions. Over 50% had secondary-level education. Over 25% had never attended school, 60.8% completed at least secondary-level education. 95% of the women came from an Islamic religious background.	Cross-sectional data from the Egypt Demographic and Health Survey (EDHS) collected from ever-married women aged 15 to 49 years. Data from the 2005 (n=5613) and 2014 (n=6692) surveys were pooled and analyzed to investigate the associations between individual and societal factors and intimate partner violence (IPV). IPV was self-reported by the women and classified into three categories: physical, sexual, and emotional violence. The relationships between these factors and the occurrence of IPV were quantified using logistic regression methods.	**Prevalence of IPV** 29.4% of ever-married women aged 15 to 49 years reported experiencing some form of violence from their husbands. Physical violence was the most reported, with 26.7% of women experiencing it overall. Emotional violence was reported by 17.8% of women. Sexual violence was least prevalent, with 4.6% of women reporting any sexual violence Violence rates showed a slight decrease over time, with physical violence reported by 30.2% in 2005 and 23.8% in 2014, emotional violence 17% in 2005 and 18.5% in 2014, and sexual violence 5.7% in 2005 and 3.8% in 2014. **Associated Factors** Women in the age group of 25 to 29 years had the highest odds (odds ratio [OR] = 1.539, 95% confidence interval [CI] = [1.327, 1.785]) of suffering from any form of IPV. Women residing in urban areas (OR = 1.149, 95% CI = [1.046, 1.262]), having only a primary level education (OR = 1.756, 95% CI = [1.543, 1.999]), being followers of Islam (OR = 1.713, 95% CI = [1.379, 2.126]), and having husbands with no education (OR = 1.422, 95% CI = [1.263, 1.601]) reported having higher odds of experiencing any form of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Egypt	Yount et al., 2014[3]	564 women	Ever-married women between 22-65 years with mean age of 38.1 years, from rural areas in Minya, Egypt.	The sample included ever-married rural women aged 22–65 from Minya, who participated in the 2005 Egypt Demographic and Health Survey (EDHS) and a follow-up survey in 2012. The 2005 EDHS sample was drawn from an updated version of the 1996 national census frame, using an urban/rural stratified three-stage cluster design. Nationally, 22,807 sampled households were interviewed (a response rate of 98.9 %), in which 19,565 ever-married women aged 15–49 completed a Woman Questionnaire (a response rate of 99.5 %). In a one-third subsample of interviewed households, one ever-married woman aged 15–49 from each household (n = 5,711) was selected randomly to complete an IPV module, of whom 5,613 (98.3 %) participated.	**Prevalence of IPV** 67% of women reported lifetime exposure to any form of intimate partner violence (IPV), with 63% reporting exposure to psychological IPV and 54% reporting exposure to physical or sexual IPV. 32% reported any IPV, 20% reported physical or sexual IPV, and 30% reported psychological IPV in the last year. **Associated Factors** Women exposed to any lifetime physical or sexual IPV had marginally higher adjusted odds (aOR) than their counterparts of performing market work in the prior month (aOR = 1.57, $p < .10$). Compared with women never exposed to IPV, those ever exposed to psychological IPV only, to any physical or sexual IPV, and to any IPV had at least marginally lower adjusted odds of performing care work in the prior day. Women exposed to recent and chronic physical or sexual IPV also had higher adjusted odds of performing market work in the prior month. For example, compared with their counterparts, women exposed to physical or sexual IPV in the prior year had marginally higher adjusted odds of performing market work in the prior month (aOR = 1.62, $p < .10$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Egypt	Ghaly et al., 2019	300 women	47.7% of the women were aged 30 to less than 40 years, 41% aged 20 to less than 30 years, with a mean age of 30.01 ± 6.15 years. 33.7% had no formal education, 18.3% had basic and 27% secondary education. 82.3% were housewives, 79.2% were working as professional workers, 20.8% were working as non-professionals, and 54.7% of women were living in rural areas.	A simple descriptive research design was used for a study conducted at El-Shatby Maternity University Hospital in Alexandria. Infertile women aged 15-49 years, married for at least one year without using contraceptives, and with primary infertility were selected. Data were collected using two tools: 1) a socio-demographic and clinical data structured interview schedule, and 2) an intimate partner violence structured interview schedule.	**Prevalence of IPV** 96.3% of women were exposed to psychological violence, 50.7% were exposed to physical violence. 45.7% were exposed to sexual violence. **Associated Factors** A statistically significant difference was found between the wife's age and the exposure to sexual violence. Where, 90.5% of women who were exposed to sexual violence were aged 20 to less than 40 years. Another statistically significant difference was observed between women's residence and exposure to physical violence. In this regard, more than three-fifths (61.8%) of women who exposed to physical violence were living in rural areas.
Egypt	Ghoneim et al., 2021	638 women.	Women, with a mean age of 31.6 years in the case group and 30.9 in the comparison group.	To evaluate domestic violence and sexual dysfunction in infertile women, women complaining of infertility (primary or secondary infertility) were recruited. A control group of fertile women attending the outpatient clinic for any concern was recruited. Domestic violence was evaluated using the Arabic validated NorVold Domestic Abuse Questionnaire (NORAQ). Female sexual function was evaluated using	**Prevalence of IPV** The overall women's exposure to violence was 51.4%. Infertile women were exposed to violence in a proportion of 156 (50.98%) and the fertile ones in a proportion of 172 (51.81%) with a p-value of 0.83.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				the Arabic validated female sexual function index.	
Egypt	Mansou & Mohdy, 2018[3]	246 women	Women with a mean of 31.6 ±5.5 years. 39% had intermediate education, 42% were housewives, and 91.5% had primary infertility that lasted 6 years and more.	A cross-sectional study was conducted in 2018 with 246 infertile women at Adam International Hospital in Cairo, Egypt. Participants were interviewed using a validated questionnaire to assess violence against women. Demographic data for both the women and their husbands were collected. Additionally, a researcher-made questionnaire and a general health questionnaire were used to assess the prevalence and types of intimate partner violence, as well as factors influencing its occurrence against infertile women.	**Prevalence of IPV** 33.3% reported sexual violence, 22.8% reported psychological violence, and 39.2% reported physical violence. **Associated Factors** It is evident that older women (30+), those having low education and low family income were more likely to suffer from severe violence compared to the other groups of women (64.3%, 64.3% and 64.3%vs. 35.7%, 35.7% & 35.7% respectively). The same pattern of significant relation was found between the severity of IPV and husband's education, job and smoking status as well as his exposure to chronic diseases (<0.001).
Eswatini	Fielding-Miller & Dunkle, 2017	401 women	Women with a mean age of 25 years, in their 6th month of pregnancy, and with 1–2 children already living in the home (range: 0–11).	Between February and June 2014, a cross-sectional study was conducted with women attending one rural and one urban public antenatal clinic in Swaziland. The survey, created in English and translated into siSwati, aimed to assess	**Prevalence of IPV during the past 12-months** 40% of women reported experiencing some form of IPV in the past 12 months: 28.75% Emotional IPV, 15.25% Physical IPV, and 13.75% Forced Sex Incidents. **Associated Factors** Receiving more material goods from a sexual

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				constrained relationship agency (CRA) as a latent variable. Structural equation modeling was employed to examine whether CRA plays a significant role in the pathway between intimate partner violence (IPV) and transactional sex.	partner was not associated with higher levels of physical or sexual IPV and was protective against emotional IPV. Constrained relationship agency was the single largest predictor of IPV.
Eswatini	Fielding-Miller et al., 2022	399 women	Women´s mean age was 24.5 years (range 18–42) and the mean number of children cared for was 1.5 (range 0–11). Approximately 55% of the sample reported living in a rural area, nearly two-thirds had attained at least some secondary school, and the large majority (71.4%) had partners who had attained either secondary or tertiary education.	Data were collected between February and June 2014 as part of a larger project assessing women's perceptions of HIV and transactional sex. The study was conducted at two antenatal clinics (one rural and one urban) to ensure linkage to care and counseling. Eligibility included being an antenatal clinic patient aged 18 or older and comfortable speaking Siswati. IPV was measured using items from the revised Conflict Tactics Scale, alongside demographic and partner characteristics. Analysis involved initial univariate analyses, followed by generalized linear models with the full sample, and fully-adjusted stratified analyses by partner alcohol use.	**Prevalence of IPV** 39% of respondents reported experiencing IPV in the past year with their most recent sexual partner. **Associated Factors** Women who reported their partner drank alcohol were at 39.7% higher risk of experiencing IPV relative to women who reported their partner did not drink alcohol (95% CI: 1.10–1.78). Access to loans of food or cash was associated with lower probability of IPV in the full sample, but these associations varied based on partner drinking status. Among women whose partners drank alcohol, those who knew someone who could loan them food were at 43% less risk of experiencing IPV relative to women who did not feel they could easily access a food loan (RR 0.57, 95% CI: 0.41–0.78). However, access to food loans was not significantly associated with lower relative risk for women whose partners were nondrinkers (RR 0.75, 95% CI 0.52–1.09). Conversely, women who reported their partners did not drink and that

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					it would be relatively easy to secure a small loan (E50 [~$4 USD]) were 41% less likely to be at risk of IPV (RR 0.59, 95% CI: 0.42–0.84), whereas the ability to secure a small loan was not significantly protective against IPV for women whose partners drank alcohol (RR 0.86, 95% CI: 0.61–1.23). Larger loans had a similar effect.
Eswatini	Bloom et al., 2022[3]	396 women	Swazi pregnant women who sought antenatal care at one rural and one urban–public antenatal clinic in 2013–2014. Mean age 24.6 years (SD = 5.0). 3.6% had secondary or above education.	Cross-sectional data from 406 Swazi women who sought care at rural and urban public antenatal clinics in 2013–2014 were analyzed to understand the association between food insecurity, agency, and intimate partner violence (IPV). The incidence rate ratio (IRR) of the number of violent events (emotional, physical, and sexual IPV) in the past 12 months was assessed using Poisson regressions.	**Prevalence of IPV** 54% experienced some form of IPV with their most recent sexual partner in the previous 12 months. The median number of violent events reported in the last 12 months was 2, and the mean was 3.7 (range 1–21, SD = 3.6). **Associated Factors** Higher levels of food insecurity were associated with increased IPV risk (weekly: IRR = 2.18, 95% CI = 1.82–2.61; daily: IRR = 3.53, 95% CI = 2.89–4.32). Constrained agency increased women's risk of IPV (IRR = 1.44; 95% CI = 1.22–1.70).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Bekele et al., 2017	220 women	Women aged 25-34. 84% were married, 82% were Oromo in Ethnicity, 70% were housewives, and 49% were illiterate 49%. Most of the mothers get a monthly family income in the range of 651-1400 Ethiopian Birr (40%), and 44% of the mothers had a family house greater than 5 family members.	Facility based, cross-sectional descriptive study was employed. Sample size was determined using single population estimation formula with the assumption of 95% confidence interval, 5% and considering the 51% proportion of previous study. Data was collected from the mothers through face-to-face interviews using structured questionnaires. The collected data was being coded, sorted and processed using manual compilation and analyzed using descriptive parameters (SPSS version 16.0) and other electronic devices.	**Prevalence of IPV** 28.5% mothers who had a preterm birth were encounter spouse abuse/domestic violence, 57.1% of mothers at term, and 20% who delivered at post-term reported the same type of violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Abebe Abate et al., 2016	282 women	Pregnant women with a mean age of 27 years (SD=6.1). 65.5% of the respondents' wealth quantile was medium, 51.8 % had no formal education, 65.0 % were housewives, and 50.5 % of them were grew up in the same community where they were born or nearby.	Community based cross sectional study was conducted in April 2014.	**Prevalence of IPV** The prevalence of intimate partner physical violence during recent pregnancy was 29.2 %. The prevalence of intimate partner sexual violence during recent pregnancy was 30.2 %. The prevalence of psychological/emotional intimate partner violence during recent pregnancy was 16.3 %. **Associated Factors** When compared with literates, illiterate partners were 50 % less likely to use violence against their intimate partner during recent pregnancy (AOR 0.5, 95%CI 0.2, 0.9). Pregnant women who reported that dowry payment has positive impact on how they are treated by their husband and his family were 8.7 times more likely to experience IPV during pregnancy than those who reported no positive impact on how they are treated by their husband and his family (AOR 8.7, 95%CI 4.2, 17.9). Pregnant women who didn't undergo marriage ceremony during their marriage were 4.1 times more likely to experience IPV during pregnancy (AOR 4.1, 95%CI 2, 8.2).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Abegaz et al., 2023[3]	306 women	Pregnant women from Debre Markos whose received ANC in public health facilities with 15-49 years. 96.4% were married, 93.4% living in urban areas, 45.1% had college and above, and 41.4% were housewife.	In a cross-sectional study, multivariable logistic regression analysis was conducted after controlling potential confounding factors. The study utilized a questionnaire that encompassed sociodemographic data, reproductive health characteristics, and information on sexual violence. Multivariable logistic regression was employed to identify variables associated with sexual violence.	**Prevalence of IPV** Prevalence of sexual violence during the current pregnancy: 19.4%; 8.9% reported forced sexual intercourse, 6.6% reported experiencing an unusual type of sexual intercourse that caused pain, and 7.2% reported unwanted sexual intercourse due to fear of their husband. **Associated Factors** Factors associated with sexual violence included husbands with no formal education (AOR = 3.48; 95% CI: 1.06, 11.39), pregnant mothers with no formal education (AOR = 6.1; 95% CI: 1.50–18.11), pregnant mothers with secondary education (AOR = 2.80, 95% CI: 1.15, 6.81), housewives (AOR = 3.87, 95% CI: 1.21, 12.37), and being a governmental employee (AOR = 4.49, 95% CI: 1.22, 16.40), with significance at $p \leq 0.05$.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Abota et al., 2022[3]	1,292 women	Women of reproductive age who had lived with their current husband for at least 1 year, were within 6 weeks postpartum, had a permanent address, and had a current healthy infant. 57.1% were 25–34 years old with a mean age of 28.8 ± 5.6 years; approximately 36% of the participants had never attended formal education; about 85% of the participants were unemployed. About 37% of the postpartum women exposed to partner violence before index pregnancy.	A community-based cross-sectional study was conducted in the Wolaita zone of Ethiopia's South Nations, Nationalities, and People's Regions between October 2019 and January 2020. The study focused on self-reported perinatal partner violence (PIPV), measured using section seven of the WHO standardized questionnaire. Women who reported at least one instance of perinatal psychological, physical, or sexual partner violence were coded as "1" for experiencing reported PIPV; otherwise, they were coded as "0." The questionnaire was initially prepared in English and then translated into Amharic.	**Overall prevalence of self-reported IPV over the perinatal period** 40% overall IPV; 37.6% psychological IPV; 29.3% physical IPV. **Overall prevalence of self-reported IPV before pregnancy** 37.4% overall IPV; 34.2% psychological IPV; 20.7% sexual IPV. **Overall prevalence of self-reported IPV during pregnancy** 28.3% overall IPV; 24.8% psychological IPV; 17.0% physical IPV; 16.0% sexual IPV. **Overall prevalence of self-reported IPV in the postpartum period** 22.4% overall IPV; 22.2% psychological IPV; 13% physical IPV; 13.7% sexual IPV. Overall prevalence of IPV before, during, and/or after pregnancy was estimated to be 39.9% [95% CI 36.9–44.5]. About 18% of women reported continuous abuse. **Associated Factors** Postpartum women who live in rural areas [adjusted odds ratio (AOR) = 2.46; 95% CI 1.21–5.01], or in neighborhoods with high IPV favoring norms [AOR = 1.49; 95%CI 1.01–2.20], high female literacy [AOR = 2.84; 95%CI 1.62–5.01], high female autonomy [AOR = 2.06; 95%CI 1.36–3.12], or in neighborhoods with lower wealth status [AOR = 1.74; 95%CI 1.14–2.66] were more likely to encounter PIPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Adhena et al., 2020[3]	538 women	Pregnant women, and 48.1% were between the ages of 25 and 34 years. 63.2% were rural dwellers, 93.5% were Orthodox Christian, and 98.7% were Tigray in ethnicity. 50.7% had no formal education, 33.4% lived into households with medium wealth quintile, and 48.9 % were housewives.	A facility-based cross-sectional study was conducted from March 1 to 30, 2019, among 543 pregnant women attending antenatal care at health facilities. Participants were selected using a systematic random sampling technique. Data were collected through pretested, interviewer-administered questionnaires based on the World Health Organization multicountry study on women's health and domestic violence. Bivariable and multivariable logistic regression analyses were performed to identify factors associated with violence.	**Prevalence of IPV during pregnancy** 37.5% had experienced violence by their intimate partner during the recent pregnancy; 25.1% women reported psychological violence; 13.4% pregnant women experienced physical violence; 17.7% reported sexual violence. Women reported that psychological and physical violence (8%), psychological and sexual violence (9.5%), physical and sexual violence (5.9%) and 4.8% of women experienced all forms of violence (psychological, physical and sexual). **Associated Factors** Being unmarried, unplanned pregnancy, spouse's multiple sexual partners status, having alcohol drinker partner, undesired pregnancy by partner, acceptance of violence, and low decision-making power of women remained the main significant factors associated with IPV.
Ethiopia	Adinew & Hagos, 2017	462 women	Female university students with a median age of 20 years. 43.7% were Orthodox Christians, while 23% were from the Wolaita ethnic group. 98.5% were single and 52% were from rural areas.	Institution-based cross-sectional study was employed among female Wolaita Sodo University students.	**Prevalence of IPV** The prevalence of being raped by boyfriend was 8.9%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Agenagnew et al., 2020	280 women	Victimized women from Dilla town, Ethiopia with a mean age of 30.4 (SD = 5.7) years. 41.6% were Gedeo. 31.1% were housewives, 49.6% had primary education, and 74% household heads were partners/husbands, and 20.4% of women reported that their partner had other relationships with other women.	Utilizing a community-based cross-sectional study design complemented by qualitative methods, data collection involved administering pretested, structured questionnaires to women who were victims of intimate partner violence. Analysis was conducted using SPSS version 20.0 software. Binary logistic regression and a multivariate logistic regression model were employed to assess the relationship between independent and dependent variables. Additionally, qualitative data was gathered through in-depth interviews, categorized into themes, and triangulated with the quantitative findings.	**Prevalence of IPV** The prevalence of intimate partner violence (IPV) varied across multiple types, with controlling behavior being the most frequently reported at 84.3%, followed by physical violence at 74.6% and emotional violence at 65.3%. Additionally, 38.9% of respondents reported experiencing sexual violence. Overall, multiple types of IPV were reported by 85.5% of participants. **Associated Factors** the total number of intimate partner violence experienced was significantly associated with disclosure of intimate partner violence ($p = 0.003$).
Ethiopia	Andarge et al., 2021	696 women	Mean age of the participants and their partners was 31 ± 7 and 37 ± 11, respectively. 68.1% of them had secondary and above education, and 71.0% had a family size of 4–7. 61.1% reported food-insecure households.	This study employed a communitybased comparative cross-sectional study among currently married women of childbearing agestudy was conducted in Arba Minch town, Southern Ethiopia. An interviewer-administered, pretested, and structured questionnaire was used. Attitude towards intimate	**Prevalence of IPV** 61.5% experienced intimate partner violence ever. 50.0% experienced lifetime intimate partner violence. **Associated Factors** Of those who experienced IPV ever, 42.4% had favorable and 19.5% unfavorable attitudes towards wife-beating. Those who experienced all forms of violence 19.8% had favorable and 7.6% unfavorable attitudes towards wife-beating.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				partner violence was measured. Demographics and ntimate partner violence was measured by a questionnaire partly adapted from the standard WHO multicountry study questionnaire for assessing women's health and domestic violence.	
Ethiopia	Andualem et al., 2013	1,010 women	Married women. 30.4% were 30-39 years of age. 76.1% got married between 10-15 yrs. 96.8% were Amhara in ethnicity and 96.9% followed the Orthodox religion. 98.5% were rural residents, 79% illiterate, and 85.7% were farmers.	A community based cross-sectional study design conducted on currently married women and lives with their husband in the Woreda.	**Prevalence of IPV** The life-time prevalence of IPV was 43.7% and in the last 12 months 28.3%. The frequency of IPV in the last 12 months was: 0.2% usually, 3.4%sometimes (two times within two months) and 24.7% occasionally (one or two times within a year). **Associated Factors** Women whose husband frequently uses alcohol were two times more likely to experience IPV against those women whose husband did not use alcohol (AOR 2.162, 95%CI: 1.192- 4.320). Women from those communities who believe husband dominance or husband batter is justifiable and acceptable were 3.2 times more likely to have intimate partner physical violence against women as compared to those who did not believe that (AOR 3.213; 95%CI: 1.181-8.743). Women who had household's financial problem were 2.3 times more likely to experience IPV against those who did not have household economic problem (AOR 2.303, 95%CI: 1.056 - 3.523). Women who

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					experience conflict initiated by relatives or family were 2.3 times more likely to have IPV as compared to their counterparts (AOR 2.315; 95%CI: 1.103-4.602).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Angaw et al., 2021[3]	6,090 women	Women from Ethiopia between 15-49 years. 52.7% of women did not have formal education and 15.6% of the women attained secondary education or higher. 18.2% of the women were from the poorest household and 41.1% had media exposure. Nearly three-fourth (76.1%) of household heads were males and about 3580 (58.8%) of the women were participated in making decisions. 37.5% and 24.3% are living in the Oromia and Amhara regions, respectively. Regarding community media exposure and community poverty, about 47.3% of the women were from community with high media exposure, and 51.9% from high community poverty.	The study conducted a secondary data analysis of the 2016 Ethiopian Demographic and Health Survey (EDHS) utilizing spatial analysis techniques such as Moran's I, hotspot analysis, and SaTScan, along with multilevel logistic regression modeling. The outcome variable examined was intimate partner violence (IPV), which encompassed physical, sexual, or emotional violence. The analysis aimed to establish associations between individual and community-level factors and IPV using a multilevel logistic regression model.	**Prevalence of IPV** Prevalence of 33.5% for intimate partner violence (IPV) **Associated Factors** Women aged 45–49 years (AOR = 2.79, 95% CI 1.52–5.10), women attained secondary education (AOR = 0.61, 95% CI 0.38–0.98), women in the richest household (AOR = 0.58, 95% CI 0.35–0.97), > 10 family size (AOR = 3.85, 95% CI 1.41–10.54), and high community women empowerment (AOR = 0.66, 95% CI 0.49–0.8)) were significantly associated with intimate partner violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Ashenafi et al., 2020[3]	3,015 women	Partnered postpartum women with an age range being 15–44 years with mean ± standard deviation of 26.4±5.8 years. 82% were residence in Kersa, 88.4% were Muslim, 64.1% had no education, and 87.9% were housewives.	A community-based cross-sectional study was carried out among postpartum mothers in Eastern Ethiopia, utilizing the WHO Violence Against Women questionnaire for data collection. Factors associated with intimate partner violence during pregnancy (IPVP) were analyzed using a log-binomial regression model implemented in Stata version 14.	**Prevalence of IPV** The overall prevalence of intimate partner violence during pregnancy (IPVP) was 30.5%, with rates of psychological violence at 24.4%, physical violence at 11.9%, and sexual violence at 11.0%. Among instances of sexual violence, approximately 95% involved forced sex. **Associated Factors** Women's education was associated with a decreased prevalence of all forms of IPVP. Previous experiences of infant loss and not drinking alcohol were associated with lower prevalence of all IPVP types, except for the physical form. Working for cash and having medium household decision-making autonomy increased the prevalence of all forms of IPVP. Being older, living in an extended family, husband's/partner's habitual khat chewing and discordant pregnancy intentions increased the prevalence ratio (PR) of all forms of IPVP, except for sexual violence. Compared to being urban, being rural decreased the PR of sexual IPVP by 59% (adjusted prevalence ratio [APR]=0.41; 95% CI: 0.27, 0.60) and psychological IPVP by 32% (APR=0.68; 95% CI: 0.53, 0.87). Husband's/partner's support for antenatal care use decreased the PR of physical IPVP by 56% (APR=0.44; 95% CI: 0.25, 0.78).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Ashenafi et al., 2021	3,015 women	Postpartum women residing in Eastern Ethiopia. Married women (formally or informally) age 15–49 years who were living together with the husband/partner at least during the index pregnancy, and who were in the sixth week of giving live birth. 88.4% were Muslims, 87.9% were housewives and 64.1% had no formal education. The age range of the respondents was 15–44 years with a mean of 26.4 ± 5.8 years.	A community-based cross-sectional study was conducted from January to October 2018, using face-to-face interviews with a structured questionnaire. The questionnaire included socio-demographic data, obstetric history, maternal depression, breastfeeding, and experiences of violence. The IPV questions were adopted from the WHO multi-country study tool on violence against women (VAW), and maternal postpartum depression (PPD) was assessed using the Edinburgh Postnatal Depression Scale (EPDS), with a cutoff point of ⩾13 points. The questionnaire was prepared in English and translated into the local languages, Afaan Oromo and Amharic. The prevalence ratio with 95% confidence intervals was calculated, and the association between intimate partner violence during pregnancy and postpartum depression was determined using a log binomial regression model.	**Overall Prevalence of IPV During Pregnancy** Overall IPV: 30.5%; Physical IPV: 11.9% (7.95% moderate, 4.0% severe); Emotional IPV: 24.4%; Sexual IPV: 11.0%; Partner Controlling Behavior: 59.5%. **Types of IPV Experienced** Physical IPV Only: 2.1%; Sexual IPV Only: 3.3%; Emotional IPV Only: 12.0%; Physical + Psychological IPV: 9.3%; Psychological + Sexual IPV: 7.1%; Physical + Sexual IPV: 4.6%; All Three Types: 4.0%. **Associated Factors** Prevalence of Post Partum Depression (PPD): 16.3% (95% CI: 14.9–17.7); Mean Edinburgh Postnatal Depression Scale Score for PPD: 15.6 (95% CI: 15.4–16.0); Severe Physical IPV: 1.98 times higher prevalence of PPD (95% CI: 1.53–2.54); Psychological IPV: 1.79 times higher prevalence of PPD (95% CI: 1.48–2.18); No association between sexual IPV, moderate physical IPV, and controlling behaviors with PPD in multivariable models.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Asratie, 2022	774 women	Pregnant women who were registered for antenatal care. Mean age of 31.3 years± (SD = 7.3 years). All study participants were Amhara in Ethnicity with majority of them orthodox (82.9%) in religion and (80%) of them were married.	The study utilized both institution and community-based prospective cohort designs to assess domestic violence among 774 pregnant women. Data were collected through face-to-face interviews using a pretested and structured questionnaire from May 1, 2021, to March 1, 2021. Domestic violence was categorized into physical, sexual, and emotional violence. Physical violence was assessed based on responses to five questions related to severe forms of physical abuse, while emotional violence included threats, humiliation, and intimidation. Sexual violence was defined as being forced into sexual intercourse against the woman's will. Binary logistic regression analysis was employed to determine statistical associations, with a significance threshold set at $p < 0.05$.	**Prevalence of IPV** Prevalence of Domestic Violence during Pregnancy was 65.76% (95% CI 62.1%–69%). IPV Experienced Before Pregnancy: 53.4%. **Associated Factors** 9.7% of them had developed adverse pregnancy outcomes either abortion (3.9%), IUFD (2.6%), still birth (1.9%) or early neonatal loss (1.3%). Respondent with antenatal care visit 3 and above (AOR = 0.6; 95% CI 0.4–0.8) times less likely victim of domestic violence as compared to women with antenatal care visit number 1 and 2. Women whose index pregnancy was unintended (AOR = 2.2; 95% CI 1–4.6) times more likely to be victim of domestic violence as compared to those whose pregnancy was intended. Women who didn't have access for ambulance services (AOR = 1.5; 95% CI 1–2.2) more likely victim of domestic violence as compared to women who can easily access ambulance service for maternal health care services. Women who were not the primary decision maker for family planning services (AOR = 3.3; 95% CI 1.7–6.6) more likely victim of domestic violence as compared to women who are the primary decision maker for having family planning service. Women without health care provider support during their antenatal care follow up (AOR = 12; 95% CI 6.3–23) more likely victim of domestic violence as compared to

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					respondents with health care provider support during antenatal care follow up. Women who experienced domestic violence at any time of pregnancy (RR = 1.6; 95% CI 1–2.6) times higher risk of developing either abortion, intrauterine fetal death, still birth or early neonatal loss as compared to those participants who had no exposure to domestic violence during their pregnancy state.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Ayele et al., 2021	409 pregnant women	The ages were divided in three groups: 15-24 (19.1%), 25-34 (68.9%), 34 or older (12%). The residency groups were urban (95.6%) and rural (4.4%). Their marital status was married (95.1%) and single (4.9%). Their level of education were undeducated (9.3%), grades 1 - 6 (19.1%), grades 7 - 12 (34.7%), college and above (36.9%). Their highest occupations included housewife (42.8%), government employer (28.4%), and merchant (15.4).	An institution-based crosssectional study design was done among pregnant women who had IPV during pregnancy having ANC follow-up at Gondar University Hospital from May 01 to July 30, 2019. Gondar University Hospital is found in the ancient and historic town of Gondar, northwest Ethiopia, 741km from Addis Ababa, the capital city of Ethiopia. It is one of the biggest tertiary level referrals and teaching hospitals in the Amhara Regional State and provides preventive and curative services to over 5 million inhabitants in the catchment area.	**Prevalence of IPV** 47.6% of pregnant women reported at least one form of IPV: 65% reported emotional violence, 38.4% physical abuse and 22.7% sexual violence. **Associated Factors** Antenatal depression was significantly associated with physical abuse (AOR = 1.8; 95% CI: 1.19, 3.30), and more than one type of abuse (AOR = 10.18; 95% CI: 7.10, 16.18).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Azene et al., 2019	409 women	Pregnant women who attended antenatal care service. Median age 26 years. 95.6% were married. 31.3% had no formal education. 31.3% had no formal education and 27.9% had attained secondary or above grade 12. 46% were housewives.	This institution-based cross-sectional study used systematic random sampling to include all pregnant women visiting public health institutions in the town for antenatal care (ANC) services. Data were collected using a validated, pretested questionnaire based on the WHO Multicountry Study on Women's Health and Domestic Violence against Women. The questionnaire, initially in English and translated to Amharic, assessed IPV during pregnancy and other variables such as sociodemographic factors, partner characteristics, and socio-cultural experiences of violence. Intimate partners were defined as current or former spouses, cohabiting partners, or boyfriends. IPV was categorized as physical (e.g., pushing, slapping), psychological/emotional (e.g., shouting, controlling), and sexual violence (e.g., forced sex acts).	**Prevalence of IPV During Current Pregnancy** Overall IPV: 41.1%; Psychological Violence: 29.1%; Physical Violence: 21%; Sexual Violence: 19.8%. **Common Forms of Violence** Physical Violence: Slapping (15.4%); Psychological/Emotional Violence: Intimidation (20.8%); Sexual Violence: Unwanted sexual intercourse due to fear (13.4%). **Associated Factors** Lower educational status of partners (AOR = 3.26, 95%CI: 1.45–7.36); Rural residency (AOR = 4.04, 95%CI: 1.17–13.93); Frequent alcohol abuse by partner (AOR = 4.79, 95% CI: 2.08–11.04); Choice of partner by the women only (AOR = 3.26,95% CI:1.24–8.57). Pregnant women, who started their ANC during the first trimester, were 56% less likely to face IPV during their pregnancy compared to those that started their ANC during second trimester and above (AOR = 0.44, 95% CI: 0.24–0.81); Study participants between 17–26 years were 79% less likely to have violence during pregnancy than study participants whose age was between 27–46 years (AOR = 0.21, 95%CI: 0.09–0.49); Choice of partner by the women only (AOR = 3.26,95% CI:1.24–8.57).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Bekela Gadisa et al., 2022	361 women	Married women, living together with their husbands for the minimum of the last 12 months and present during the study period were included. 40.2 % of the participants found in an age range of 25–29 years; 83.1 % and 88.9 % were Oromo and Muslim in ethnicity and religion respectively. 86.8 % were in a monogamous relationship; 46.8 % was a housewife; 56.8 % of the respondent's educational status was a primary school	A community-based cross-sectional study was conducted using a systematic random sampling technique. Data were collected through pretested, structured, interviewer-administered questionnaires adapted from the WHO multi-country study. The questionnaire covered socio-demographic information (9 questions), domestic violence and substance use (6 questions), decision-making (4 questions), and consequences of domestic violence (3 questions). Domestic violence was assessed based on whether women experienced any form of physical, psychological, sexual, or economic violence in the past 12 months. Prior to actual data collection, a pretest was conducted on 5% of the sample to evaluate the feasibility of the instrument and respondent reactions. Data were checked for completeness, entered into Epidata 4.6, and exported to SPSS version 23 for analysis. Adjusted odds ratios with a 95% confidence interval were calculated, and variables with a	**Prevalence of Domestic Violence in the Past 12 Months** 33.5 % reported domestic violence; 43.8% reported psychological violence; 28.9% reported physical abuse. **Associated Factors** Women in polygamous marriages were 3.67 times more likely to experience domestic violence compared to those in monogamous marriages (AOR = 3.67; 95% CI =N59 1.33–10.16). Women with an average household monthly income between 1000 and 3000 ETB had a reduced likelihood of experiencing domestic violence by 84.8% compared to those with incomes less than 1000 ETB (AOR = 0.15; 95% CI = 0.07–0.31). Women with an average household monthly income above 3000 ETB had a reduced likelihood of experiencing domestic violence by 75.3% compared to those with incomes less than 1000 ETB (AOR = 0.25; 95% CI = 0.12–0.51). Women whose partners engaged in khat chewing were 9.89 times more likely to experience domestic violence compared to those whose partners did not chew khat (AOR = 9.89; 95% CI = 5.09–19.26).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				P-value less than 0.05 were considered statistically significant.	
Ethiopia	Bekele et al., 2015	605 women	Female university students with a mean age of 21 years (SD=2). 52.6% were Orthodox Christian, 86% were living on campus, 10.9% were either ever married or in a cohabiting relationship, and 52.1% had a rural background.	An institutional based cross-sectional quantitative study design in the Madawalabu University.	**Prevalence of IPV** The lifetime prevalence of being raped by their boyfriend was 4.1%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Belay et al., 2019	589 women	Pregnant women with gestational age 25–34 weeks, living in two urban and three rural kebeles. All were living with an intimate partner. The mean age of the participants was 25 years, ranging from 16 to 45 years. 49.2% of the participants attended primary education and 24.6% had no formal education. 80.1% of the participants were housewives.	The study was a community-based cross-sectional component of a prospective cohort study conducted from February to August 2017. Participants were purposively selected, and data were collected using a structured questionnaire that covered socio-demographic and obstetric characteristics, IPV exposure, depression, and social support. IPV during pregnancy was categorized into physical, sexual, and emotional violence using a structured WHO questionnaire. Maternal depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS). The questionnaire was translated into local languages (Sidaamu afoo and Amharic) and back translated to ensure accuracy.	**Overall Prevalence of IPV** IPV: 21% (95% CI = 18.1–24.7); Emotional Abuse: 14.6%; Sexual Abuse: 9.5% Physical Abuse: 9.2%. **Associated Factors** Rural Residency: AOR = 2.09; 95% CI = 1.06–4.09; History of Parental IPV: AOR = 14.00; 95% CI = 6.43–30.48; Unwanted Pregnancies: AOR = 9.64; 95% CI = 3.44–27.03; Husbands Who Use Alcohol: AOR = 17.08; 95% CI = 3.83–76.19; Depression: AOR = 4.71; 95% CI = 1.37–16.18; Low Social Support: AOR = 13.93; 95% CI = 6.98–27.77.
Ethiopia	Bifftu et al., 2017[3]	418 women	Pregnant mothers with a mean age of 26.99 ± 9.86 years, and 40.9% were in the age range of 25–29 years. 89.5% belonged to Amhara by ethnicity and 75.8% were Orthodox Christian. 89.2% of	An institution-based quantitative cross-sectional study was conducted among 418 women using a systematic random sampling technique. Domestic violence was assessed using the WHO (2005) multicountry study questionnaire, which includes	**Prevalence of IPV** 25.4% experience any type of violence; 24.5% experienced psychological violence, 8.1% experienced physical violence; 2.4% experienced sexual violence; 20.3% of the participants were insulted/made feel bad about themselves. **Associated Factors** Primary educational status (AOR = 4.59, CI:

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			them were married, 34% had secondary education, 38% were housewives, and 87.1% were living in urban areas.	four items for psychological violence, six items for physical violence, and three items for sexual violence. Binary logistic regression analysis with adjusted odds ratios and 95% confidence intervals was used to identify associated factors.	1.496, 14.070), rural residency (AOR = 5.53, CI: 2.311, 13.249), unplanned pregnancy (AOR = 4.34,CI: 2.345, 8.020), and first ANC initiation (AOR = 5.41, CI: 1.493, 19.696) were factors significantly associated with domestic violence.
Ethiopia	Chernet & Cherie, 2020[3]	4,714 women	Ever-married women from Ethiopia, age 15-49 years, 74.3% living in rural areas, 71.3% were married, and 49% were uneducated.	The data for this study was sourced from the 2016 Ethiopia Demographic and Health Survey (EDHS), which was stratified and selected in two stages. Each region was stratified into urban and rural areas, resulting in 21 sampling strata. The study utilized logistic regression models to explore the factors associated with intimate partner violence (IPV) prevalence in Ethiopia.	**Prevalence of IPV** 30.02% experienced intimate partner violence (IPV). **Associated Factors** Poor women had greater experience of IPV (OR = 1.21; [0.9253 1.4254]) than rich women. Urban women have 34% less chance of experiencing IPV than rural women (OR = 0.66; CI = [0.5353, 0.8127]). The likelihood of experiencing IPV for divorced women is two times more likely than married women (OR = 1.98; CI: [1.6103, 2.4347]). Women having primary and secondary education level are 1.32 and 1.34 times more likely to experience IPV than uneducated women respectively. The odds of being affected by IPV for women 25–29, 30–34, 35–39 years old are 1.32 (CI: [1.0752, 1.6150]), 1.30 (CI: [1.0409, 1.6337]), 1.36 (CI: 1.0616, 1.7418]) times more likely than women 15–19 years old.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Demelash et al., 2015[3]	387 women	51% were mothers of low birth weight (LBW) babies and 69.4% mothers of normal birth weight (NBW) babies in the age range of 21–35 years. The predominant religion was found to be Islam, 66.7% of LBW mothers 53.9% of NBW mothers. 69.8% of LBW mothers and 45.3% of NBW mothers were housewives. 45.7%, of mothers of low-birth-weight babies was illiterate compared to 15.5% of mothers of normal birth weight babies.	A hospital-based case-control study was conducted with 387 mothers, including 129 cases and 258 controls. Anthropometric measurements were collected from both mothers and their live births. The association between intimate partner violence and birth weight was analyzed using bivariable and multivariable logistic regression, with statistical significance set at $p < 0.05$.	**Prevalence of IPV during pregnancy** 25.8% experienced some violence by their intimate partners during their index pregnancy period. Relatively more mothers of low-birth-weight infants were abused, 48%, compared with controls, 16.4%. 30% of the mothers of Low-Birth-Weight infants had been sexually abused by their partners during their current pregnancy, compared with 7.3% of mothers of the controls. Around 41 % of mothers of cases and 10% of mothers of controls had been abused physically by their intimate partners. In addition to physical and sexual violence, 38% of mothers of cases had been psychologically abused by their intimate partners, compared to 11.6% of mothers of controls. **Associated Factors** Mothers with no formal education were more likely to encounter physical violence than mothers with advanced educational status (OR = 2.74; 95% CI = 1.38 to 5.47), and housewife mothers were more likely to be physically violated by their partner than employed mothers (OR = 2.859; 95% CI = 1.073 to 7.616). Mothers living in a family with monthly income less than 500 ETB (OR = 3.35; 95% CI = 1.58 to 7.13) or in the range of 1001–1500 ETB (OR = 2.83; 95% CI = 1.37 to 5.83) were at a higher risk of physical violence compared to mothers living in a family with monthly income greater than 1500ETB. Mothers who suffered acts of any

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					type of intimate partner violence during pregnancy were three times more likely to have a newborn with low birth weight (95% CI: 1.57 to 7.18).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Ebrahim & Atteraya, 2021[3]	4,469 women	Women from Ethiopian who had experienced IPV (emotional, physical and sexual) between 15-49 years, majority living in rural areas, with no education and unemployed.	The study utilized data from the 2016 Ethiopia Demographic and Health Survey (EDHS-2016), conducted by the Ethiopian Central Statistical Agency (CSA), to investigate intimate partner violence (IPV). IPV was assessed using a modified version of the Conflict Tactic Scale, focusing on emotional abuse, physical violence, and sexual violence experienced by women from their current or most recent husband/partner. Bivariate associations between IPV and various study variables were examined using the chi-square statistic. Multivariate logistic regressions were employed to estimate the parameters of association between IPV variables and independent variables, aiming to understand the relationship between IPV and help-seeking behaviors among women in Ethiopia.	**Prevalence of IPV** Rates of intimate partner violence (IPV) among participants revealed that 24% reported experiencing emotional abuse, 23.2% reported physical violence, and 10.1% reported sexual violence. **Associated Factors** Only emotional abuse was significantly associated with seeking informal help, with an odds ratio of 2.42 and a confidence interval of 1.29–4.55. Women from middle-income and high-income households were 39% (OR = 0.61; CI 0.79–0.98) and 52% (OR = 0.48; CI 0.30–0.77) less likely to have experienced spousal sexual violence than women from poorer households. Women who were employed were 49% less likely (OR = 0.51; CI 0.34–0.75) to ever have experienced sexual violence when compared to women who were not employed. Women whose husband or partners drink alcohol were 69% (OR = 1.69; CI 1.12–2.57) more likely to ever have experienced sexual violence. Seeking family help was associated with greater likelihood of experiencing of emotional abuse (OR = 2.42; CI 1.29–4.55). There were no significant association between formal or informal help-seeking and physical or sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Fekadu et al., 2018	450 women	The mean age of the participants was 27 (SD±4.5) years; 415(92.2%) of the participants were Amhara by ethnic origin, 352 (78.2%) were Orthodox Christians, and 393 (87.3%) were married. Three hundred seventy three (82.9%) of the participants were urban dwellers, 220 (48.9%) housewives, and 125 (27.8%) had higher education. Regarding their economic status, 252 (56.0%) had no own salary, 75(16.2%) were worrying about food supply at home last month, and 47.1% faced difficulty finding 50 Ethiopian Birr (ETB) for emergency.	Conducted as a hospital-based cross-sectional study, the research utilized a pretested structured questionnaire to collect data. Employing multivariable logistic regression analysis, the study aimed to identify factors associated with domestic violence among pregnant women.	**Prevalence of IPV** 58.7% of pregnant women experienced domestic violence. The prevalence rates for specific types of violence were 57.8% for emotional violence, 32.3% for physical violence, and 7.6% for sexual violence. **Associated Factors** Factors significantly associated with domestic violence during pregnancy included being housewives (adjusted odds ratio (AOR)=3.43, 95% CI 1.63, 7.21), women with no salary of their own (AOR=3.37, 95% CI 2.14, 7.95), partners' daily alcohol use (AOR=4.59, 95% CI 1.82-11.56), belief in women's rights to decide to be pregnant (AOR=1.77, 95% CI 1.18-2.89), and disobedience toward their partner (AOR=2.36, 95% CI 1.37-4.07).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Gashaw et al., 2018	333 women	Refugee/displaced adolescent girls and young women. Mean age was 19.31 years (SD= 2.56), age range of 16–24. 57.1% had less than post-secondary school, and 46.5% were students.	A cross-sectional survey with forcibly displaced adolescent girls and young women aged 16–24 from five informal settlement (slum) communities across Kampala (Kabalagala, Rubaga, Kansanga, Katwe, Nsambya) using peer network sampling. Assessed young adult violence (YAV; sexual, physical, emotional violence) and recent (past 12-month) IPV (physical, sexual, control violence). Descriptive statistics were conducted, followed by multinomial logistic regression analyses to explore social ecological factors associated with experiencing YAV and YAV polyvictimization, and IPV and IPV polyvictimization.	**Prevalence of IPV** 35.6% reported experiencing IPV during pregnancy. The life time prevalence of emotional or physical abuse by partner or someone important was 80.7%. 56.1% reported physical violence victimization within the last year. **Associated Factors** Perceiving violence as a means to settle interpersonal conflicts, presence of supportive attitudes of wife beating in the society, regarding violence as an expression of masculinity, and presence of strict gender role differences in the society, were all positively associated to IPV in pregnancy. The presence of groups legitimizing men's violence in the community, feeling isolated, having no social support for victims, and presence of high unemployment, were the perceived community related factors positively associated with IPV in pregnancy.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Gashaw et al., 2019[4]	720 women	Pregnant women, aged 15-45 years with a mean age of 25 years. 32% and 27% of the women and men, respectively, had no education. 36.5% were in an arranged marriage, and 61% reported a trusting, supportive and/or respectful relationship. 35.4% had experienced early marriage, before the age of 18 years, and 15% were in a polygamous relationship. 51% were from urban areas.	This cross-sectional study investigated the association between intimate partner violence (IPV) and late entry into antenatal care (ANC) among pregnant women attending government health institutions. A total of 720 women were interviewed by five trained nurses or midwives using a standardized and pretested questionnaire. IPV was measured with the Abuse Assessment Screening (AAS) tool, which identified women as having experienced lifetime emotional or physical abuse if they reported such experiences with a partner or someone significant. The analysis included descriptive statistics, bivariate and multivariate logistic regression, and parity-stratified analyses.	**Prevalence of IPV** In the current pregnancy, more than one in three of the women reported experiencing. More than three quarters reported to have a lifetime risk of emotional or physical abuse by their partner or someone important. The proportion of partner violence during the current pregnancy among ever exposed to IPV was 44%. Over half of the women reported physical violence, forced sexual activity, having been psychologically abused, and nearly half (49%) reported being controlled by their partners in the recent year. Descriptive statistics stratified for parity indicated that 42% of nulliparous and 54% of the multiparous women reported exposure to sexual violence in the recent year. Likewise, 41% nulliparous and 59% of the multiparous women reported exposure to any lifetime risk of emotional or physical abuse. **Associated Factors** In the overall analysis, women reporting recent sexual abuse were more likely to initiate ANC late (OR, 1.55; 95% CI = 1.09, 2.19). Women reporting a partner with controlling behaviour were more likely to enter into ANC early (OR, 0.56; 95% CI = 0.38, 0.85). Multiparous women were more likely to initiate ANC late when reporting any lifetime emotional or physical abuse, (adjusted OR, 2.28; 95% CI = 1.18, 4.39), or recent sexual IPV, (adjusted OR, 1.95; 95%CI = 1.27, 2.98).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Gebrezgi et al., 2017[3]	422 women	Pregnant women who attended antenatal care. The mean age was 27.98 years (SD = 6.30), 90% were Orthodox Christian, and 8.85% were Muslim. 95.70% were married, 95.50% were Tigray in ethnicity, 32.20% had no formal education, 60.70% reported their occupational status was housewife, and 72.70% were urban dwellers. The mean age at marriage of participants was 17.11 (SD = 3.18) years. The mean gravidity and parity of respondents were 2.9 (SD ± 1.89) and 1.8 (SD ± 1.60) respectively. 28% reported that their intimate partner was selected by their family.	A facility-based cross-sectional study was conducted from May 3 to July 6, 2015, involving 422 pregnant women attending three public health facilities. Systematic sampling was used to select participants. Data were collected using a pretested, semi-structured questionnaire adapted from the WHO Multi-country Study on Women's Health and Life Experiences. The questionnaire, initially prepared in English, was translated into Tigrigna. Intimate partner physical violence was defined as the intentional use of physical force towards pregnant women, aiming to cause death, disability, injury, or harm. Physical violence encompassed various forms, including scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, or use of a weapon. Intimate partners included current and former common-law partners, non-marital partners, and marital partners. Logistic regression was employed to identify	**Prevalence of Intimate Partner Physical Violence During Pregnancy** Prevalence: 20.6% (CI = 16.70–24.90). **Associated Factors with Physical Violence** Age at First Marriage ≥ 17 Years: AOR = 4.42 (CI = 2.07–9.42); No Formal Education: AOR = 2.78 (CI = 1.10–7.08); Rural Residence: AOR = 2.63 (CI = 1.24–5.58); Intimate Partner with No Formal Education: AOR = 2.78 (CI = 1.10–7.08); Intimate Partner Alcohol Consumption: AOR = 3.80 (CI = 1.85–7.82). Women with no formal education were 3.40 times more likely to experience physical violence compared to those with higher education (AOR = 3.40, CI = 1.11–10.42). Rural women faced 2.63 times higher risk (AOR = 2.63, CI = 1.24–5.58); Partners with no education were 2.87 times more likely to be violent (AOR = 2.87, CI = 1.10–7.08); Alcohol consumption by partners increased the risk by 3.80 times (AOR = 3.80, CI = 1.85–7.82).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				factors associated with intimate partner physical violence.	
Ethiopia	Hailu et al., 2023	371 women	In the case group, the median age was 26.5 years with an interquartile range of 22 to 32 years. Similarly, the median age of the control group was 26 years, with an interquartile range of 23–30 years. Ninety (72.58%) and 203 (82.19%) of the cases and controls, respectively, were people who lived in cities.	Utilizing a case-control study design, this investigation employed a consecutive sampling technique. The analysis involved a multivariable binary logistic regression model to discern potential factors associated with intimate partner violence (IPV), with statistical significance declared at a p-value <0.05. Data collection methods included a structured questionnaire, review of maternal medical records, and utilization of an instrument	**Prevalence of IPV** Among control women (no spontaneous abortion), 34.82% reported exposure to any form of IPV, with 25.51% experiencing emotional IPV, 19.03% facing physical IPV, and 8.91% encountering sexual IPV. In comparison, among cases (with spontaneous abortion), these rates were notably higher, with 53.23% reporting any form of IPV, 43.55% emotional IPV, 38.71% physical IPV, and 16.94% sexual IPV. **Associated Factors** Any form of intimate partner violence (AOR = 3.66; 95% CI 1.69–7.95), physical intimate partner violence (AOR = 3.06; 95% CI 1.69–7.95), and an interpregnancy interval of <24

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				adapted from the World Health Organization (WHO) for measuring IPV. A facility-based, case–control study design was used, with the cases (with the condition) consisting of all women who were admitted to the hospital for post-abortion treatment or outpatient care following a spontaneous abortion. Whereas, pregnant women who came to the hospital for their routine third or fourth Antenatal Care (ANC) follow-up visits were considered controls (without the condition).	months (AOR = 4.46; 95% CI 1.65, 12.07), were the independent determinants of spontaneous abortion among survivors.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Hassen & Deyassa, 2013	647 women	Mean age was 25.7 years. 52.7% of the women were married or cohabiting with a partner, 35.2% were illiterate, 62.9% of the women were Muslims and ethnically 94.4% were Amhara. 42.5% were housewives, though there were high proportions of students and farmers. 47.0% were from an urban population. The median age at first sexual intercourse was 16 years with 70% reporting that they had had sexual intercourse before they reached 18 years of age. 50.2% had only one partner, and 49.5% had multiple partners. 17.6% of the subjects had an extra-partner during the last 12 months. 10% of the respondents had a history of sexually transmitted infection.	A cross-sectional study, and data was collected from 10 voluntary counseling and testing centers, (health centers and hospitals), from the selected districts.	**Prevalence of IPV** Prevalence of lifetime sexual violence by an intimate partner was 32.3%, with 95% CI (28.7% - 35.9%). The prevalence of sexual violence in the last 12 months prior to the date of the survey was 10.5%, with 95% CI (8.14% - 12.8%). **Associated Factors** The risk of HIV infection is 2.45 times higher among those who have a history of partner violence during the last 12 months.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			Prevalence of HIV was 21.5%		
Ethiopia	Henock et al., 2015	570 women	Female university students wtih a mean age of 21 years (SD=1.91). 51.9% were Orthodox Christians. During childhood, 54.7% lived in urban areas. 28.8% were from the college of natural science and 26.1% from the college of technology. One third	An institution-based cross-sectional study was done to assess sexual violence and substance use among female students of Mizan-Tepi University.	**Prevalence of IPV** The lifetime prevalence of being raped by their boyfriend was 12.0%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			of study participants had boyfriend		
Ethiopia	Kassa & Menale, 2016	216 women	Prgnant women visiting an antenatal care clinic. 31.9% were in the age group of 25-29 years of age with a mean age 25 ± 6 years, and 47.7% were protestant.	A facility-based cross-sectional study was conducted among 216 women attending antenatal care (ANC) at Yirgalem Health Center, Sidama Zone, South Ethiopia, from April 31 to May 30, 2015. Data were collected using pre-tested structured questionnaires through consecutive sampling methods. Both bivariate and multivariate logistic regression analyses were performed to identify predictors of physical violence during pregnancy.	**Prevalence of IPV during pregnancy:** 12% respondents experience physical violence during pregnancy. **Associated Factors** Physical violence experience by illiterate spouse 1.7 times than literate spouse [AOR = 1.7, 95% CI: 1.1-2.8]. Unwanted pregnancy occurs women have 17 times incident of physical violence [AOR = 17.1, 95% CI: 3.5-83.2]. Spouse who had habits 8.7 times abuse her wives [AOR = 8.7, 95% CI: 2.98-25.6].

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Laelago et al., 2014	183 women	Recently delivered women with a mean age of 25.4 years (SD=4.6). 35% of women attained primary education, 53.6%were housewives, 95% were married, and 50.8% lived with their current partner for six or more years with a mean of 6 years (SD=4). Their last pregnancy was planned in 75% of the women and 62.3% had between one and three children with a mean of 2.8 children (SD=1.9).	Cross sectional study among recently delivered women in public health facilities of Hossana Town.	**Prevalence of IPV** 19.7% had experienced psychological violence, 12.0 % sexual violence and 14.8% physical violence. Among physical violence, slapping was most common (14.8%). 23.4% of women experienced at least one form of IPV during pregnancy. **Associated Factors** IPV during pregnancy was 22 times higher among women whose current partners drank alcohol as compared to those women whose partner did not drink alcohol (AOR = 22, 95%CI: 7.4, 65.6). Partners who had no formal education were 10.8 times more likely to abuse their wives as compared to those who had tertiary education (AOR = 10.8, 95%CI: 1.06, 108.5) and women whose last pregnancy was planned were 77 percent less likely to be abused than women whose pregnancy was not planned (AOR = 0.23, 95%CI: 0.08, 0.67).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Leight et al., 2022[1,3]	5,033 households (husband and wife)	Households with husband and wife in rural Ethiopia between 18-49 years.	This analysis utilized a large-scale household survey conducted in rural Ethiopia, where both men and women were surveyed about past-year intimate partner violence (IPV) to measure the degree of discordance, encompassing instances where only husbands or only wives reported IPV across emotional, physical, and sexual domains. Logistic regression was employed to examine the effects of demographic characteristics and individual norms and behaviors on the probability of discordant reporting. The study aimed to explore the concordance or discordance between reports of IPV over the last 12 months among wives and their husbands. Data collection utilized a survey adapted from the World Health Organization (WHO) multi-country study. Multivariable logistic regression was used to assess the variables related to discordant reporting.	**Prevalence of IPV** Rates of IPV reporting by type at the household level were 79.2% for emotional IPV, 36.5% for physical IPV, 51.9% for sexual IPV, and 61.4% for physical and sexual IPV. The rates for intimate violence reported by husband and wife together, by only husband and by only wife per type of violence were the following: for emotional IPV 36.1%, 22.6% and 20.5% (20.8% of households did not report emotional IPV); for physical IPV 5.6%, 15.0%, and 15.9% (63.5% of households did not repot physical IPV); for sexual IPV 11.7%, 24.7%, and 15.5% (48.1% of households did not report sexual IPV); for any physical and/or sexual IPV 17.7%, 24.2%, and 19.5% (20.8% of households did not report any physical and/or IPV). Concordance rates for emotional, physical, sexual, and both physical and/or sexual IPV were 36.1%, 5.6%, 11.7%, and 17.7% respectively. **Associated Factors** Men who report more gender-equitable attitudes and behaviors (failing to concur with justifications for IPV, reporting higher support for gender equitable norms, and reporting a higher level of female engagement in decision-making and intrahousehold task-sharing) are more likely to be members of wife only reporting households: that is, they are less likely to

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					report perpetration of IPV. Women who report more genderequitable attitudes and behaviors, by contrast, are more likely to be members of husband only reporting households.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Leight, 2021[3]	5,972 women and men	56% of men and 27% of women report any education, and their average ages were 39 and 32, respectively. 11% of households were polygamous and the overwhelming majority of households are primarily engaged in subsistence farming. Only 14% of households reported electricity, 46% owned a radio, 6% owned a television, 55% owned a mobile phone, and 64% owned an ox.	This paper draws on two large-scale surveys conducted in four districts in rural Ethiopia (Mareko, Meskan, Silte, and Sodo) as part of a broader randomized controlled trial evaluating the "Unite for a Better Life" intervention targeting intimate partner violence. The sample included 64 randomly selected villages (kebeles) from the Gurague zone of the Southern Nations, Nationalities, and People's Region (SNNPR). Households with married couples where the woman was aged 18-49 were eligible, and were selected via simple random sampling. The analysis focuses on three primary sets of variables reported in the endline survey: (1) male dominance in intrahousehold decision-making and male engagement in household tasks; (2) female respondents' experiences of intimate partner violence; and (3) male dominance of decision-making in the natal household as reported at baseline.	**Prevalence of IPV:** Emotional IPV (Past Year): 59% of women Physical and/or Sexual IPV (Past Year): 42% of women **Associated Factors with IPV:** Higher incidence of IPV is associated with greater male dominance in household decision-making. Lower incidence of IPV is observed in households with greater male involvement in traditionally female domains.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Letta et al., 2014	801 women	Rural high school female students with a mean age 16.99 years (SD=1.56). 74.90% were protestant, 90.90% of the respondents were not married, 81.90% reported living together with their parents, and 75.90% of the respondents had financial support from their parents.	School based cross-sectional quantitative study was conducted in rural high school female students.	**Prevalence of IPV** The prevalence of forced sex by boyfriend was 7.6%.
Ethiopia	Mekonnen et al., 2023[3]	1,628 women	Ever-married midlife women with mean age of 40.62 (SD= 2.8), 71.3% were married, 71.5% living in rural area, 43.2% had no formal education, 62.3% were no working, and 49.3% were poor.	Utilizing secondary data from the 2016 Ethiopia Demographic and Health Survey (EDHS), this cross-sectional study aimed to explore factors associated with intimate partner violence (IPV). The analysis employed multivariable logistic regression to identify these factors.	**Prevalence of IPV** IPV prevalence was found to be 31.8% (95% CI: 30.6, 33.2), with physical, sexual, and combined physical violence rates at 21.2%, 18.4%, and 16.1% respectively. **Associated Factors** Factors such as education level and employment status were associated with lower odds of IPV, with primary education (AOR = 0.70; 95% CI: 0.59, 0.84), secondary education (AOR = 0.73; 95% CI: 0.57, 0.94), higher education (AOR = 0.62; 95% CI: 0.45, 0.85), and employment (AOR = 0.77; 95% CI: 0.60–0.99) showing significant associations. The highest rates of spousal violence were reported in Addis Ababa (43.2%), Tigray (40.8%), and Gambela (37.8%), while the lowest was observed in Somali (13.9%).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Misgana et al., 2022[3,4]	1,015 women	Pregnant women with mean age of 30.12 (SD= 8.47), 99.70 were muslim, 76.06% cannot read and write, 88.67% were housewife, 96.75% were married, and 38.23% were poor.	In a community-based cross-sectional study conducted in the Kersa Health and Demographic Surveillance System (KHDSS) in Eastern Ethiopia, data was collected from a sample of pregnant women using structured questionnaires. Descriptive findings were presented as percentages with corresponding 95% confidence intervals. To determine factors associated with each domain of intimate partner violence (IPV), including physical, emotional, and social violence, a generalized structural equation model was employed. Adjusted odds ratios (AOR) with a 95% confidence interval were calculated to identify significant factors associated with IPV.	**Prevalence of IPV** The overall prevalence of all forms of intimate partner violence (IPV) was found to be 48.57%. Specifically, 31.6% of women reported experiencing sexual violence, with 23.15% being forced to have sex. Psychological violence was reported by 30.54% of participants, with 16.65% reporting being insulted or made to feel bad. Physical violence was reported by 26.3% of women, with 15.27% reporting being slapped. **Associated Factors** Being a farmer (AOR = 0:42, 95% CI: 0.19, 0.91) was significantly associated with psychological domain of IPV. Age (AOR = 0:97, 95% CI: 0.95, 0.99) and educational status (neither read nor write) (AOR = 2:50, 95% CI: 1.61, 3.89) were significantly associated with physical domain of IPV. Being in medium (AOR = 0:64, 95% CI: 0.46, 0.90) and rich (AOR = 0:53, 95% CI: 0.36, 0.78) wealth quintiles were significantly associated with sexual domain of IPV, whereas husband controlling behavior was significantly associated with all domains of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Misganaw & Worku, 2013	395 women	Street females with a mean age was 27.5 years (SD= 9.49). 74.7% were 15–29 years of age, 64.1% were not married, and only 6.3% had attended formal education. 18.2% experianced substances use and 23% had different kinds of disabilities.	Mixed method study involving both quantitative and qualitative study designs. The study was conducted in August, North West Ethiopia.	**Prevalence of IPV** The prevalence of rape by intimate partner was 5.6%.
Ethiopia	Mohammed et al., 2017	210 women	Pregnant women with a mean age of 28.7 years (SD = 5.4). In 89.5% of couples the male partner was older than the female partner by one or more years. On average, men were older than women by 7.4 years (SD = 7.4). 60% were Orthodox, while more than one in four were Muslims. The proportion of women who had no formal education was 15.2%, which is higher than their male counter parts (9.5%). 32% had a job at the time of the interview. 96.7% were	Cross-sectional study. The data was drawn from a larger couple community based study examining access and utilization of maternal and child health in Addis Ababa, Ethiopia.	**Prevalence of IPV** The IPV prevalence rates throughout the relationship were: sexual violence 37.6% , physical violence 18.6%, and emotional violence 23.3%. The IPV prevalence rates in the last 12 months of the relationship were: sexual violence 29.5% , physical violence 9.5%, and emotional violence 10%. **Associated Factors** Women who experienced emotional IPV in their relationship were less likely to have their 1st antenatal care within three months of pregnancy (AOR = 0.69; 95%CI = 0.49–0.96). Women who reported physical IPV in their relationship were less likely to use ≥4 antenatal care visits (AOR = 0.48; 95%CI = 0.21–0.71), be tested for HIV (AOR = 0.26; 95%CI = 0.09–0.79), have skilled delivery attendant (AOR = 0.31; 95%CI = 0.12–0.98), and deliver in a health facility (AOR = 0.35; 95%CI = 0.14–0.88). Women experienced

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			married, and the mean relationship duration of the couples was 6.9 years. The mean number of children in the relationship was 2.2 (SD=1.26).		sexual IPV were less likely to use antenatal care ≥4 times (AOR = 0.91; 95%CI = 0.84–0.98).
Ethiopia	Muluneh et al., 2021	1,423 women	Married women aged 15-49 years, 58.95% had secondary and above education, 60.15% were not working, 83.62% were currently married, 76.45% were living in rural regions principally in Oromia (17.77%), and 44.55% were rich.	Utilizing data from the 2016 Ethiopian Demographic and Health Survey (EDHS), this analysis focused on married women aged 15–49 years who reported experiencing intimate partner violence (IPV). Multiple logistic regression, adjusted for clustering and weighting, was employed to identify factors associated with help-seeking behavior among IPV survivors. Subsequently, the weighted proportions of these factors were exported to	**Prevalence of IPV** The overall prevalence of IPV among married women was reported at 34%, with rates of physical, emotional, and sexual violence standing at 24%, 24%, and 10%, respectively. **Associated Factors** Furthermore, women who experienced physical violence were significantly more likely to seek help, with an odds ratio of 2.76 (95% CI= 1.42-5.41, p= .029).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				ArcGIS for autocorrelation analysis.	
Ethiopia	Musa et al., 2021	603 women	Women who gave birth in public hospitals in Harari region.	A cross-sectional study was conducted among women who gave birth in public hospitals in the Harari region. Intimate partner violence (IPV) was assessed using a questionnaire adapted from the World Health Organization Multi-Country Study on Women's Health and Domestic Violence against Women. Binary and multiple logistic regression analyses were performed to determine the association between IPV and outcomes such as low birth weight and preterm birth. Both crude and adjusted odds ratios with 95% confidence intervals were calculated, with statistical significance set at a p-value of < 0.05.	**Prevalence of IPV During Pregnancy:** 39% of women reported experiencing partner violence during their most recent pregnancy. **Associated Factors** Women who experienced any IPV were 1.6 times more likely (AOR = 1.62, 95%CI = 1.02, 2.58) to have a preterm birth than those who did not experience IPV during their last pregnancy. Women who experienced any IPV were 1.4 times (AOR = 1.37, 95%CI = 1.73, 2.57) more likely to have a low birth weight infant than those who did not experience IPV during their last pregnancy. Women who experienced physical IPV and women who experienced emotional IPV were 2.3 times (AOR = 2.25, 95%CI = 1.23, 4.11) and 2.2 times (AOR = 2.15, 95%CI = 1.20, 3.84) more likely to have low birth weight infants than women who did not experience IPV respectively.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Samahegn et al., 2013[3]	682 women	All were married women. The mean was 31.6 (±7.5) years; 65.4% of women were Amhara ethnic, 99.4% of the respondents were orthodox Christians and 87.8% of them were rural dwellers. 59.7% of women were illiterate and 80.9% were housewives.	A community-based cross-sectional study was conducted from February 15 to March 15, 2011, involving 682 married women. Respondents were selected using a systematic sampling technique for the quantitative data collection, while purposive sampling was used for selecting key informants and focus group discussants. Data were collected using a structured questionnaire adapted from WHO multi-country studies on domestic violence and other intimate partner violence research. The questionnaire was translated into Amharic to suit the local context. Binary logistic regression and multivariable logistic regression analyses were performed to determine the prevalence and identify independent predictors of domestic violence. Data were analyzed using SPSS version 16.0.	**Prevalence of Domestic Violence in the Last 12 Months** Any Type of Domestic Violence: 78.0%; Psychological Violence: 73.3%; Physical Violence: 58.4%; Sexual Violence: 49.1%; Simultaneous Psychological, Physical, or Sexual Violence: 37.9%. **Associated Factors** Women whose husbands consumed alcohol were 1.9 times more likely to experience domestic violence (AOR = 1.9, 95% CI = 1.3–2.8). Pregnant women were 2.1 times more likely to experience domestic violence compared to those who were not pregnant (AOR = 2.1, 95% CI = 1.4–3.4). Women with less decision-making power were 2.3 times more likely to experience domestic violence (AOR = 2.3, 95% CI = 1.5–3.4). Women from households with an annual income between $280.22 and $508.76 were 1.9 times more likely to experience domestic violence compared to those from households earning less than $280.22 (AOR = 1.9, 95% CI = 1.1–3.3).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Seid et al., 2021[4]	3,846 women	Women aged 15–49 . 83.7% of the respondents were from the rural part of the country. The mean age of the respondents was 27.76 ±9.1SD years and 61.1% of the respondents do not attend formal education. 39.7.1% were Orthodox by religion, and 21.2% of them were from the richest family.	Utilizing data extracted from the 2016 Ethiopian Demographic and Health Survey (EDHS) dataset, a community-based cross-sectional study was conducted by the Central Statistical Agency from January 18 to June 27, 2016, in Ethiopia. The aim was to identify predictors of domestic violence, with the dependent variable encompassing emotional, physical, or sexual violence. Analysis was performed using binary logistic regression and a two-level generalized linear mixed model.	**Prevalence of IPV** 24% (95% CI 22.9%, 25.4%) of women experienced emotional violence, 23.7% (95% CI 22.5%, 25%) experienced physical violence, and 10.1% (95% CI 9.3%, 11.1%) experienced sexual violence by their intimate partner. Additionally, 34% (95% CI 32.6%, 35.4%) of women reported experiencing either type of violence by their intimate partner. **Associated Factors** Women aged 20–24 had twice the odds (AOR = 2.09, 95% CI: 1.36, 3.17) of experiencing domestic violence compared to those aged 15–19, while women aged 45–49 had three times higher odds (AOR = 3.95, 95% CI: 1.84, 5.15). Women from wealthier families had lower odds of experiencing domestic violence, with those from the richest households having the lowest odds (AOR = 0.52, 95% CI: 0.36, 0.75). However, women whose partners drank alcohol were more likely to experience domestic violence (AOR = 2.62, 95% CI: 2.09, 3.29), as were those who witnessed family violence during childhood (AOR = 2.24, 95% CI: 1.81, 2.58). Additionally, women whose partners exhibited marital controlling behavior were significantly more likely to experience domestic violence (AOR = 4.26, 95% CI: 3.55, 5.11).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Shimekaw et al., 2013	541 women	Female college students in Bahir Dar city. Mean age 20.3 years (SD=1.8). 90.9% were orthodox Christians, 61.2% were raised in urban areas, 14.6% were married, 26.3% had boyfriend, and 59.1% were not married or had no boyfriend. 28.2% were living alone, 45% living with parents, 8.6% living with husband/boyfriend, 11.0% living with female friends, and 7.3% living with relatives.	Cross sectional study was conducted among female private college students in Bahir Dar town.	**Prevalence of IPV** The prevalence of rape by intimate partner was 3.7%.
Ethiopia	Takele & Setegn, 2014	397 women	Female university students with a mean age 21.08 years (SD=1.40). 90.2% were not married, 56.4% were from the Oromo ethnic group, 64.2% were Orthodox, 74.6% were from urban areas and 96.5% lived on campus. The mean of the last semester	Institution based cross-sectional quantitative study conducted in April 2012 in Madawalabu University.	**Prevalence of IPV** The prevalence of being raped by boyfriend was 1.7% and by husband 0.13% from the total sample.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			cumulative GPA was 2.78 (SD=0.50).		
Ethiopia	Tenaw et al., 2023	645 women	Reproductive-age females with disabilities in Dale and Wonsho districts and Yirgalem city, who lived in the selected kebels for at least six months. 53.33% were married, 60.40% resident in rural area, 59.53% had no education, 97.86% were unemployed, and 90.08% had no occupation.	A community-based cross-sectional study was carried out from June 20 to July 15, 2022. The study was conducted in the Dale and Wonsho districts and in the Yirgalem city administration in Sidama National Regional State, Ethiopia. The data collection tool was adopted from the World Health Organization multi-country study measurement tool [24]. After adopting and pretesting the data collection tool, six data collectors and one supervisor who are fluent speakers of Sidamu Afoo and who have data collection experience were employed.	**Prevalence of IPV** Reproductive-age females with disabilities reported 59.8% (95% CI: 56, 63.56) of sexual violence. **Associated Factors** Residing in an urban setting (AOR = 0.51; 95% CI: 0.29, 0.88), being an adult (25 to 34 years old) (AOR = 5.9; CI: 3.01, 11.6), being an adult (35 to 49 years old) (AOR = 3.47; CI: 1.48, 8.14), having no sexuality information (AOR = 11.3; CI: 6.24, 20.5), and having hearing disabilities (AOR = 3.19; CI: 1.49, 6.83) were factors associated with sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Tiruye, Chojenta et al., 2020	4,167 women	Married women with 15-49 years, married before 18 years (63.6%), living in rural area (82.7%), habit of substance abuse (47.9%), without education (63.6%), employed (51.5%), and middle index (21.2%).	A cross-sectional population-based study was conducted utilizing data from the domestic violence module of the 2016 Ethiopia Demographic and Health Survey (DHS). The study employed multilevel logistic regression models to analyze the association between intimate partner violence (IPV) and pregnancy loss. IPV was measured using indicators of physical, emotional, and sexual violence, as well as controlling behavior.	**Prevalence of IPV** 36.1% of participants reported having ever experienced any form of IPV, with 25.1%, 11.9%, and 24.1% reporting physical, sexual and emotional IPV respectively. **Associated Factors** A significant association was observed between IPV (a composite measure of physical, sexual and emotional abuse) and pregnancy loss (AOR = 1.54, 95% Confidence Interval (CI): 1.12, 2.14).
Ethiopia	Tiruye, Harris et al., 2020[3]	3,897 women	Women between 15-49 years, 50.1% unemployed, 64.5% Christian, 61.5% with no education, 47.6% had more than 4 children, and 47.9% used substance abuse.	The study utilized data from the 2016 Ethiopian Demographic and Health Survey (EDHS), which included a domestic violence module added in that year. To explore the determinants of intimate partner violence (IPV) at multiple levels—individual, relationship, community, and societal—the researchers employed multilevel logistic regression models. These models were used to estimate the effects of IPV determinants across three specified levels, allowing for a comprehensive examination of	**Prevalence of IPV** 34.1% of women had experienced at least one form of intimate partner violence (IPV) in their lifetime. Specifically, 23.3% reported experiencing physical IPV, 22.7% reported emotional IPV, and 11.2% reported sexual IPV. **Associated Factors** The odds of lifetime IPV experience were higher among women who were older, were married before the age of 18 years, witnessed inter-parental violence during their childhood, had a partner who drank alcohol, and lived in a community with high IPV accepting norms. Alternatively, the odds of IPV were lower among women who had decision-making autonomy in the household, had the same or lower educational attainment as their partner,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				factors contributing to IPV in Ethiopia.	and lived in a community with low proportions of educated women.
Ethiopia	Tora, 2013	374 women	374 university female students. Mean age 20 (SD=1.36). 52.3% were Coptic orthodox and 32.8% were protestant. 78% did not have boyfriends currently or are single and 17% had boyfriends currently. 19.5% reported previous experience of sexual intercourse.	A cross-sectional study with data gathered from June 1 to 30, 2011. Quantitative data were collected through structured, self-administered, and pretested questionnaire.	**Prevalence of IPV** The violence by boyfriend prevalence rates were: 7.5% attempeted rape, 2.4% completed rape, 7.0% physical harassment , 3.7% verbal harassment, and 1.3% forced sexual initiation.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Tsega et al., 2022	1,077 women	Youth women from Ethiopia between 15-24 years with mean age of 20.73 (SD= 0.069), had ever married, 53.42% had primary education, 46.94% were poor, and 54.65% were unemployed.	The study employed a cross-sectional population-based household survey utilizing data from the 2016 Ethiopia Demographic and Health Survey (EDHS). Multilevel logistic regression analysis, conducted using STATA, was utilized to associate factors with intimate partner violence (IPV).	**Prevalence of IPV** 30.27% (95% CI 27.59, 33.09) of young women experienced intimate partner violence (IPV). For specific types of violence there rates were: physical violence 22.52%, sexual violence 8.44%, and emotional violence 19.89%. **Associated Factors** Individual-level factors associated with higher odds of IPV included being widowed, divorced, or separated (AOR=2.28; 95% CI 1.33, 3.91), having a partner who drinks alcohol (AOR=5.76, 95% CI 3.42-9.69), witnessing interparental violence during childhood (AOR=3.45, 95% CI 2.21-5.37), and experiencing fear of one's partner (AOR=7.09, 95% CI 4.30, 11.68). At the community level, youth women (AOR=0.31; 95% CI 0.13, 0.78) were significantly associated with experiencing IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Tusa et al., 2022[3]	2,687 women	All ever-married women aged 15–49 years. 39.62% were from the Oromia region, 68.87% were not working, 41.20% were Muslims. 78.5% of the respondents were not watching television at all, 11.1% of the respondents were pregnant, 69.00% women had a decision-making autonomy.	Secondary data analysis was conducted using the Ethiopian Demographic and Health Surveys (EDHS) 2016, from January 18 to June 27, 2016. The study assessed IPV using women's self-reported experiences based on modified Conflict Tactics Scales. Physical violence categorized by acts like pushing or using weapons, emotional violence by humiliation and threats, and sexual violence by forced sexual acts. Women were classified as having lifetime IPV if they reported any form of violence since age 15. Attitudes toward wife beating and decision-making autonomy were also assessed. The study used Generalized Structural Equation Modeling (GSEM) to analyze factors associated with different types of IPV. The sampling involved two stages: selecting Enumeration Areas proportionally and then randomly selecting households from these areas.	**Associated Factors** The likelihood of physical violence decreased by 46% among women aged 15–19 compared to those aged 25–29. Women practicing traditional religions were 3.64 times more likely to experience sexual violence than Muslims. Emotional violence decreased by 44% among the wealthiest women compared to the poorest. Women who watched television at least once a week experienced 36% to 42% less physical violence compared to those who did not watch TV. Smokers were 2.59 times more likely to face emotional violence, while pregnant women were 1.62 times more likely to face sexual violence. Women with attitudes favoring wife beating were 1.32 times more likely to experience physical violence. Decision-making autonomy was associated with a 28%, 30%, and 35% reduction in physical, emotional, and sexual violence, respectively. Emotional violence decreased by 49% and 38% among husbands aged 20–24 and 25–29 compared to those aged 30–34. Highly educated partners were 61% less likely to commit sexual violence. Drinker partners were 3.12, 2.44, and 2.58 times more likely to inflict physical, emotional, and sexual violence, respectively.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Workie et al., 2023	412 women	Women with 18 years and above from three humanitarian sites in Northwest Ethiopia. Mean age was 31.3 years (SD= 7.6), 53.9% were married, and 49.3% were in elementary school.	Humanitarian setting-based cross-sectional study that assessed gender-based violence (GBV) using items from the Assessment Screen to Identify Survivors Toolkit questionnaire for GBV (ASIST-GBV). The study employed a structured questionnaire comprising a 6-item ASIST-GBV to collect data. The analysis of the data was conducted using binary logistic regression.	**Prevalence of IPV** 37.9% (95% CI=33.2-42.6) of internally displaced women in northwest Ethiopia reported gender-based violence (GBV) with a one-year prevalence. The prevalence of threat of violence, physical violence, and forced sex were 29.1% (n = 120), 15.8% (n = 65), and 6.3% (n = 26), respectively. **Associated Factors** Young women, 18–24 years old (AOR = 3.52, 95%CI = 2.15–5.34, $p \leq 0.001$) and 25–29 years old (AOR = 2.41, 95%CI = 1.57–3.24, $p \leq 0.001$) had a statistically significant association with GBV. Moreover, having no social protection (AOR = 3.18, 95%CI = 2.65–6.22, $p \leq 0.001$), being current alcohol user (AOR = 2.54, 95%CI = 1.22–4.78, $p \leq 0.001$) and being single in marital status (AOR = 1.69, 95%CI = 1.18–2.87, $p < 0.01$) showed a statistical association with GBV.
Ethiopia	Yimer et al., 2014	425 women	Pregnant women. The mean age of mothers was 29.8 (±5.8) years. The majority of participants were between 25 and 34 years old (56.2%). 76.0% were farmers, 67.8% were illiterate, and 48.5% reported medium monthly income.	This quantitative community-based cross-sectional study aimed to assess the magnitude of domestic violence and its associated factors among pregnant women in Hulet Ejju Enessie district, northwest Ethiopia. Conducted from January 1 to 31, 2014, the study involved 425 randomly selected pregnant women. Data were collected using the standard WHO multicountry study on	**Prevalence of Domestic Violence** 32.2% women were experiencing domestic violence by their intimate partner. 24.9% pregnant women reported psychological violence; 14.8% pregnant women experienced sexual violence; 11.3% pregnant women experienced physical violence. **Associated factors with domestic violence during pregnancy** Age at first marriage (≤15 years), interparental exposure to domestic violence during childhood, drinking status of partners, frequency of drinking by partner, and

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				women's health and domestic violence questionnaire by four trained female data collectors. Multivariate logistic regression was used to estimate odds ratios with 95% confidence intervals to identify factors associated with domestic violence during pregnancy, with statistical significance set at P value < 0.05.	desiredness of current pregnancy by partner remained the main significant factors associated with domestic violence during pregnancy.
Ethiopia	Berhanie et al., 2019	954 women	Mothers with a mean age of 28.37 ± 6.25 years, range 16 to 48 years. 22.0% of cases and 21.7% controls were living in rural areas, 86.8% cases and 87.1% of controls were married, 65.7% of cases and 57.7% of controls were house wives by occupation, and 13.5% cases and 13.4% of controls had not attended formal education.	The study was a hospital-based, unmatched case-control study conducted across four zonal hospitals in the Tigray region. It involved 954 participants, including 318 cases and 636 controls, selected using systematic sampling. Ethical clearance was obtained throughout the study period.	**Prevalence of IPV** 40.8% experienced any type of IPV, 16.4% physical violence, 16.4% psychological violence, and 53.4% sexual violence. **Associated Factors** Women exposed to IPV during pregnancy were three times more likely to experience low birth weight (AOR = 3.1; CI 95% [1.470, 6.618]). Women exposed to IPV during pregnancy were also three times more likely to experience preterm birth (AOR = 2.5; CI 95% [2.198–2.957]). Women exposed to physical violence during pregnancy were five times more likely to experience low birth weight (AOR = 4.767; CI 95% [2.515, 9.034]) and preterm birth (AOR = 5.3; CI 95% [3.95–7.094]).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ethiopia	Utaile et al., 2023[3]	1,535 women	58.0% of the women were urban residents. 86.8%, were in the age group of 20- 34, with a mean age of 26.3 ± 4.7 years. 95.4% were married. 67.6% were protestant Christians, 45.6% attended primary school, and 67.4% were housewives.	A community-based cross-sectional study was conducted from July to October 2020 among 1,535 randomly selected pregnant women. Data were collected through an interviewer-administered, standardized WHO multi-country study questionnaire and analyzed using STATA 14. To identify factors associated with intimate partner violence during pregnancy, a two-level mixed-effects logistic regression model was employed.	**Prevalence of IPV** Overall Prevalence: 48% (95% CI: 45–50%); Psychological Violence Only: 26.3%; Physical Violence Only: 24.6%; Sexual Violence Only: 1.4%; Psychological + Physical Violence: 11.8%; Psychological + Sexual Violence: 6.1%; Physical + Sexual Violence: 1.3%; Multiple Forms (Psychological + Physical + Sexual): 31.7%. **Associated Factors** Women with limited access had increased odds of IPV (AOR = 0.61; 95% CI: 0.43, 0.85); Feeling Isolated from the Community increased the odds of IPV (AOR = 1.96; 95% CI: 1.04, 3.69); Strict Gender Role Differences increased the odds of IPV (AOR = 1.45; 95% CI: 1.03, 2.04); Low Decision-Making Power increased the odds of IPV (AOR = 2.51; 95% CI: 1.28, 4.92).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Gambia	Idoko et al., 2015	136 women	Pregnant women aged 14-51 years. The mean age was 26.6 ± 6.5 years.	A cross-sectional survey was conducted at Edward Francis Small Teaching Hospital in Banjul, The Gambia, between October and December 2012. The study involved antenatal clinic attendees who were booking for the first time during the study period. Data were collected using a pre-tested, structured, interviewer-administered questionnaire. For those who did not understand English, the questionnaire was verbally translated into local languages. Descriptive analysis of the data was performed using Epi Info statistical software.	**Prevalence of IPV** The results revealed 61.8% of pregnant women attending the antenatal clinic reported experiencing intimate partner violence (IPV). Among these women, 55% experienced physical violence, 22% were forced into sexual acts against their will, and 60% reported verbal abuse. **Associated Factors** The survey also revealed that 12% of women required medical care due to IPV, 3% were prevented from seeking healthcare as a result of IPV, and 59% did nothing about the abuse, with only 4% reporting it to the police. Additionally, 5% of victims were prevented from seeking healthcare by their partners, while 12% sought medical care due to IPV. Cigarette smoking by partners was significantly associated with IPV, with men who smoked being three times more likely to perpetrate IPV ($p = 0.0038$). Among those who experienced IPV, 20% reported a decrease in violence during the current pregnancy, 11% reported an increase, and 69% reported no change.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Gambia	Shaikh, 2023b[3,4]	1,953 women	Ever-married women and were either currently or formerly in a union or living with a man. 58.63% were aged 30 years or over; 55.14% had formal education while 42.17% respondent's husband/ partner had some formal education. 70.83% did some work, 20.14% belonged to the poorest wealth index, 70.33% were urban denizens, and 28.41% had 5 to 11 children.	In a cross-sectional study, data was collected from the Gambia Demographic and Health Survey (GDHS) spanning two survey periods: 2013 and 2019-2020, across 8 subnational regions. The study aimed to analyze levels and trends of intimate partner violence (IPV) perpetrated by current or former husbands/partners among ever-married women. Analysis involved examining the association of IPV with 12 covariates encompassing socio-demographic, experiential, and attitudinal characteristics. Bivariate and multivariable models, including simple and multiple logistic regression, were employed to explore these associations and assess IPV prevalence, correlations, and trends across regions and survey years.	**Prevalence of IPV** Rates of physical IPV were reported at 29.9%, emotional IPV at 24.03%, and sexual IPV at 5.52%, resulting in an overall prevalence of any type of IPV at 39.23%. **Associated Factors** Compared to women with no education, women with education higher than secondary school experienced much less IPV with adjusted odds ratios (aOR) of 0.293 (95% CI: 0.131-0.654). While compared to women whose husband/partner had no education, women whose husband/partner had higher than secondary school education experienced almost twice as much IPV with the aOR of 1.969 (1.026-4.780). Compared to women in the poorest quantile of household wealth, the women in the richest quantile experienced less IPV with the aOR of 0.537 (95% CI: 0.294-0.981). Regarding having ever witnessed one's father physically beat mother; the odds were 2.552 times (95% CI: 1.572-4.145) higher for women experiencing IPV in their own relationship, who witnessed such IPV, compared to women who did not witness such violence. The odds of IPV were 4.340 times (95% CI: 3.124-6.030) higher in women who experienced marital control, compared to those women whose husband/partner did not engage in such controlling behavior.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Amegbor et al., 2021	2,442 women	Ever-partnered women between 15-48 years, 44.22% had secondary and above education, 92.29% were employed, and 47.41% were poorest and poorer.	Data was obtained from the 2008 Ghana Demographic and Health Survey (GDHS) to investigate intimate partner violence (IPV) among women at the district level. The study focused on examining the proportion of women experiencing IPV across districts. Conventional regression analysis methods, including ordinary least square (OLS) regression, logistic regression, and Poisson regression, were employed to explore the relationships between alcohol misuse, socioeconomic factors, and IPV. Additionally, geographically weighted regression was utilized to analyze spatial variations in partners' alcohol misuse and IPV. By employing these analytical techniques, the study aimed to provide insights into the geographic distribution and determinants of IPV in Ghana, using nationally representative survey data	**Prevalence of IPV** The mean prevalence rate of intimate partner violence (IPV) among ever-partnered women was 39.93% **Associated Factors** Male partners who misuse alcohol had a statistically significant association with IPV. A percentage point in the district proportion of male partners who misuse alcohol, holding other variables constant, elevated the chances of women experiencing IPV by ~0.19% (β = 0.189, $p < .05$). A proportion increase in the percentage of women in the poorest and poorer households reduced the risk of IPV by ~0.26% ($\beta = -0.258$, $p < .01$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Boah et al., 2023	402 women	Post-natal women. Mean age was 31.3 (±5.1 years), ranging from 19 to 49 years. More than half (58.5%) of the respondents were in the age group of 25–34 years, 64.2% of them received no formal education, and 95.8% were affiliated with Islam. 17.2% had at least 5 pregnancies, and 21.6% had at least 4 living children.	A retrospective cross-sectional study was conducted at five public health facilities in the Tamale Metropolis, Northern Ghana. The study used a series of questions from the domestic violence module of the Demographic and Health Survey (DHS) program to assess exposure to intimate partner violence (IPV) during recent pregnancies. Data collection was performed electronically using Kobo Collect, focusing on factors such as IPV exposure and pregnancy outcomes. The dependent variables were gestational age at birth and birthweight, specifically examining preterm birth and low birthweight. Multiple logistic regression analyses were carried out in Stata to explore the associations between prenatal IPV exposure and these adverse newborn outcomes.	**Prevalence of IPV during pregnancy** 6.7% of the women experienced acts of physical IPV; 34.5% experienced acts of psychological IPV during the last pregnancy. 35.1% experienced at least one form of IPV during pregnancy; 28.6% experienced only one form of IPV; and 6.5% experienced the two forms of IPV (physical and psychological). **Associated Factors** Higher percentage of preterm births was recorded among women who suffered physical (59.3%), psychological (24.3%), and at least one form of IPV (24.8%) during their most recent pregnancy than those who did not. The rate of low birthweight was higher among women with a history of physical IPV (33.3%), psychological IPV (15.0%), or at least one form of IPV (14.9%). Women who suffered IPV during their last pregnancy were three times more likely to deliver low birthweight babies (AOR = 3.12: 95% CI: 1.42, 6.84).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Doku & Asante, 2015[3]	10,607 women	Women from Ghana between 15 to 49 years, 47% of them had secondary level, 75.7% were working, 62.6% were married, 57.2% living in rural areas, and 22.9% had poorest wealth index.	A national representative data (N = 10,607) from the Ghana Demographic and Health Surveys (GDHS) conducted in 2003 and 2008 was utilized. The Ghana Demographic Health Survey is a nationwide survey with a representative sample of women and men aged 15–49 and 15–59, respectively. All the surveys used a two stage sample based on the Ghana Population and Housing Census to produce separate estimates for key indicators for each of the ten regions in Ghana. The first stage involved selecting sample points or clusters from an updated master sampling frame constructed from the Ghana Population and Housing Census. The second stage of selection involved systematic sampling of 30 of the households listed in each cluster. The data collection took place over a three-month period, from early September to late November.	**Prevalence of IPV** Prevalence of domestic violence was 39%. **Associated Factors** Women aged 25–34 and 15–24 were 1.5 and 1.3 times, respectively, more likely to approve domestic physical violence against wives compared to those aged 35 years and above. Furthermore, women with no education (OR = 3.1, CI = 2.4–3.9), primary education (OR = 2.6, CI = 2.1–3.3) and junior secondary education (OR = 1.8, CI = 1.4–2.2) had higher probability of approving domestic physical violence compared to a woman who had secondary education or higher. Compared to women with Christian belief, Moslems (OR = 1.5, CI = 1.3–1.8) and Traditional believer (OR = 1.7, CI = 1.2–2.4) were more likely to approve domestic physical violence of wives. Women who were in the richest, rich and middle wealth index categories were less likely to approve domestic physical violence of wives compared to the poorest.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Issahaku, 2015	443 women	Women ages 18–49 years and in intimate relationships. 46% came from rural areas, 67% identified themselves as younger than 30 years and younger than their partners, and 35% identified their marriage as polygynous. 70% were currently employed, the mean number of children was 2.55, the mean of years of education was 7.89, the median income of participants was 200 Ghanaian Cedis (GHS), 66% of participants were Muslim, and 17% rated their general health as poor.	Data for this study were drawn from a doctoral dissertation research conducted in northern Ghana in 2011, involving 443 women recruited from outpatient populations at six district hospitals using a targeted sampling approach. The study utilized the WHO's violence against women instrument to measure intimate partner violence (IPV). Past-year physical violence was assessed with a 6-item Yes-or-No subscale, psychological violence with a 7-item Yes-or-No subscale, and sexual violence with a 3-item Yes-or-No subscale. Additionally, injury and medical help-seeking were measured with Yes-or-No questions, and past-year thoughts of suicide were assessed with similar questions. Data were primarily collected through face-to-face interviews.	**Prevalence of IPV** In the past 12 months, 69% of women experienced intimate partner violence (IPV), including 62% reporting psychological violence, 29% physical violence, and 34% sexual violence. **Associated Factors** Associated factors included 13% of the sample experiencing thoughts of suicide, 29% reporting sleep disruption, and 12% having fear of their partner. Women experiencing physical violence were 3.72 times more likely to report fear of their partner, while those experiencing psychological violence were 5.77 times more likely. The odds of reporting thoughts of suicide were 3.94 times higher for physical violence, 10.50 times higher for psychological violence, and 2.21 times higher for sexual violence. Similarly, the odds of reporting sleep disruption were 4.82 times higher for physical violence, 4.44 times higher for psychological violence, and 2.50 times higher for sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Takyi & Lamptey, 2020[3]	1,831 women	Women from Ghana with mean age of 32.9 years (SD= 8.1), 45.9% had secondary education, 21.6% were richer, 57.3% were living in urban areas, 37.1% were newline protestants, 16.5% mainstream protestants, 14.7% Muslim, 12.3% Catholic and 11.2% other christian.	The analysis examined the relationship between religion and Intimate Partner Violence (IPV) in Ghana, utilizing data from the 2008 Ghana Demographic and Health Survey (GDHS08). The study employed a cross-sectional design and focused on assessing the links between religious affiliations and IPV. Regression analysis techniques, including both bivariate and multivariate approaches, were utilized to explore these associations. By using GDHS08 data and regression analysis, the study aimed to investigate the impact of religion on IPV within the Ghanaian context, providing insights into potential factors influencing IPV prevalence	**Prevalence of IPV** 33.2% reported experiencing emotional violence, 20.8% reported physical abuse, and 6.3% reported sexual violence. **Associated Factors** Women who identified as Catholics, other Christians, and Muslims were significantly less likely to report sexual violence in comparison with the reference category, traditionalists or nonbelievers. The effect of religion on emotional violence in the presence of the control variables is not as strong but are still positive for Muslims, and weak with respect to physical violence. Compared with women with limited or no education, and those with some higher education, women with a secondary (high school only) education were more likely to report sexual ($b = 0.081$; $p < .001$) and emotional violence ($b = 0.129$; $p < .05$) but not physical violence. Women whose partners are educated are less likely to report an abuse, especially when it comes to emotional and physical violence. Women whose husbands used alcohol were more likely to report a history of sexual violence or abuse ($b = 0.096$, $p < .001$), emotional abuse ($b = 0.443$, $p < .001$), and also physical abuse ($b = 0.397$, $p < .001$). Ideologies in support of wife-beating have something to do with the perpetration of IPV but the effects are more evident with respect to emotional and physical violence

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					and not to sexual violence. It appears that women with some economic resources (measured by the wealth index) tend to report more emotional abuse than their poor and nonaffluent counterparts.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana	Tenkorang & Owusu, 2018	2,289 women	Married women aged 18 years or above. Average age 37.9 years old.	Data for this cross-sectional study were collected between May and August 2017 as part of a larger survey examining the domestic violence experiences and help-seeking behaviors of women in Ghana. Face-to-face interviews were conducted to gather information on respondents' knowledge of domestic violence, experiences with physical, economic, psychological, and sexual violence, and gender norms. The survey also included retrospective questions about experiences with violence before age 15 and violence perpetrated against partners and husbands. The analyses focused on two main sets of outcomes: the first measured physical, sexual, and psychological violence against women, and the second, also used as a predictor, measured domestic violence perpetrated by women against their partners/husbands. The focal predictor variable, life course experiences of violence, was derived from three latent variables: childhood violence, physical violence	**Prevalence of IPV** In this study, 58.1% of women reported experiencing psychological/emotional violence, 39.8% reported physical violence, and 34.6% reported sexual violence. Regarding IPV perpetration against men, 28.9% of women reported committing physical or emotional violence in the past 12 months, while 5.1% reported perpetrating sexual violence. **Associated Factors** Observing violence in childhood was a significant predictor of both victimization and perpetration of violence later in life. Additionally, women who perpetrate physical violence against their partners or husbands are more likely to become victims of physical, sexual, and psychological violence themselves.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				after age 15, and sexual violence after age 15.	
Ghana	Tenkorang, 2019a	2,289 women	Ever married women aged 18 years and older. 20.6% had no education, 19.2% had Primary school, 25.7% Junior high school, 15% Senior high school, 7.8% Vocational/technical; 11.7% had Higher education. 29.4% were not employed, and 70.6% were employed.	Utilizing nationally representative survey data collected between May and August 2017, the study focused on ever-married Ghanaian women aged 18 years and older. It examined sexual and reproductive health, domestic violence, and community-level variables using multilevel modeling. Additionally, the cross-sectional study delved into individual and community intimate partner violence (IPV) encompassing physical, sexual, and emotional aspects in unwanted or lost pregnancies. Multivariate models were	**Prevalence of IPV** 40% reported experiencing physical violence, 35% reported sexual violence, and 58% mentioned emotional or psychological violence. **Associated Factors** The analysis revealed significant associations between physical violence and both unwanted and loss pregnancy ($p < .01$), while sexual violence was only associated with unwanted pregnancy ($p < .01$). At the community level, physical violence was associated with loss pregnancy ($p < .01$), while sexual violence was linked to unwanted pregnancy ($p < .01$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				employed to associate IPV with sexual and reproductive health.	
Ghana	Alangea et al., 2018[3]	2,000 women	Women with a mean age of 31.7 (SD = 8.6) years. 53% were married and 16% were either divorced, separated or not in any heterosexual relationship 63% had worked or earned income in the past three months and less than 50% no work or occasional work in the past year.	The study used a population-based survey of randomly selected women living in 40 localities across four districts in the Central Region of Ghana. Data were collected via interviewer-administered questionnaires from February to May 2016. Participants were currently or ever-partnered and had resided in the study area for at least 12 months prior to the survey. Data collected included socio-demographics, sexual behavior, mental health and substance use, employment status, 12-month and lifetime experiences of violence, household food insecurity, gender norms/attitudes, partner characteristics, and childhood trauma. Logistic regression modeling was used to determine factors associated	**Prevalence of IPV** **Past 12-months** Sexual IPV: 11.8%; Physical IPV: 15.5%; Economic IPV: 7.4%; Emotional IPV: 24.6%; Both sexual and physical: 5.9%; Sexual and/or physical IPV: 21.4%; Any IPV: 34.1%. **Lifetime** Sexual IPV: 18.5%; Physical IPV: 32.2%; Economic IPV: 10.1%; Emotional IPV: 34.2%; Both sexual and physical: 11.4%; Sexual and / or physical IPV: 39.3%; Any IPV: 50.9%. **Associated Factors** Senior high school education or higher was protective of IPV (AOR = 0.51 [0.30±0.86]). Depression (AOR = 1.06[1.04±1.08], disability (AOR = 2.30[1.57±3.35]), witnessing abuse of mother (AOR = 2.1.98[1.44±2.72]), experience of childhood sexual abuse (AOR = 1.46[1.07±1.99]), having had multiple sexual partners in past year (AOR = 2.60 [1.49±4.53]), control by male partner (AOR = 1.03[1.00±1.06]), male

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				with sexual or physical IPV, adjusting for age and survey design.	partner alcohol use in past year (AOR = 2.65[2.12±3.31]) and male partner infidelity (AOR = 2.31[1.72±3.09]) were significantly associated with increased odds of past year physical or sexual IPV experience.
Ghana	Owusu Adjah & Agbemafle, 2016	1,524 women	Women with a median age of 33 years. 87 % were currently married, 76% were Christians, and 89% also engaged in some form of employment. About 40% were in the lowest quintile of the wealth index.	This study conducted a secondary data analysis using data from the 2008 Ghana Demographic and Health Survey (GDHS). A multivariate logistic model was employed to analyze the data, with risk factors identified through a forward selection procedure. The analysis focused on responses from the domestic violence module, which was administered to women in two-thirds of the households selected for individual interviews.	**Prevalence of domestic violence** Overall Domestic Violence ever: 33.6%; Emotional Violence: 30%; Physical Violence: 17%; Sexual Violence: 4%. **Associated Factors** Urban residents had a higher likelihood of experiencing domestic (OR = 1.35; 95% CI: 1.08–1.70); Partners with higher education were less likely to perpetrate domestic violence (OR = 0.52; 95% CI: 0.34–0.80); Women whose husbands drank alcohol were significantly more likely to experience domestic violence (OR = 2.52; 95% CI: 2.04–3.12); Women whose mothers beat their fathers had a much higher likelihood of experiencing domestic violence (OR = 3.04;

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					95% CI: 1.61–5.76); Women whose fathers beat their mothers also had an increased likelihood of experiencing domestic violence (OR = 1.41; 95% CI: 1.02–1.96).
Ghana	Tenkorang, 2019b[3]	2,289 women	Women, with a mean age of 38 years, 88% had less than a university education, 71% were employed, and 72% were Christian.	The analysis utilized data collected in 2017 from 2,289 women residing in 40 communities across Ghana to investigate the associations between three types of autonomy—economic decision-making, family planning decision-making, and sexual autonomy—and experiences of physical, sexual, emotional, and economic violence. Multilevel logistic regression was employed to identify these associations. The data were collected through face-to-face interviews as part of a larger, nationally representative study conducted between May and August 2017, using a multistage sampling procedure.	**Prevalence of IPV** Physical Violence: 39.8%; Sexual Violence: 34.6%; Emotional Violence: 58.1%; Economic Violence: 52.1%. **Associated Factors** At the individual level, family planning decision-making autonomy was negatively associated with all four types of violence (odds ratios, 0.7–0.8), while economic decision-making autonomy was positively associated with emotional and economic violence (1.2 for each). At the community level, living in a community where women had higher levels of sexual autonomy was associated with reduced odds of having experienced physical and economic violence (0.5 and 0.4, respectively).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenia	Ward & Harlow, 2021[3]	3,737 women	Currently married or cohabiting women aged 15-49 years, 91% non-Muslim, 64% rural, 64% employed, and 82% with a least primary education.	The study utilized data from the 2014 Kenya Demographic and Health Survey (KDHS), specifically focusing on married cohabiting women selected for the domestic violence module. It sought to investigate the association between the WHO's R.E.S.P.E.C.T framework (relationship skills, empowerment, services poverty reduction, environments, child & adolescent abuse prevention, attitudes & beliefs) and IPV. Logistic regression models were employed for analysis, with R.E.S.P.E.C.T represented by a summary score excluding the second "e" and "c", where each letter corresponded to specific factors: R for relationship skills strengthened, E for empowerment of women, S for services ensured, P for poverty reduced, and T for transformed attitudes and beliefs. Multiple logistic regression models were used to analyze the association between R.E.S.P.T and IPV.	**Prevalence of IPV** 32% of women reported ever experiencing IPV, with 26% reporting IPV in the past 12 months. **Associated Factors** Decision-making (R) was negatively associated with experiencing IPV (OR=0.62 (0.53 to 0.72)). Land and property ownership (E) were positively associated with experiencing IPV (OR=1.25 (1.08 to 1.43)). Access to healthcare (S) was negatively associated with experiencing IPV (OR=0.55 (0.48 to 0.63)). Higher levels of wealth (P) were negatively associated with experiencing IPV (OR=0.47 (0.37 to 0.62)). Not justifying wife-beating in any scenario (T) was negatively associated with experiencing IPV (OR=0.39 (0.29 to 0.53)). a 1-unit increase in total R.E.S.P.T score was negatively associated with experiencing IPV (AOR=0.63 (0.57 to 0.70)) with a similar finding for IPV in the past 12 months (AOR=0.59 (0.53 to 0.66)). Younger women, higher education and Muslim religion were associated with decreased odds of experiencing IPV while living in a rural location and working were associated with increased odds of experiencing IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Bannister & Moyi, 2019	105 women	Women range in age from 19 to 70, with an average age of 36. 20% of women do have daily incomes below the poverty line and 93% reported that the money they earn is not enough for their family.	This research examined the prevalence of physical domestic gender-based violence (GBV) and its correlation with women's empowerment in Makhokho, Western Kenya. The study employed a community-based participatory research approach, integrating both quantitative and qualitative methods. Quantitative data were collected using questionnaires distributed to 105 married women with the assistance of Community Health Volunteers. Qualitative data were gathered from three focus-group discussions involving Community Health Volunteers, women from local economic empowerment groups, and community stakeholders. Statistical significance in the questionnaire data was assessed using both parametric and non-parametric methods.	**Prevalence of IPV** 59% of women experienced violence. For those who reported experiencing domestic gender-based violence (GBV), 73% said that they had experienced it in the last 12 months, and 26% reported that it happened frequently.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Burmen et al., 2018[1]	1957 both (1174 women and 783 men)	60% were female, 51% were aged 19-22 years, 51% were single, 69% had primary or below primary-level education, and 54% engaged in some form of employment.	Data were analyzed from an HIV seroprevalence survey conducted between November 2012 and December 2014 in Gem Subcounty, Siaya County, Western Kenya. Participants aged 15 to 24 were categorized as "perpetrators of IPV" if they had physically harmed their sexual partners in the past year, and as "victims of IPV" if they had been physically harmed by a sexual partner in the same timeframe. A cross-sectional survey was conducted within this population, covering demographics, sexual behavior, and HIV health services utilization. Logistic regression was used to determine factors associated with being either a victim or perpetrator of IPV.	**Prevalence of IPV victimization** 7% reported having ever been victims of IPV. Of this, 22% reported having been subjected to sexual violence within the 12 months before being interviewed, and 31% said they had been subjected to sexual violence recently. **Prevalence of IPV perpetration** 4% reported having been perpetrators of IPV. **Associated Factors** Victims of IPV were more likely to be female (n=131, 92%) than male (n=11, 8%; AOR 7.9; 95% CI, 3.6 to 17.5; P<.01). Overall, 11% of females were victims of IPV, compared to 1% of males. Victims of IPV were more likely to have had either 2 (n=34, 25%; AOR 1.2; 95% CI, 1.9 to 8.4), 3 to 4 (n=59, 43%; AOR 2.1; 95% CI, 1.2 to 3.9), or 5 or more (n=25, 19%; AOR 4.0; 95% CI, 1.9 to 8.4) lifetime sexual partners than to have had 1 (n=17,13%) lifetime sexual partner (P<.01). Among victims of IPV, 23% had primary sexual partners who had additional concurrent partners, and 27% had primary partners who had recently acquired new sexual partners. 20% victims of IPV who reported having been subjected to sexual violence in the past, compared 80% who had not been subjected to sexual more than 12 months prior (AOR 1.9; 95% CI, 1.0 to 3.4; P<.01). Perpetrators of IPV were more likely to be male (n=52, 68%) than female (n=24, 32%;

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					AOR 2.1; 95% CI, 1.2 to 3.7; P<.01). Perpetrators of IPV were more likely to have had 5 or more (n=27, 41%) lifetime sexual partners than 1 (n=10, 15%; AOR 2.8; 95% CI, 1.3 to 6.3, P<.01) lifetime sexual partner. Overall, 7% of males and 2% of females identified themselves as perpetrators of IPV.
Kenya	Castilla & Murphy et al., 2023[1]	779 females and 779 males	779 were females and 779 were males. The mean age for males was 39.59 and for females 33.63. Participants were from rural western Kenya, smallholder farmers, often cultivating less than 1 hectare of land.	The survey consists of data from the entire population of households that had at least two spouses in residence in 30 randomly chosen villages in Bungoma, Busia, and Kakamega Districts of Kenya collected between September and December 2020.	**Prevalence of IPV** The prevalence of physical violence in men and women is 14.9 and 11% respectively. **Associated Factors** There were find no differences in the prevalence of male-to-female and female-to-male violence, providing supporting evidence that bidirectional IPV accounts for the lack of gender differences.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Chiang et al., 2018	566 women	Women aged 18-24 who ever had an intimate partner, 61.3% had ever been married.	The 2010 Kenya Violence Against Children Survey (VACS) was a cross-sectional household survey of females and males aged 13–24 years, designed to produce national estimates of physical, emotional, and sexual violence against children (VAC), along with associated risk and protective factors, health outcomes, and service knowledge and uptake. Any childhood violence was defined as experiencing physical, emotional, and/or sexual violence before the age of 18. Adult physical intimate partner violence (IPV) was defined as being slapped, pushed, hit with a fist, kicked, beaten with an object, or threatened with or attacked with a weapon by a romantic partner or husband at or after the age of 18.	**Prevalence of IPV** In early adulthood, 21.6% of individuals reported experiencing physical intimate partner violence (IPV). **Associated Factors** Among ever-partnered individuals aged 18–24, 78% had experienced some form of violence in childhood. Women who were ever married had 4.6 times higher odds of reporting adult physical IPV (95% CI: 2.0–10.7; p=0.0003), and those who had been pregnant had 4.7 times higher odds (95% CI: 2.4–9.1; p<0.0001). Respondents who experienced any form of sexual violence in childhood had 2.5 times higher odds of experiencing adult physical IPV (AOR=2.5; p=0.006). Women who experienced unwanted penetrative sex during childhood had 4.3 times higher odds of adult physical IPV (AOR=4.3; p<0.0001). Those who experienced any childhood violence had 3.1 times greater odds of adult physical IPV (AOR=3.1; p=0.02). The odds of experiencing adult physical IPV increased with the number of types of childhood violence: 2.3 times higher for exposure to one type (AOR=2.3; p=0.07), 3.9 times higher for two types (AOR=3.9; p=0.02), and 5.0 times higher for three types (AOR=5.0; p=0.01).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Harper et al., 2021	527 sexual gender minority	Sexual and Gender Minority adults. 90% were between the ages of 18–34. 44.8% were employed either full time or part time, 9.4% were working as a laborer, 10.6% were sex workers, and 15.4% were not working but in school. 82.5% had either completed primary school, secondary school, or received their diploma. 47.4% reported being bisexual, 23.9% gay, 13.3% lesbian, 10.1% men who have sex with men, 2.1% women who have sex with women, 1.7% other, and 1.3% queer.	This study was conducted by members of a collaborative research partnership between a U.S. academic institution and a Kenyan LGBTQ civil society organization (CSO). A convenience sample of 527 SGM (Sexual and gender minority) adults was recruited from community venues to complete a cross-sectional survey either on paper or through an online secure platform.	**Prevalence of IPV** 42.5% had ever experienced violence from an intimate partner.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Makayoto et al., 2013	300 women	Pregnant women with a mean age of 23.7 years.	A cross-sectional study was conducted at Kisumu District Hospital, Kenya, among randomly selected pregnant women using a structured questionnaire to gather data on self-reported intimate partner violence (IPV) experiences, including lifetime IPV, IPV in the 12 months prior to and during the current pregnancy, and associated risk factors. Data were analyzed using Epi-info.	**Prevalence of IPV** The prevalence of lifetime overall, physical, psychological and sexual IPV was 53%, 26%, 42% and 15 %, respectively. The prevalence of overall, physical, psychological and sexual IPV within the past 12 months before pregnancy was 52%, 25%, 405 and 15 %, respectively. The prevalence of overall, physical, psychological and sexual IPV during pregnancy was 37%, 10%, 29% and 12 %, respectively. Among the women with a history of IPV during pregnancy, 79 % had experienced psychological violence, 32 % sexual violence and 26 % physical violence. **Associated Factors** Women who experienced IPV during pregnancy were more likely to have witnessed maternal abuse in childhood (aOR 2.27, 95 % CI = 1.05–4.89), been in a polygamous union (aOR 2.48, 95 % CI = 1.06–5.8), been multiparous (aOR 1.94, 95 % CI = 1.01–3.32) or had a partner who drank alcohol (aOR 2.32, 95 % CI = 1.21–4.45). Having a partner who attained tertiary education was protective against IPV (aOR 0.37, 95 % CI = 0.16–0.83).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Memiah et al., 2020[1]	540 men and 347 women	Young male (60.9%) and female (39.1%) between 15-24 years, living in Nairobi, Kenya.	Utilizing a cross-sectional study design with respondent-driven sampling, this research focused on adolescents and young adults (AYA) aged 15 to 24 in Nairobi, Kenya. Data collection was conducted through a phone-based survey using the REACH-AYA app, covering questions on behavioral and psychosocial factors drawn from various standardized questionnaires. Descriptive, bivariate, and multivariable statistical analyses were employed to characterize the study sample and explore associations between factors and intimate partner violence (IPV) among adolescents.	**Prevalence of IPV** The prevalence of intimate partner violence (IPV) stood at 22.3%. Female participants (27.5%) reported experiencing more IPV compared to their male counterparts (18.9%). **Associated Factors** In the regression analysis, males were found to be less likely to experience IPV compared to females, with an odds ratio of 0.62 (95% CI= 0.41-0.92). IPV was associated with being unsure if it was okay for a boy to hit his girlfriend, living in a home with physical violence or abuse, and being bullied (P=.005). The likelihood of experiencing IPV was higher among respondents whose friends and family members used alcohol (odds ratio [OR] 1.80, 95% CI 1.09-2.98) and among those who had repeated a class at school in the past two years (OR 1.90, 95% CI 1.11-3.23). Respondents who visited a health facility or doctor for reproductive health services were 2 times more likely to experience IPV (OR 2.23, 95% CI 1.40-3.70). Respondents who had used illicit drugs were 2 times more likely to experience IPV (OR 4.31, 95% CI 2.64-7.04). The probability of experiencing IPV decreased by 63% (OR 0.37, 95% CI 0.16-0.85) among respondents who refused to have sex with someone who was not prepared to use a condom.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Mengo et al., 2022	5,265 women	Ever-married women between 15-49 years, 56.9% had primary, 22.2% were poorest, and 63.4% were living in rural regions.	A cross-sectional approach was used, selecting data from the 2014 Demographic and Health Survey. It investigated various aspects including demographic factors, types of violence, attitudes towards violence, and help-seeking behaviors. To identify constructs related to different types of violence, principal component factor analysis was conducted. Subsequently, logistic regression was employed to associate these factors with the utilization of help-seeking services, both formal and informal	**Prevalence of IPV** 48.22% of women reported experiencing some form of IPV, with physical violence being the most prevalent at 58.48%, followed by sexual violence at 21.03%, and emotional violence at 9.8%. **Associated Factors** Among those who experienced IPV, 55.5% did not seek any form of help, while 38.3% sought informal assistance, 5.5% sought formal help, and 3.1% sought both formal and informal help. Physical violence was associated with seeking informal help as well as both formal and informal assistance, while emotional violence was linked with seeking formal help.
Kenya	Morris et al., 2022[3]	873 women	Women with mean age of 32.54 years, 73.8% were in monogamous marriages, 70.9% had 0-6 years of education, and 36.9% were Seventh-Day Adventist religion.	The cross-sectional population-based household survey was conducted in May 2018 in the North and East Kamagambo wards of Rongo sub-county, Migori County, Kenya. This survey aimed to collect population-based data across various areas, including child mortality, nutrition, family planning, HIV, water and sanitation, economics, education, and intimate partner violence (IPV). Specifically focusing on IPV, the study	**Prevalence of IPV** 60.3% reported experiencing intimate partner violence (IPV) in their lifetime. **Associated Factors** Factors associated with a higher likelihood of experiencing IPV included being in a polygamous marriage (AOR= 1.81, 95% CI= 1.13-2.88, p= .013), having 0-6 years of education (AOR= 1.84, 95% CI= 1.27-2.66, p= .001), and having exposure to IPV during girlhood (AOR= 1.59, 95% CI= 1.12-2.28, p= .011). These results indicate that women in such circumstances are at an increased risk of experiencing IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				explored factors associated with its occurrence among women from two rural communities in Kenya. Group-wise comparisons were conducted using Pearson's chi-square for categorical variables and t-tests for continuous variables. To model factors associated with the experience of IPV, logistic regression analysis was employed.	
Kenya	Mugoya et al., 2015	4,906 women	Women with a mean age of 32.0 years. 5% and 15% of them being currently and formerly married, respectively. 71.5% of the women resided in rural area.	The study utilized data from a nationally representative, cross-sectional household survey conducted in Kenya between November 2008 and February 2009, known as the Kenyan Demographic and Health Survey. The analysis aimed to estimate the effect of select sociodemographic characteristics and reported intimate partner violence (IPV) victimization on the acceptance of IPV. To achieve this, hierarchical multiple regression was conducted to assess the association between IPV experiences and acceptance of IPV attitudes.	**Prevalence of IPV** The study reports 12 acts of IPV separately in two time frames (lifetime, last 12 months), for this reason only a few will be reported. Lifetime prevalence rates of intimate partner violence (IPV) victimization were observed, with 32.3% reporting slapping and 22.8% reporting being insulted. Severe forms of physical violence, such as attempted strangulation or burning, were reported by 3.1% of participants. Among those reporting acts of IPV victimization in their lifetime, a significant proportion (78.6% to 90.4%) reported at least one act occurring in the preceding 12 months. Regarding sexual violence, physically forced sex was reported by 12.8% of participants over their lifetime, while emotional violence included insults (22.8%) and humiliation (17.2%). In the preceding 12 months, the principal form of sexual violence was forced engagement in

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					other sexual acts, reported by 89.5% of participants, while emotional violence included humiliation (90.4%) and being insulted (89.3%). **Associated Factors** IPV victimization was significantly associated with IPV acceptance.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Muthengi et al., 2016[3]	452 women	Girls, aged 15-16, who were living with their husbands at the time of the survey. Half of the girls were age 19 (55%), a third were age 18 (33%) and 12% were between the ages of 15 and 17. The mean age of marriage was 17 years and the mean husband's age at the time of the survey was 24 years. Almost all girls reported that their husbands had worked for pay during the previous month (91%). The majority of girls were Christian (70% Protestant, 25% Catholic). About two-fifths (43%) of girls had worked for pay within the previous year. The mean age at which they first started working for pay was 16.6 years.	This study analyzed data from a baseline survey conducted between August and December 2013, involving adolescent girls aged 15–19 from low-income, informal settlements in four Kenyan cities. The survey, translated into Swahili and administered via tablets, focused on building social, health, and economic assets for vulnerable girls, covering topics like savings, financial education, livelihoods, reproductive health, sexual behavior, and experiences of violence. Physical violence was assessed by asking, "How many times in the last six months has your husband/partner hit, slapped, kicked, or beaten you?" Responses were dichotomized to compare those who experienced no violence with those who did.	**Prevalence of Physical Violence** Working Adolescent Girls: 25.6% experienced physical violence; Non-Working Adolescent Girls: 16% experienced physical violence. **Associated Factors** Work associated with 87% greater odds of violence compared to not-working (OR = 1.87, $p < 0.01$); 60% of girls whose partners did not trust them with money experienced violence; 21% of girls whose partners trusted them with money experienced violence; Partner trust regarding money was associated with 63% lower odds of violence compared to not having partner trust (OR = 0.365, $p<0.05$); Work with no regular saving was associated with 95% greater odds of violence compared to not-working (OR = 1.959, $p<0.01$); Only earning a higher income with no regular saving significantly increased odds of experiencing physical violence (OR = 2.640, $p<0.05$); no difference between girls who did not work and those who worked but had regular savings; no significant difference between girls who worked and saved regularly and those who did not work. Factors associated with a reduced odds of experiencing physical violence were primary education (OR = 0.400, $p<0.05$), secondary education (OR = 0.209, $p<0.01$), and ownership of jewelry (OR = 0.549, $p<0.05$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Mutiso et al., 2020[1,3,4]	8,310 both (5,448 women; 2,862 men)	All adult men and women aged 18 or older (the self-consenting legal age in Kenya) attending routine outpatient services at the study rural facilities for general care. 31% were 60 years old and older, three quarters had primary or less level of education. More females than males were self-employed, females were more dissatisfied with life than males while both were more dissatisfied than satisfied with life. Males had higher level of economic status than females, and majority of both males and females had a mental disorder. 82.4% reported having a mental disorder.	This cross-sectional study involved 8,310 consenting respondents who screened positive for common mental disorders using the mhGAP-IG. Participants were administered a socio-demographic questionnaire, a DSM-IV/ICD-10 confirmatory diagnosis instrument, an epilepsy services questionnaire, and the WHO instrument for various types of intimate partner violence (IPV). The study conducted analyses to identify factors associated with IPV across both genders.	**Prevalence of IPV in the previous three months** 41.2% of the sample experienced physical IPV; 45.6% of women experienced physical IPV; 32.8% of men experienced physical IPV 22.3% of the sample experienced sexual IPV; 25.8% of women experienced sexual IPV; 15.7% of men experienced sexual IPV 55.5% of the sample experienced emotional IPV; 57.5% of women experienced emotional IPV; 51.7% of men experienced emotional IPV 59.9% of the sample experienced controlling behavior; 63.0% of women experienced controlling behavior; 53.9% of men experienced controlling behavior. **Associated Factors** Those with confirmed diagnosis reported higher levels of IPV compared to those without a mental disorder. However, those without a confirmed diagnosis reported more physical and sexual violence compared to those with confirmed diagnosis who reported more emotional abuse and controlling behavior. Single status for all types of IPV in both males and females; Widowed/divorced status for sexual violence among males and females, emotional abuse for females, and controlling behavior for both males and females; No formal education for all types of IPV except for controlling behavior in males; Primary education for emotional behavior in both

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					males and females; Self-employment status for sexual abuse both males and females; Employment as opposed to non-employment status for physical violence among both females and males and sexual violence for both males and females.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Muuo et al., 2020	209 women	Women were 18 to 66 years old, with a mean age of 29 years. 99.0% identified as Muslim, 55.0% had no current partner; and 68.4% of women reported a low monthly income of less than 5000 Kenyan Shillings (approximately 50 USD).	The study employed a convergent parallel mixed methods design, incorporating both quantitative surveys and qualitative in-depth interviews. Conducted between 2016 and 2017 in the Hagadera and Dagahaley refugee camps within the Dadaab Refugee Complex in Kenya, the study targeted women aged 18 years and above who reported new incidents of violence to the response teams at IRC or CARE GBV service centers. Experiences of Non-Partner Violence (NPV) and Intimate Partner Violence (IPV) were assessed using questions adapted from the World Health Organization's multi-country study on women's health and domestic violence. The study captured experiences of emotional, physical, and sexual IPV as well as physical and sexual NPV, covering both lifetime and past 12-month experiences.	**Prevalence of IPV** Lifetime Overall IPV: 66.7%; Controlling Behavior: 60.9%; Physical and/or Sexual IPV: 54.7%. Prevalence of IPV in the last 12 Months was 51%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Onuonga et al., 2023[3]	360 women	Pregnant women who were attending prenatal care in Bondo, Western Kenya. Mean age was 28.35 (SD= 4.89), 40.8% had high school, 47.2% were unemployed, 15.3% had HIV, and 82.2% were married.	The cross-sectional analysis was conducted over a one-year period from August 2020 to August 2021 in three health facilities located in Bondo, Western Kenya. Pregnant women attending prenatal care were selected using systematic sampling methods. Data were collected through face-to-face interviews utilizing structured questionnaires. Logistic regression was employed to determine the risk factors associated with intimate partner violence (IPV) within the study population.	**Rates of IPV** Rates of intimate partner violence (IPV) during pregnancy were reported at 35.3%, with 23.9% experiencing psychological violence, 15.6% physical abuse, and 16.4% sexual violence. Additionally, 66.14% of women reported experiencing IPV in the 12 months before pregnancy. **Associated Factors** Risk factors associated with IPV during pregnancy included unemployment among women (adjusted odds ratio [aOR]= 2.90, 95% confidence interval [CI]= 1.08-7.79, p= .035) and partners' daily alcohol consumption (aOR= 4.84, 95% CI= 1.69-13.88, p= .003).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Pulerwitz et al., 2018	1,101 women	Adolescents and young women. 23.7% were ages 15–17, 35.4% were 18–20, and 40.9% were 21–24. School enrollment was highest among 15–17-years-olds (70.9%) and lowest among the 21–24-year-olds (19.8%). 55% of 15–17-year-olds reported completing some secondary schooling, compared to 61.0% of 18–20-year-olds, and 40.9% of 20–24-year-olds. 34% of the respondents overall were currently married or living with a man.	This cross-sectional survey examined HIV risk and vulnerability among adolescent girls and young women (AGYW) aged 15–24 in Kisumu, Kenya, focusing on urban and peri-urban areas. The study utilized a 16-item adaptation of the SRPS, administered to 1,101 participants. Confirmatory factor analysis (CFA) and theta coefficients were used to assess scale performance across three age bands: 15–17, 18–20, and 21–24 years. Relationship power levels were evaluated, and multivariate logistic regressions analyzed the associations between power, partner violence, and HIV risk outcomes. Intimate partner violence was measured using items derived from the WHO's Violence Against Women Scale.	**Prevalence of IPV during the last 12-months** 11.9% of 15±17-year-olds; 22.8% of 18±20-year-olds, and almost one third (31.6%) of 21± 24-year-olds reported physical violence from intimate partners in the last year. 13.8% of 15±17-year-olds had experienced sexual violence from intimate partners in the last year, compared to 17.4% of 18±20-year-olds and 18.2% of 21±24-year-olds. **Associated Factors** Among 15±17-year-olds, adolescent grils and young women (AGYW) with higher relationship power (i.e., higher mean score on the SRPS), reported decreased likelihood of sexual (aOR 0.13, 95% CI: 0.05±0.33, p<0.001) and physical (aOR 0.18, 95% CI: 0.07, 0.47, p<0.001) violence from intimate partners in the last year, compared to 15±17-year-olds with lower relationship power. For 18±20-year-olds, those with higher relationship power reported decreased likelihood of sexual (aOR 0.15, 95% CI: 0.08, 0.30, p<0.001) and physical (aOR 0.18, 95% CI: 0.09, 0.33, p<0.001) violence from intimate partners in the last year, and increased likelihood of condom use at last sex (aOR 3.75, 95% CI: 1.60, 8.81, p<0.01) compared to 18±20-year-olds with lower relationship power. For 21±24-year-olds, those with higher relationship power reported decreased likelihood of sexual (aOR 0.08, 95% CI: 0.04, 0.15, p<0.001) and physical

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					(aOR 0.17, 95% CI: 0.10, 0.29, p<0.001) violence from intimate partners in the last year, and partner having other partners in the last year (aOR 0.10, 95% CI: 0.04, 0.22, p<0.001), and increased likelihood of knowledge of partner's HIV status (aOR 2.06, 95% CI: 1.10, 3.84, p<0.05), compared to 21±24-year-olds with lower relationship power.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Ringwald et al., 2023[1]	1,613 women and 1,321 men	Men (n= 1321) with mean age of 35 years, and women (n= 1613) with mean age of 29 years. 89.7% of women and 96.1% of men had some schooling, and majority were married (77.6% and 88.4% respectively).	Data from the 2014 Kenya Demographic and Health Survey was utilizaed, focusing on an ever-married sample of women and men aged 15–54 years. The research aimed to explore data about Intimate Partner Violence (IPV) victimization among women and men living in informal and formal settlements in urban areas. It employed a cross-sectional household study design. Multilevel logistic regression analysis was applied to female and male data separately to quantify the associations between residence and any current IPV, while controlling for regional variation and other relevant factors. By utilizing these methods, the study sought to provide insights into the associations between residential settings and IPV victimization among women and men in Kenya	**Prevalence of IPV** 38% of women and 20% of men reported experiencing any current IPV. Emotional IPV was the most prevalent, reported by 30% of women and 18% of men, followed by physical IPV reported by 27% of women and 7% of men, and sexual IPV reported by 12% of women and 4% of men. **Associated Factors** Furthermore, women living in informal settlements had a higher prevalence of IPV (38%) compared to men living in the same conditions (31%). Reporting father beat mother, use of current physical violence against partner, partner's alcohol use, and marital status are associated with any current IPV against women and men.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Wado et al., 2022	2,106 adolescent girls	Females between 12-19 years living in Kiberia slum in Nairobi and rural Wajir Country, and 80% were studying at secondary level (84%).	This study draws on data collected from adolescent girls aged 12–19 who were interviewed in the third wave of the Adolescent Girls Initiative Kenya (AGI-K)—a randomized controlled trial implemented in two marginalized communities in Kenya—Kibera slum in Nairobi and rural Wajir County. The AGI-K delivered multi-sectoral interventions (violence prevention, education, health, and wealth creation) to over 6000 girls ages 11–15 randomized into four intervention groups for 2 years.	**Prevalence of IPV** 22.2% of females reported physical or sexual violence, where 19.5% was physical violence and 6.4% sexual violence. **Associated Factors** Females who were exposed to physical and sexual violence were more likely to depression (AOR= 2.92, 95% CI= 2.17-3.93 and AOR= 2.51, 95% CI= 1.63-3.87 respectively).
Kenya	Winter & Barchi, 2016	6,318 women	Women who practiced open defecations. They were in disorganized communities, aged 15-40 and above years, 30% were living in urban areas, principally from Kikuyu ethnicity (18%).	This study utilizes cross-sectional data from the 2008–09 Kenya Demographic and Health Survey (DHS), which provides data on a nationally representative sample of households in Kenya. These data were collected through a series of standardized questionnaires at the individual and household levels. Household-level surveys report information regarding physical, economic, and social characteristics of the household, including physical conditions of	**Prevalence of IPV** Experiences of violence by partner were 22.2% emotional, 28.4% physical and 10.3% sexual.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				the dwelling, access to material resources (e.g. television, toilet, and car), and health information about women and children residing in the household (Demographic and Health Surveys (DHS) & ICF International 2013).	
Kenya	Gust et al., 2017[3]	8,003 (582 girls and 7,421 women)	582 girls and 7,421 women. The median age was 31. 82.9% of women were married, 7.4% had no education and most had incomplete or complete primary (75.5%). 50.2% were 15 years old or younger when they had their first sexual encounter. 6.1% had never been pregnant.	Cross-sectional surveys were conducted in the Gem Health and Demographic Surveillance System (HDSS) area in Siaya County, western Kenya, during two periods: 2011–2012 (Round 1) and 2013–2014 (Round 2).	**Prevalence of physical IPV** 11.6% reported physical violence by a sexual partner in the last 12 months (8.4% girls, 11.8% women). **Associated Factors** Three factors were associated with physical violence by a sexual partner among girls: being married or cohabiting (nearly 5–fold higher risk), low education, and reporting forced sex in the last 12 months (both with an approximate 2–fold higher risk). Predictive factors were similar for women, with the addition of partner alcohol/drug use and deliberately terminating a pregnancy. Self–reported HIV status was not associated with recent physical violence by a sexual partner among girls or women.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya	Memiah, Ah Mu et al., 2021[3]	3,028 women	43.1% of the women were aged between 20 and 29 years, 76.9% were married, 72.1% protestant, 59% had primary level of education, 25.2% had secondary level education, 33.1% reside in rural areas, and 76.7% were not currently employed.	The study used data from the 2014 Kenya Demographic and Health Survey (KDHS), a nationally representative survey with a two-stage sampling design. Descriptive statistics and chi-square tests were used to explore associations between IPV and its correlates, while logistic regression analyses assessed the odds ratios for IPV. Data were analyzed using Stata 12 for Windows.	**Prevalence of IPV** 49.4% reported IPV. **Associated Factors** Factors associated with experiencing IPV included women who: were aged between 40 and 49 years belonging to religions other than Catholic, Protestant, or practiced no religion, resided in urban areas, were currently working, had a poor Wealth Index, were not sexually assertive, had one sexual partner other than their husband/spouse, received money, gifts, or favors in return for sex, had no knowledge on HIV, had husbands/partners aged above 50 years, experienced an early sexual debut of less than 18 years and felt that their partners were justified in beating them.
Kenya	Pack et al., 2014	619 women	Women sex workers. 60.6% were over the age of 24 years. 48.0% reported at least secondary education and most participants reported supporting others financially (38.3% were supporting one to two other people, while 48.5% were supporting three or more).	Baseline data collected from February 2011 to June 2012 for a randomized controlled alcohol-harm reduction intervention study in Mombasa, Kenya were analyzed. The primary study, conducted by FHI 360 and the International Center for Reproductive Health with funding from USAID, recruited participants from three USAID-funded APHIA II drop-in centres in Chaani, Kisauni, and Likoni. The analysis involved examining survey data on participants' recent experiences of violence, socio-	**Experience of IPV in the last 30 days** 78.7% of sex workers. **Specific Forms of Violence** 44.4% of sex workers were forced to have sex with non-paying partners, 30.2% were beaten or physically abused by non-paying partners. **Associated Factors** Condom use at last sex with a non-paying partner was associated with less recent IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				demographic characteristics, history of violence, sexual behavior, and substance use. Bivariate logistic regressions were used to estimate unadjusted associations between these variables and recent intimate partner violence.	
Lesotho	Stamatakis et al., 2022	4,474 women	Most ever-partnered adolescent girls and young women (AGYW) were 18–24 years old (78.2 %) and 21.8 % were 14–17 years old. 20.4% had low educational attainment. 44.7 % experienced orphanhood (loss of one or both parents) before age 18. 12.0 % experienced child marriage. 5.7 % had early sexual debut, 38.8 % had ever been pregnant, and 26.0 % had experienced teen pregnancy. 6.9% had intergenerational sex, 3.9% transactional sex,	The 2018 Lesotho Violence Against Children and Youth Survey (VACS) is a nationally representative household survey designed to measure the prevalence of sexual, physical, and emotional violence among children and youth aged 13–24 years. Conducted by the Ministry of Social Development (MoSD), Ministry of Health, ICAP at Columbia University, UNICEF Lesotho, and the CDC, the survey collected data on risk factors, protective factors, and health conditions related to violence experiences. The analysis focused on adolescent girls and young women (AGYW), examining gendered risk factors such as teen pregnancy, child marriage,	**Prevalence of IPV** Overall IPV: 37.6%; Sexual IPV: 17.8%; Physical IPV: 14.2%; Emotional IPV: 22.7%. **Associated Factors** A three-class solution was selected, and classes were named as: Low Risk class, Behavioral Risk class (probability of teen pregnancy, child marriage, intergenerational sex, early sexual debut, being HIV positive, and transactional sex were the greatest), and Attitudinal Risk class (the probability of endorsement of one or more negative traditional gender norms was 100.0 % and one or more violence against women [VAW] norms was 100.0 %.). The odds of IPV (1.77 [1.36–2.31]), physical IPV (2.40 [1.79–3.22]), and emotional IPV (1.63 [1.20–2.22]) were higher in the Attitudinal Risk class than the Low Risk class. The odds of IPV (2.45 [1.98–3.04]), physical IPV (3.81 [2.95–4.92]), and emotional IPV (2.38 [1.87–3.02]), were

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			6.9%were HIV positive.	early sexual debut, and transactional sex. Latent class analysis (LCA) identified latent classes of these risk factors, and multivariable logistic regression assessed their associations with intimate partner violence (IPV) victimization and low educational attainment.	higher in the Behavioral Risk class than the Low Risk class. The odds of IPV (1.38 [1.05–1.83]), physical IPV (1.59 [1.16–2.17]), and emotional IPV (1.46 [1.07–1.99]) were higher in the Behavioral Risk class than the Attitudinal Risk class.
Liberia	Allen & Devitt, 2012	229 women	Women aged between 20-50 years.	A small-scale survey was conducted in 2009 in Northern Liberia, West Africa, aiming to determine the prevalence and nature of intimate partner violence (IPV), as well as the cultural beliefs and gender norms influencing respondent experiences and views towards IPV. The survey incorporated closed questions regarding respondents' views about marriage in Liberia, perceptions of abuse in the country, and personal experiences of abuse. Additionally, thematic analysis	**Prevalence of IPV** 73%, reported experiencing abuse by their husband/partner. Further breakdown of the types of abuse indicated high prevalence rates, with 91% of respondents experiencing physical violence, 92% subjected to verbal cruelty, 89% forced to comply with their husband's wishes, 81% not being able to control the money of the family, and 74% coerced into sexual activity against their will.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				was conducted on responses to open-ended questions. The study utilized a questionnaire comprising 10 closed questions and 5 open-ended questions. Data collection involved face-to-face interviews, with a focus on assessing the prevalence of illiteracy among respondents. By employing both closed and open-ended questions, the study aimed to explore the nature of IPV, as well as the beliefs and gender norms underlying respondents' perspectives on IPV.	
Liberia	Shaikh, 2023a	2,331 women	Women from Liberia between 15-49 years.	Data from the 2019-2020 Demographic and Health Survey (DHS) of Liberia was used for this study (nationally and county-level representative data). The prevalence of intimate partner violence (IPV) was computed for each of the sixteen Liberian counties among women aged 15 to 49 years. Additionally, the prevalence of acceptance of IPV attitudes and the prevalence of parental IPV were also computed. These metrics were then mapped by county to visualize the	**Prevalence of IPV** The prevalence IPV varied across different counties in Liberia. Specifically, the prevalence of IPV ranged from 36.16% in Rivercess county to 72.39% in Sinoe county. **Associated Factors** There were statistically significant associations between IPV and IPV acceptance, and IPV and having witnessed parental IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				distribution and variations across different regions. Bivariate mapping of the three attributes (IPV prevalence, acceptance of IPV attitudes, and parental IPV prevalence) was also conducted to explore potential relationships or patterns between these variables across the counties.	
Liberia	Sileo et al., 2021	183 women	Pregnant women from Monrovia, Liberia with 13-24 weeks of gestational age. Mean age of 22.78 years (SD= 3.68), 34.42% had high school, 91.80% were in a relationship, and 50.30% were employed.	The cross-sectional study recruited pregnant women from a community health clinic in Monrovia, Liberia, as part of a larger investigation into the sexual and mental health of young pregnant women. The primary independent variable, exposure to traumatic events, was assessed using the Harvard Trauma Questionnaire, while the outcome variable, intimate partner violence (IPV), was measured using the Severity of Violence Against Women Scale. The study aimed to explore the relationship between lifetime traumatic events and IPV among pregnant women. Descriptive data and bivariate correlations of the	**Prevalence of IPV** 54.6% reported any lifetime experience of intimate partner violence (IPV), while 32.3% reported any recent experience of IPV within the prior two months. Specifically, 45.4% of women reported any lifetime experience of IPV, and 32.3% reported any recent experience of IPV within the prior two months. **Associated Factors** Exposure to traumatic events was positively associated with recent IPV severity ($\beta = .40$, $p < .01$). Anxious attachment style ($\beta = .18$, $p < .01$) and justification of wife beating ($\beta = .67$, $p < .05$) were also associated with IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				variables included in the multiple mediation model were analyzed. The study employed a parallel multiple mediation model to examine the relationship between exposure to traumatic events and IPV in pregnant women.	
Liberia	Stark et al., 2013	13,647 females	Women from Montserrado (n=7015) where 1687 were girls, 4586 women and 742 age missing and from Nimba (n= 6632) where 2070 were girls, 4167 women and 95 age missing. 32.7% were under 18 years, 65.8% older, and 69.8% were single.	Study participants were randomly selected for interviews using a multi-stage cluster sampling method, with 30 clusters of households sampled in each county. Additionally, the "Neighborhood Method" was employed to interview randomly selected women, allowing for the exploration of both their own experiences and those of their neighbors. The analysis involved logistic regression and consideration of inter-cluster correlations.	**Prevalence of IPV** Domestic violence had been experienced by 15.0% (13.6-16.4) of girls in Montserrado County and 14.4% (13.2-15.7) of girls in Nimba County. Among married, separated and divorced women, 72.3% (70.7-73.9) in Montserrado and 73.8% (72.0-75.7) in Nimba were reported as having experienced marital rape in the reporting period.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Liberia	Tsegaw et al., 2022[3]	2,100 women	Married reproductive age women with mean age of 33 years (SD= 8.67), 43.3% without education, 43% reside in south central region, 71.4% were working, 53.5% living in urban area, and 23.3% were poorest.	Conducted as a community-based cross-sectional survey, this study utilized data from the Liberia Demographic Health Survey (LDHS). Multivariable regression analysis was employed to investigate the association of intimate partner violence (IPV) among women in Liberia.	**Prevalence of IPV** IPV prevalence in the last 12 months was 44.74% (42.73-46.77). Specific types of violence within the last 12 months were> 34.15% for physical violence, 34.49% for emotional violence, and 6.56% for sexual violence. **Associated Factors** The likelihood of experiencing IPV decreased with age, with adjusted odds ratios (AORs) of 0.59 (95% CI=0.37-0.93), 0.58 (95% CI=0.35-0.94), and 0.41 (95% CI=0.25-0.68) among women aged 35-39, 40-44, and 45-49, respectively. South central region (AOR = 0.71, 95%CI 0.52–0.96), women's primary education (AOR = 1.28, 95%CI 1.01–1.63), female household head (AOR = 0.77, 95%CI 0.61–0.97), husbands higher education (AOR = 0.62, 95%CI 0.39–0.99), positive wife beating attitude (AOR = 1.57, 95%CI 1.29–1.90), husband drinks (AOR = 2.59, 95%CI 2.14–3.15) and Women's decision making autonomy (AOR = 0.75, 95%CI 0.61–0.93) were significantly associated with IPV.
Liberia	Vinck & Pham, 2013[1]	2,273 women and 2,228 men	The mean age of respondents was 37.4 (SE = .26), 74.7% reported being either in a marital or a partnership relationship at the time of the survey, 35.4% had received no formal	The study employed a nationwide cross-sectional, multistage stratified cluster random survey conducted over six weeks in November and December 2010, involving 4,501 adults. Structured interviews were used to collect data on demographics, socio-	**Prevalence of IPV victimization** Lifetime experience of being severely beaten by a spouse or partner was 26.7% among respondents, with a statistically significant difference between men (15.3%) and women (37.7%). The incidence rates over the one-year recall period were 9.5% for men and 24.4% Women were 3.3 times more likely than men

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			education and 48.2% had achieved at least some secondary education. The mean per capita income reported at US$18.6 (SE = 1.0) per month.	economic status, health, mental health, security, and exposure to traumatic events. The survey, adapted to Liberian English, included questions on intimate-partner physical violence (IPPV), assessed through experiences of severe beating by or of a spouse/partner. Exposure to war-related traumatic events and crimes was measured using 24 and 7-item lists, respectively. The 17-item PTSD Checklist-Civilian Version (PCL-C) and the 15-item depression scale of the Hopkins Symptoms Checklist (HSCL-25) were used to assess PTSD and depression symptoms. Lifetime and one-year recall exposures to IPPV were evaluated.	to report having experienced a severe beating by a spouse or partner. **Prevalence of IPV perpetration** Respondents also self-reported beating their spouse or partner (life-time prevalence,13.4%; one-year incidence, 7.4%). Men reported severely beating their spouse or partner more frequently than women, with prevalence rate of 23.2% and 3.9% respectively. Men were 7.5 times more likely to report having severely beaten a spouse or partner than women. **Associated factors with IPV** Intimate-partner physical violence as a victim and as a perpetrator was significantly associated with exposure to potentially traumatic war-related events, especially among men. Among women, experiencing intimate-partner physical violence was associated with symptoms of PTSD and depression. Among men, perpetrating intimate partner physical violence was associated with symptoms of PTSD and depression after adjusting for exposure to potentially traumatic war-related events.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Libia	Kelly et al., 20218	3,452 women	Women aged 15–49 with a median age of 38.2 years. The median number of children under 5 was 1.4, the median age at the time of marriage of cohabitation was 17.8 years. Most of the sample were Christian (85.5%). The majority had no education (56.8%) and 33.6% had primary education. 55.6% were married, and 23.5% cohabiting.	Within the scope of this research, data sourced from the Armed Conflict Location and Event Data Project were coupled with individual-level data obtained from the 2007 Demographic and Health Survey. Employing multilevel logistic models that considered the clustering of women within districts, the study investigated the correlation between conflict fatalities and post-conflict past-year intimate partner violence (IPV). Furthermore, various conflict metrics, such as conflict events and cumulative years of conflict, were examined. The analysis aimed to discern the relationship between conflict fatalities and post-conflict past-year IPV utilizing multilevel logistic regression.	**Associated Factors** Residing in a conflict fatality-affected district was associated with a 50% increase in the risk of IPV (adjusted odds ratio [aOR]: 1.55, 95% CI 1.26 to 1.92). Moreover, women living in districts that experienced 4-5 cumulative years of conflict were also more likely to experience IPV (aOR 1.88, 95% CI 1.29 to 2.75).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Bazargan-Hejazi et al., 2013	8,291 women	Married or cohabitating women between 15-49 years, 88% were living in rural places, and 62% had primary.	The study utilized data from the 2004 Malawi Demographic and Health Survey (MDHS) as part of a cross-sectional study to examine instances of intimate partner violence (IPV), encompassing emotional, physical, and sexual acts. A modified version of the Conflict Tactics Scale (CTS) was employed to measure these types of IPV. Demographic variables were also collected and analyzed. To determine the associations between socio-demographic factors and IPV, chi-squared tests of association were utilized. Additionally, multivariate logistic regression analyses were conducted to assess the independent associations of lifetime IPV with specific socio-demographic variables such as age, education, and living in rural areas.	**Prevalence of IPV** Emotional violence was reported by 12.5% of participants, while sexual violence was noted in 13.3%. Physical violence categorized as being pushed or shaken was reported by 19.9% of participants, and severe physical violence, including being punched, was reported by 2.8%. **Associated Factors** Women ages 15 to 19 were significantly less likely to report emotional IPV, women ages 25 to 29 were significantly more likely to report being pushed or shaken, slapped or punched (OR 1.35; CI: 1.05-1.73), and women ages 30 to 34 were significantly more likely to report sexual IPV, compared to women ages 45 to 49 (OR 1.40; CI: 1.03-1.90). Finally, women who had no ability to read were less likely to report sexual IPV than their counterparts who could read a full sentence (OR 0.76; CI: 0.66-0.87).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Bonnes, 2016[3]	3,893 women	The mean age of women was 29.85 years. Regarding the educational attainment of married women respondents, 17.31% had no education, 59.31% incomplete primary education, 9.12% complete primary education, 9.56% incomplete secondary education, 3.83% complete secondary education, and 0.87% have higher education.	This study utilized data from the 2010 Malawian Demographic and Health Survey (MDHS) to investigate the impact of educational differences between husbands and wives on the likelihood of intimate partner violence (IPV), including spousal, emotional, and physical abuse. The analysis focused on married women and employed the Domestic Violence Module, which includes questions about specific acts of emotional, physical, and sexual violence experienced from their husbands. The objective was to understand how educational disparities between partners affect the prevalence of various forms of IPV	**Prevalence of IPV** The study found that 19.02% of women experienced physical abuse and 23.68% experienced emotional abuse from their current husbands. **Associated Factors** Factors associated with intimate partner violence (IPV) include the educational disparity between spouses and differences in income. Specifically, women with 3 or more years of education beyond their husbands were more likely to experience physical violence. Additionally, women who earn more than their husbands were at a higher risk for both physical and emotional abuse. The likelihood of emotional abuse also increased with a woman's education if her husband had a lower level of education, while it decreased if her husband had a higher level of education.
Malawi	Brar et al., 2017	250 women	Adolescent girls and young women, aged 15-24 years. Mean age 19.2 years.	A behavioral survey was conducted at four semi-urban and urban health clinics around Lilongwe, Malawi, as a baseline assessment for a one-year comparison of four models of youth-friendly health services. The Modified Conflict Tactics Scale (CTS), consisting of 17 questions, was used to assess the prevalence of	**Prevalence of IPV** 83% reported emotional violence; 36% reported physical violence; 46% reported sexual violence: 22% reported all three types of violence 89% of participants reported having experienced at least one type of IPV. **Associated Factors** Risk of depression was greater in participants exposed to each type of IPV: emotional, RR 1.32 (95% CI 1.09-1.61); physical, RR 1.19

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				emotional, physical, and sexual IPV. The Center for Epidemiologic Studies Short Depression Scale (CES-D10), composed of 10 questions, was used to assess probable symptoms of depression.	(95% CI 1.06-1.33); sexual, RR 1.28 (95% CI 1.14-1.44); all three types, RR 1.31 (95% CI 1.16-1.47).
Malawi	Conroy, 2014a[1]	466 women, 466 men	Couples from Malawi with mean age of 24.8 years, 7.3 mean years of education, 51.3% had median income, and 85% of couples were dominated by male. Approximately 31.2% had no income of their own, and 17.5% had below the median income.	This study utilized data from the third wave of the Tsogolo la Thanzi (TLT) partnership survey, which included a special module on relationship power and Intimate Partner Violence (IPV). Gender differences in continuous variables such as age, education, income, and unity were tested using ANOVA, while chi-square tests were employed to examine gender differences in categorical variables including male dominance and IPV. The Actor–Partner Interaction Model (APIM) served as the primary analytic framework to assess associations between three power domains and IPV. Additionally, multilevel logistic regression analysis was conducted to identify factors	**Prevalence of IPV** 16.5% of participants reported experiencing sexual coercion, and 4% reported being physically abused by their partners. **Associated Factors** There were statistically significant gender differences noted: women reported higher levels of sexual coercion (21.5%) compared to men (11.6%). Additionally, women again reporting higher levels of physical abuse (6.0%) than men (1.9%). Furthermore, only a small proportion of couples reported that both partners had experienced sexual or physical IPV (around 3% and 1%, respectively). Reciprocal violence was also calculated as a proportion of total violence (either sexual or physical IPV).Reciprocal violence was also assessed, revealing that in 18.2% of all sexually violent couples, both partners reported sexual coercion, while in 5.4% of all physically violent couples, both partners reported physical abuse.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				predicting IPV. By utilizing these methods, the study aimed to comprehensively understand the relationship between power dynamics and IPV within the context of the TLT partnership survey.	
Malawi	Conroy, 2014b[1,3]	422 couples	Mean age was 25.2 years. Men were 5.5 years older than women. The mean years of education was 7.1 years. Men had, on average, 1.2 more years of education than women. The mean number of owned household items, was 2.9. 80.1% of couples reported having at least one child together. Couples had been together for 5.3 years.	The study, a cross-sectional analysis, utilized data from Tsogolo la Thanzi, a longitudinal study in southern Malawi's Balaka district. It focused on young adults' decision-making regarding marriage, childbearing, and sexual behavior amidst the HIV/AIDS epidemic. IPV data, including sexual coercion and physical abuse, were collected alongside an analysis of marital infidelity, using multilevel logistic regressions to associate fidelity with IPV.	**Prevalence of IPV** 17% of participants reported partner coercion for sex, with women (20.7%) experiencing this more than men (12.1%) ($p<.05$). Physical abuse was reported by around 4%, with higher rates among women (6.7%) compared to men (2.1%) ($p<.05$). **Associated Factors** For women, perceiving partner infidelity were 2.18 times more likely to report sexual coercion (OR = 2.18, 95% CI 1.26–3.80, $p<.01$) and physical violence. For men, perceived HIV risk and partner perceived to be a higher risk for HIV perception were associated with sexual coercion (OR = 1.58, 95% CI 1.18–2.12, $p<.01$ and OR = 3.24, 95% CI 1.08–9.71, $p<.05$ respectively). Age and relationship duration were associated with physical violence in men (OR = 107.87, 95% CI 4.03–2889.71, $p<.01$ and OR = 1.28,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					95% CI 1.01–1.61, p<.05 respectively). Education was negatively associated with physical abuse among women (OR = 0.86, 95% CI 0.75–0.99, p<.05), while perception of partner infidelity was positively associated (OR = 2.69, 95% CI 1.19–6.08, p<.05). Self-reported marital infidelity was not significantly associated with either form of violence for both genders.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Forty, 2021[3]	4,622 women	Married or cohabiting women from Malawi, between 15-49 years, 87.8% were Christian, 32.5% from Chewa ethnicity, 81.9% living in rural region, 64.5% with primary education, 39.8% had middle income, and 39.2% were poor.	Secondary data from the 2015–16 Malawi Demographic and Health Survey (MDHS) was utilized for this study. Multivariate analysis was conducted using a stepwise forward logistic (binary) regression model to evaluate the association between dimensions of women's autonomy in the household and selected control variables with intimate partner violence (IPV). However, the analysis did not find any significant association between dimensions of women's autonomy in the household and IPV among married or cohabiting women.	**Rates of IPV** Rates of intimate partner violence (IPV) were observed with 22.5% of women reporting physical violence, 25.5% emotional violence, and 16.7% sexual violence. **Associated Factors** Women whose partners did not drink alcohol (AOR=0.40, 95% CI=0.33–0.46), were not jealous if the women talked to other men (AOR=0.46, 95% CI=0.39–0.55) and did not accuse the women of unfaithfulness (AOR=0.30, 95% CI=0.33–0.49) were less likely to experience physical violence. Women whose partners did not drink alcohol (AOR=0.50, 95% CI=0.42–0.58), were not jealous if the respondents talked to other men (AOR=0.37, 95% CI=0.32–0.44) and did not accuse the women of unfaithfulness (AOR=0.29, 95% CI=0.24–0.34) were less likely to experience emotional violence. Women whose partners were not drinking alcohol (AOR=0.53, 95% CI=0.45–0.64), were not jealous if the women talked to other men (AOR=0.45, 95% CI=0.37–0.55) and did not accuse the women of unfaithfulness (AOR=0.40, 95% CI=0.33–0.49) were less likely to experience sexual violence. Women whose partners had no another woman were less likely to experience emotional violence (AOR=0.76, 95% CI=0.62–0.93) or sexual violence (AOR=0.66, 95% CI=0.53–0.82). Women who did not justified wife beating were less likely to experience emotional

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					violence (AOR=0.80, 95% CI=0.64–0.98) and sexual violence (AOR=0.73, 95% CI=0.59–0.90). Compared with women whose occupation was domestic manual work, those who were not working were less likely to experience emotional violence (AOR=0.69, 95% CI=0.54–0.87) and sexual violence (AOR=0.68, 95% CI=0.52–0.90). Women who were working as professionals were less likely to experience emotional violence (AOR=0.70, 95% CI=0.52–0.95), while for sexual violence the association was insignificant. Compared with non-religious women, Muslim women were less likely to experience physical violence (AOR=0.34, 95% CI=0.12–0.99). However, Christian women were not significantly different from women of the reference group. Those with no education (AOR=1.77, 95% CI=1.00–3.67) or primary education (AOR=2.11, 95% CI=1.05–4.24) were more likely to experience physical violence. Compared with women of Nyanga ethnicity, women of the Tonga ethnic group (AOR=3.16, 95% CI=1.15–8.68) were more likely to experience sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Grundy et al., 2022	954 women	Women with a mean age of 19.1 years (SD = 2.5 years). 19.7% were married at baseline, and 36.3% had at least 1 child.	In the Girl Power-Malawi study, adolescent girls and young women (AGYW) aged 15-24 were recruited from four health centers in Lilongwe, Malawi, from February to August 2016, with follow-up visits for one year. Behavioral surveys, administered by trained young female research staff in Chichewa, were conducted at baseline, 6 months, and 12 months. The study assessed intimate partner violence (IPV) at baseline using the modified Conflict Tactics Scale and tracked contraceptive method use (barrier, non-barrier, or any modern method) at 6 and 12 months. The primary analysis employed modified Poisson regression to estimate risk ratios (RRs) and 95% confidence intervals (CIs) to evaluate the impact of IPV on contraceptive use. Additional analyses stratified by baseline contraceptive use assessed differences in uptake versus continuation of contraceptive methods.	**Prevalence of IPV** 35.5% had experienced physical violence; 46.2% had experienced sexual violence; 76.9% had experienced emotional violence with their most recent partner. **Associated Factors** At base-line, married women were more likely to experience all 3 categories of violence (physical, n = 953, 36.7% vs 32.7%, P < .001; sexual, n = 953, 52.7% vs 43.3%, P = .007; emotional, n = 953, 80.3% vs 74.4%, P = .001). Having at least 1 child at baseline was associated with increased physical (n = 954, 38.8% vs 33.7%, P < .001) and emotional violence (n = 954, 83.9% vs 72.9%, P < .001).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Kidman & Kohler, 2020[1]	587 adolescents (boys and girls)	Rural adolescents aged 10–16 years old. 28% reported a romantic or sexual partnership. Partnerships were far more common among older adolescents (52% of 15–16 year olds compared to 19% of 10–14 year olds). The mean age of the ever-partnered cohort was 14 years (SD = 1.5).	A survey of 2,089 adolescents aged 10–16 in Malawi was conducted between August 2017 and June 2018 using standardized instruments. Intimate partner violence (IPV) was measured among respondents who reported either sexual debut or a current or past romantic partner, with questions adapted from the WHO's Violence Against Women instrument. The prevalence of IPV victimization and perpetration was estimated for ever-partnered adolescents overall and by gender. Subgroup differences were tested using logit models with gender or age group as predictors. Additionally, data on childhood adversity, social, emotional, and cognitive impairments, and early sexual risk-taking were collected, and caregivers provided information on household characteristics and well-being.	**Prevalence of IPV** 27% of ever-partnered adolescents reported being a victim of physical, sexual, or emotional IPV in their lifetime. Physical IPV prevalence rates for boys and girls were 13% and 8%, sexual IPV rates were 8% and 24%, and emotional IPV rates were 24% and 31%, respectively. 15% of adolescents reported perpetrating violence, with significant differences between girls (10%) and boys (18%). Boys were more likely to perpetrate physical (8% vs. 3% of girls) and sexual IPV (9% vs. 1% of girls), while both groups were equally likely to perpetrate emotional IPV (7%). Overall, 9% of the sample had both committed and been a victim of IPV. **Associated Factors** For girls, adversity was associated with both victimization and perpetration (aOR = 1.45 and aOR = 1.36 per increase in a single Adverse Childhood Experience (ACE), respectively). For boys, adversity was a slightly stronger predictor of perpetration (aOR = 1.36 for perpetration vs. aOR = 1.23 for victimization). PTSD and depression strongly correlated with IPV victimization (aOR = 1.70 and aOR = 1.79, respectively). For girls only, depression remained a significant correlate of IPV victimization (OR = 2.42) and perpetration (OR = 2.90).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Stewart et al., 2014	583 women	Convenience sample of women attending at the antenatal clinic at Mangochi District Hospital, Mangochi Malawi. Mean age was 25.14 years (SD= 6.22).	The study explored the factor structure of the Multidimensional Scale of Perceived Social Support (MSPSS) using unrotated and promax rotated methods, with the number of components determined by eigenvalues >1.0. Additionally, they conducted interviews with a sub-sample of 196 participants using the Structured Clinical Interview for DSM-IV to diagnose major depressive episodes. The study investigated the associations between perceived social support and major depressive episodes, examining IPV as a potential moderator of these associations.	**Associated Factors** IPV was highly associated with major depressive episodes (OR= 18.5, 95% CI= 4.98-68.6, $p < .001$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Malawi	Chikhungu et al., 2021[3]	4,589 women	46.15% of the women were in the range of 20-29 years of age, 17.96% were of poorest socioeconomic status, 64.52% had primary education level, and 66.81% were currently employed.	A cluster analysis and multinomial logistic regression were used to analyze the distribution of various levels of abuse among married women in Malawi and to identify key attributes associated with each level. The data were sourced from the 2015 Malawi Demographic and Health Survey (MDHS), conducted under the DHS Program, which is funded by the United States Agency for International Development (USAID). The MDHS collected data on different types of violence—including physical, sexual, and emotional abuse—as well as marital control by the husband. Background characteristics, such as household wealth status and demographic details of all household members (age, sex, and relationship to household head), were also provided. Five distinct clusters of abuse were identified based on fit statistics and dendritic analysis.	**Prevalence of IPV** Controlling behavior (11.8%), general controlling behavior (GCB; 27.1%), moderate physical and emotional abuse (27.2%), and the high and complete abuse (8.5%). **Associated Factors** **Moderate Physical and Emotional Abuse (MPE)** The odds of experiencing MPE form of domestic violence were 26% lower for Ngoni women than Chewa women, more than 3 times higher for women who reported that their husbands drink alcohol than women who reported that their husbands do not drink alcohol, 34% higher for women with primary education than those with no education, 36% higher for currently working women than those not working, and 76% higher for women in polygynous marriage than those in a monogamous marriage. **High and Complet Abuse (HCA)** The odds of experiencing HCA were 66% higher for Lomwe women and 68% higher for Sena, Mang'anja, and Nyanja women than Chewa women. Women in the poorer category of the household wealth status variable had 63% higher odds of experiencing this form of domestic violence than those in the poorest category. The odds of experiencing this profile of domestic violence for women who reported that their husbands drink alcohol were nearly 7 times higher than the odds for women who reported that their

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					husbands do not drink alcohol. Women with primary education had nearly double the odds of experiencing this type of domestic violence than women with no education. The odds of experiencing this type of domestic violence were 40% higher for women who reported to be currently working than those not working and were 3 times higher for women in polygynous marriage than for women in monogamous marriage.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Mali	Hayes & van Baak, 2017	2,527 women	Currently or formerly married women aged 15-49.	The study utilized data from the 2018 Mali Demographic and Health Survey (DHS), which included a specific module on domestic violence. The analysis focused on married women aged 15 to 49 who completed the IPV module and had complete data. Logistic regression was employed to assess the impact of various predictors on the odds of experiencing physical and sexual abuse. The study particularly examined the influence of polygynous unions, alongside well-documented risk factors, on the likelihood of reporting physical abuse and sexual abuse.	**Prevalence of IPV** In the study, 28.77% of women reported experiencing physical abuse, while 14.01% reported sexual abuse. Among those who experienced sexual abuse, 64.7% also reported physical abuse ($\chi^2 = 259.19$, $p < .001$). **Associated Factors** The odds of physical abuse were significantly higher among women who witnessed their father abuse their mother (Exp(B) = 2.18, $p < .001$) and those who were victims of violence in their family of origin (Exp(B) = 1.52, $p < .05$). Additionally, a partner's alcohol use greatly increased the risk of both physical (Exp(B) = 2.75, $p < .001$) and sexual abuse (Exp(B) = 3.61, $p < .001$). Women who initiated violence against their husband had significantly higher odds of physical abuse (Exp(B) = 4.64, $p < .001$). Conversely, living in an urban area was associated with reduced odds of both physical (Exp(B) = 0.70, $p < .05$) and sexual abuse (Exp(B) = 0.66, $p < .05$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Mali	Hayes & van Baak, 2023[3]	3,093 women	Married women aged 15 to 49 years. No more information given.	The study utilized data from the 2018 Malian Demographic and Health Surveys (DHS), focusing on married women aged 15 to 49 years who completed the IPV module and had complete data. The analysis aimed to assess the impact of polygynous unions on the experience of physical abuse, sexual abuse, and controlling behavior, while controlling for established risk factors. Logistic regression models were used to evaluate the influence of predictors on the likelihood of experiencing IPV. The study also explored the prevalence of IPV among the sample and compared it to estimates from the 2012-2013 Malian DHS. In approximately 50% of households, a randomly selected woman completed the IPV module administered by a female interviewer, ensuring the safety of participants throughout the process.	**Prevalence of IPV** The study found that 37.22% of women experienced physical abuse and 11.80% reported sexual abuse. **Associated Factors** Women in polygynous unions had higher odds of reporting physical abuse compared to those in monogamous unions. Factors associated with increased odds of physical abuse included experiencing violence in the family of origin, witnessing paternal abuse, having a partner who drinks alcohol, holding supportive attitudes toward IPV, and being employed. Conversely, women who married at an older age had lower odds of reporting physical abuse.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Mozambique	Cau, 2020[3]	4,864 women	Married women between 15-49 years, 52% had 1-7 years of education, 33% were living in urban areas, 25% were Catholic, 21% Zionist, 19% Muslim, 17% Evangelical or Pentecostal, and 6% Protestant.	The methods for the study on domestic violence in Mozambique involved data sourced from the 2011 Demographic and Health Survey (DHS), a nationally representative and probabilistic population-based survey. The survey collected data from 13,745 women aged 15 to 49, covering a range of demographic and health-related topics, including household characteristics and instances of domestic violence. To analyze the data, multilevel logistic regression was employed, specifically using a random-intercept model to assess the associations between area-level normative social contexts and the prevalence of physical violence.	**Prevalence of IPV** Within the 12 months prior to the survey, 5% of women reported experiencing physical violence from husbands or intimate partners on multiple occasions. **Associated Factors** The prevalence of early marriages in a given geographic area was positively associated with experiencing intimate partner physical violence. The level of female education in a geographic area was negatively associated with having experienced intimate partner physical violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Mozambique	Jansen & Agadjanian, 2020	1,429 women	Women aged 18–40 in polygynous unions and co-residence. 46.33% in polygynous union where 58% were senior wife and 34.36% junior wife, and 47.16% live with another wife in the same household.	The study utilized data from Wave 3 of a longitudinal population-based survey conducted in 56 villages across four rural districts in Mozambique. The survey focused on ever-married women and collected information on the marital status of respondents, distinguishing between monogamous and polygynous unions, as well as the rank of wives within polygynous marriages. The analysis involved four multilevel binomial logistic regression models to assess the association between polygynous unions and intimate partner violence (IPV), considering differences between senior and junior wives and co-habiting co-wives. Pairwise comparisons were conducted to examine mean differences between comparison groups.	**Prevalence of IPV** 38% reported experiencing intimate partner violence (IPV). **Associated Factors** Notably, senior wives in polygynous marriages reported a higher prevalence of violence, with 58% experiencing IPV, compared to 34% among monogamously married women and 36% among junior wives in polygynous unions. Polygynously married women living away from co-wives also were more likely to report being victims of IPV compared to women who co-resided with at least one co-wife. Women of senior rank in polygynous unions whose co-wife(s) lives in another household are significantly more likely to report violence than monogamously married women (OR=3.29). Senior women who live away from their co-wives also report higher rates of violence than all other categories of polygynously married women.
Mozambique	Maguele et al., 2020	431 women	Women aged between 15 and 24 years, with a mean age of 18 years. 85.4% were in the 15−19 age group. 52.4% had completed	Using a probability proportional sampling strategy, 431 participants were recruited for the study. Data were collected using a self-administered questionnaire. Binary and	**Prevalence of IPV** Lifetime Experience of IPV: 60% (95% CI: 55.15–64.61) experienced at least one form of IPV; IPV in the 12 Months Prior to Data Collection: 63.4% (95% CI: 57.68–69.00). **Prevalence by Type**

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			grade. 98% were unemployed, 61.7.% were committed to religion, and 66.4% were in a dating relationship.	multivariate logistic regression analyses were performed to assess the association between intimate partner violence (IPV) and sociodemographic and sociocultural factors. Odds ratios (OR) and 95% confidence intervals (CI) were reported.	Lifetime Psychological Violence: 55.7%; Psychological Violence in the Past 12 Months: 55.9%; Lifetime Sexual Violence: 29.1%; Lifetime Physical Violence: 22.5%; Sexual Violence in the Past 12 Months: 24.2%; Physical Violence in the Past 12 Months: 18.7%. **Associated Factors** The odds of experiencing IPV were significantly lower among younger women, (OR, 0.458, 95% CI: 0.237−0.888, p = 0.021), compared to those in the older age categories. The odds ratio of experiencing IPV were significantly higher among young women who were not committed to religion (OR, 1.591, 95% CI: 1.048–2.415, p = 0.029), and young women whose head of household was unemployed (OR, 1.562, 95% CI: 1.021–2.392, p = 0.04). The risk of IPV doubled for the young women whose partners were employed (OR, 2.247, 95% CI:1.187–4.256, p = 0.013). For those whose partners were more than ten years older, the risk of IPV appeared to be more than fourfold higher (OR, 4.5283, 95% CI: 0.986–20.805, p = 0.052). A strong trend associated with IPV was also seen for young women who agreed with one statement of male superiority (OR, 2.298, 95% CI: 1.014–5.210, p = 0.046).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Namibia	Ojifinni et al., 2021[3]	2,226 women	Women aged 15-49 years, nationally representative sample covvering all 113 regions of Namibia, who responded to the domestic violence module in the 2013 Namibia Demographic and Health Survey.	Cross-sectional population-based data from the 2013 Namibia Demographic and Health Survey (DHS) were utilized in this study. Bayesian spatial semi-parametric regression modeling was employed to analyze the prevalence of intimate partner violence (IPV) and its associated risk factors. The analysis involved a full Bayesian approach implemented using R. The study specifically examined the association between IPV and the location of residence.	**Prevalence of IPV** Unveiling a lifetime prevalence of intimate partner violence (IPV) among women in Namibia at 33.3%. **Associated Factors** Women with higher education were 50% less likely to experience IPV [aOR: 0.46, 95% CI = 0.23–0.87]. For non-linear effects, the risk of IPV was high for women ≥ 5 years older or ≥ 25 years younger than their partners. Younger and older women had higher risks of IPV than those between 25 and 45 years. For spatial variation of IPV prevalence, northern regions had low spatial effects while western regions had very high spatial effects.
Niger	Boyce et al., 2023	559 husband-wife dyads	Married adolescent girls ages of 13–19 years at baseline, fluent in Hausa or Zarma, and planned to live in the village (rural) for the next 18 months and not be away more than 6 months. Men were eligible if they were married to one of the eligible and successfully recruited girls.	This study uses an item response modeling approach to assess the reliability and validity of a new measure—the IPV-ASRA Social Norms scale—focused on the social acceptability of intimate partner violence (IPV) to control a wife's agency, sexuality, and reproductive autonomy. The analysis is based on data from husbands in a cluster randomized control trial, the Reaching Married Adolescents Study in Niger, to understand their perceived social norms	**Prevalence of IPV** Among wives, 9% reported ever having experienced IPV victimization by their current husband. **Associated Factors** Higher scores on the "challenging husband authority" dimension were statistically associated with husband perpetration of intimate partner violence, those who perpetrated IPV had an average logit score of 0.768 (95% CI: 0.44, 1.10) and those who had not perpetrated IPV had an average logit score of − 0.275 (95% CI: − 0.51, − 0.04).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				related to IPV and its impact on their behavior.	
Niger	Shakya et al., 2022	1,010 couples	Married female with mean age of 17.31 years and their husbands with mean age of 25.58 years, from 48 rural villages of the Dosso region of Niger. 69% were from Tribe Zarma.	The study employed a dyadic cross-sectional design, gathering data from 48 villages clustered within Dosso, Doutchi, and Loga districts in Niger, as part of a baseline data collection for a cluster randomized control trial. Data on violence, gender, and reproductive health were obtained using questions adapted from the DHS domestic violence module, featuring close-ended questions. Logistic regression analysis was conducted with a significance threshold of $p<0.10$.	**Prevalence of IPV** In the sample, 8% of women reported experiencing intimate partner violence (IPV). **Associated Factors** Wives who reported IPV were more likely to express supportive attitudes towards IPV, whereas the association was insignificant for husbands whose wives reported IPV. Additionally, husbands who believed that members of their community endorse the idea that there are situations where a woman deserves to be beaten were more likely to perpetrate IPV, while for wives there is no association between the community norm and IPV reporting. Finally, wives who report that people in their community hold inequitable gender norms in general are more likely to have experienced IPV, while for husbands, community gender norms are not predictive of whether their wives have reported IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Niger	Silverman et al., 2020	1,072 women	Married adolescent girls between the ages of 13-19 years. The majority (53.3%) were over the age of 17 years. Almost all (96.3%) were married before age 18 years, with 39.9%married between the ages of 14-15.	The study utilized cross-sectional data collected from April to June 2016 as part of the baseline survey for the Reaching Married Adolescents (RMA) Study. Multivariable regression models were employed to examine associations between physical IPV, sexual IPV, and reproductive coercion (RC) with various family planning (FP) use outcomes. The FP use was categorized into overt (with husband knowledge) and covert (without husband knowledge). RC was measured using a six-item scale adapted from a validated U.S. measure, assessing male partners' interference with FP, including pregnancy pressure and contraceptive sabotage. The IPV measures were adapted from the Demographic and Health Survey (DHS) domestic violence module, based on the WHO multi-country study.	**Prevalence of IPV** The study found that 8.2% of participants reported lifetime physical IPV, 5.3% reported sexual IPV, and 10.2% reported reproductive coercion (RC). **Associated Factors** Physical IPV and RC were linked to covert family planning (FP) use compared to no use and overt use. In models including all three forms of violence, only physical IPV was significantly associated with covert FP use, with adjusted odds ratios (AOR) of 1.94 compared to any use and 3.63 compared to overt use.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Adebowale & James, 2020	395 pregnant women	Pregnant women between 16-49 years, attending at Ante-Natal Clinics of the Central Hospital, Benin-City, Edo State, Nigeria. Half was from Benin ethnic group (50.4%), most of them were Christian (96.7%), with secondary (50.1%), employed (78.7%) principally in service and sales workers (57.2%), and around one-third were nulliparous (36%) and multiparous (36.7%).	A cross-sectional descriptive study was conducted utilizing the Composite Abuse Scale (CAS) to gather data. The CAS categorizes participants into abused or non-abused groups and includes subscales for physical abuse, emotional abuse, harassment, and severe combined abuse. Binary logistic regression was employed to identify predictors of intimate partner violence (IPV).	**Prevalence of IPV** 24.8% of women experienced IPV in the past year. Of the people that experienced IPV 89.8% reported emotional abuse, 67.3% physical abuse, and 48% harrasment. **Associated Factors** Predictors of IPV included partner alcohol use in the past 12 months (adjusted odds ratio [aOR]: 2.67; 95% confidence interval [CI]: 1.16–6.16; $p < 0.02$), having a psychiatric morbidity (aOR: 2.53; 95% CI: 1.27–5.04; $p < 0.01$), being single (aOR: 2.12; 95% CI: 1.25–3.58; $p < 0.01$) and multiparous (aOR: 2.5; 95% CI: 1.43–4.38; $p < 0.001$).
Nigeria	Adejumo et al., 2022	288 women	Internally displaced women, aged 15-49 years. 54.2% were adolescents, 84.4% were not married, 93.4% were christians, and 48.5% had primary school education.	A descriptive cross-sectional study was conducted among Internally Displaced Persons (IDPs) residing in the International Christian Center Camp in Uhogua, Benin City, Edo State, Nigeria. The study aimed to assess their experiences of Gender-Based Violence (GBV) during conflict, in transit from conflict locations, and within the IDP camp. Data collection involved the use of semi-structured questionnaires to measure GBV	**Prevalence of IPV** Intimate partner was experienced by 12.2% of the respondents. Among the types of IPV reported, physical IPV had a prevalence rate of 42.8%, emotional IPV 48.6%, and sexual violence 8.6%. Interestingly, the highest prevalence of any type of IPV was observed during the conflict period **Associated Factors** IPV was more predominant (48.6%) among adolescents as compared to their older counterparts. Most victims of IPV (85.7%) were unmarried. All those who experienced IPV were Christians. The association between ethnic origin and experience of IPV was

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				experiences. Additionally, unadjusted exact logistic regression was employed to estimate the magnitude and direction of the relationship between various factors and GBV experiences. The odds of experiencing GBV during conflict and post-conflict phases were also examined as part of the analysis. By utilizing these methods, the study sought to provide insights into the prevalence and patterns of GBV among IDPs in the specified locations.	statistically significant with a small effect size (Cramér's V test [CV] = .209). All the victims of IPV ever attended school. A larger percentage of the respondents who had stayed less than one year in the camp reported experiencing IPV (51.4%) than those who had stayed longer than one year. Duration of stay in camp was significantly associated with IPV with a small effect size (CV = .162).
Nigeria	Adogu et al., 2015	238 women	Married women to civilian and to military partners. No more information provided.	The study aimed to determine factors associated with intimate partner violence (IPV) among women in civilian and military settings. A comparative cross-sectional study included 260 eligible women, with 130 married to military partners and 130 to civilian partners, selected using a multi-stage sampling technique. Data were collected on personal variables and types of IPV experienced. The relationship between different forms of IPV and the respondents' personal and partner characteristics was	**Associated Factors** Partner alcohol consumption (p = 0.004, OR = 2.8), partner physical fight with another man (p = 0.009, OR = 3.1) and quarrels in intimate relationship (p = 0.002; OR = 29.7) were all significant predictors of emotional violence. Also belonging to Yoruba ethnic group (p = 0.043, OR = 4.31) and being married for >2 years but <10 years (p = 0.001, OR = 4.02) significantly predict physical violence. Muslim women were at a higher risk (p = 0.000, OR = 5.23) of experiencing sexual violence compared to respondents of other religions. Unskilled respondents were over five times at higher risk of experiencing sexual violence than their skilled counterparts (p = 0.024, OR =

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				compared using Chi-square tests with a significance level set at $p < 0.05$. Multiple logistic regression analysis was employed to predict the outcomes of the independent variables.	5.52). Alcohol consumption by respondent's partner was a significant predictor of sexual violence among the respondents, ($p = 0.012$).
Nigeria	Aduloju et al., 2015[3]	170 women	Women attending the infertility clinic that met the infertility criteria: inability of the couple to achieve pregnancy after at least 12 months of regular unprotected sexual intercourse	A cross-sectional study was conducted among 170 infertile women presenting at a clinic from November 1, 2012, to October 31, 2013. Participants were administered a semi-structured questionnaire on violence. Data were analyzed using SPSS 17, with significance tests performed on variables associated with violence using Student's t-test and Chi-square test. Logistic regression was employed to identify predictive factors associated with intimate partner violence.	**Prevalence of IPV** 31.2% reported history of having experienced violence as a result of their infertility. 54.4% reported psychological violence against them ever; 58.6% reported psychological violence since not been able to have a baby; 62.4% reported psychological violence in the past year 23.3% reported physical violence against them ever; 26.3% reported physical violence since not been able to have a baby; 23.9% reported physical violence in the past year 22.3% reported sexual violence against them ever; 15.1% reported sexual violence since not been able to have a baby; 13.7% reported sexual violence in the past year **Associated Factors** The employment status of the women and the duration of infertility were significant predictors of violence against women with infertility.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Afe et al., 2016	77 women	Women married or living with a partner diagnosed with schizophrenia with less than 10 years of illness, aged 18 and above with a mean age of 38.3 years (±2.8 years.). Almost the half were form Efik/Bibio tribe, 55% were self-employed, 45% had secondary, and 53.2% had less than 10 years of intimate relationship.	Cross-sectional descriptive study conducted at a clinic, examining physical abuse, verbal abuse, and sexual assault in relation to psychopathology. The study utilized an IPV questionnaire adapted from the World Health Organization Violence against Women survey and assessed psychopathology using The Brief Psychiatric Rating Scale (BPRS). Chi-square and t-tests were employed to analyze differences between variables.	**Prevalence of IPV** 75% reported experiencing at least one form of IPV, with verbal abuse being the most prevalent (73%). 53% reported a history of physical abuse. Sexual assault was reported by 25 %. Among those who reported physical abuse, 41 % had injuries as a result of the physical abuse. 49% of the participants reported incidence of physical and verbal abuse. 25% participants that reported sexual assault also reported verbal abuse. 10 % participants that reported physical and sexual assault also reported verbal abuse. **Associated Factors** Sexual assault, verbal abuse, and physical abuse were significantly associated with higher mean scores on the Brief Psychiatric Rating Scale (BPRS; $p=0.01$). Women who experienced all three types of violence demonstrated significant differences on the BPRS compared to those who did not ($p<.05$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Afe et al., 2017[3]	79 women	Women with schizophrenia attendees in the Federal Psychiatric Hospital Calabar with mean age of 38.3 years (SD = 2.8), 54% were self-employed, 51% from Efik/Ibibio tribe, 63% had less than 12 year of education, and 70% had equal or less of 10 years with illness.	The study employed a cross-sectional descriptive survey design to examine intimate partner violence (IPV) among women with schizophrenia. Participants were recruited from clinic attendees, and diagnostic assessments were conducted using the Research Version of the Structured Clinical Interview for DSM-IV. Additionally, participants completed a socio-demographic questionnaire and an IPV questionnaire. Socio-demographic and socioeconomic variables were analyzed using frequencies and percentages. The association between various factors and IPV was explored using odds ratios. Interviewers, who were female doctors previously trained, conducted the interviews, and the sample selection was performed via a ballot method among respondents.	**Prevalence of IPV** The rate of intimate partner violence (IPV) among women with schizophrenia was 73% reporting at least one incident. Verbal abuse emerged as the most prevalent form of IPV, reported by 71% of participants, followed by physical abuse, reported by 51%. Of those who experienced physical abuse, 41% sustained injuries as a result. Additionally, 24% of participants reported experiencing sexual assault. Interestingly, nearly half of the participants who reported physical abuse also experienced verbal abuse, and a quarter of those who reported sexual assault also experienced verbal abuse. Moreover, 10% of participants who experienced both physical and sexual assault also reported verbal abuse. **Associated Factors** Younger women (younger than 40 years of age) were significantly more likely to be victims of some form of IPV than older women (40 years or older) [odds ratio (OR) = 0.06, X2 (1, N = 79) = 6.21, 95% CL = 0.09–0.78, p = .01]. Those who were employed had significantly lower odds of being victims of IPV [OR = 6.00, X2 (1, N = 79) = 6.04]. They also had significantly lower odds of being verbally abused [OR = 7.12, X2 (1,N = 79) = 7.59, 95% CL = 1.51–33.58, p = .01]. Those who were regular with their medication had lower odds of being verbally abused [OR = 9.05,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					X2 = (1, N = 79) = 6.25, 95% CL = 0.99–65.32, p = .03].
Nigeria	Ajah et al., 2014	836 women	Women from Okpanku (n= 376) rural community with mean age of 33.3 years and from Ogui Nike (n= 460) urban community with mean age of 30.9 years. For rural region 28.7% of women had primary education and 39.1% were unemployed. For urban region 79.1% had	In this comparative, cross-sectional study, women from rural and urban communities in Enugu, Nigeria, who convened for an annual religious meeting from August 1–7, 2011, were examined. Data collection utilized the WHO violence against women instrument with certain modifications. Descriptive and inferential statistics were employed for data analysis, using the	**Prevalence of IPV and Associated Factors** Rates of domestic violence (DV) were notably higher among rural women (96.8%) compared to urban women (80.9%). Rural women also reported higher rates of only physical (19.1%), only sexual (6.4%), and multiple types of violence (27.7%) compared to urban women (13%, 4.3%, and 14.7% respectively). Conversely, urban women reported higher rates of only psychological violence (48.7%) compared to rural women (43.6%).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			tertiary education and 30.4% were civil servants. Majority were married (87.2% and 89.2% respectively).	Statistical Package for Social Sciences, software version 17.0, with a confidence level set at 95%. To evaluate disparities between women from urban and rural areas, the chi-square test was utilized.	
Nigeria	Akinyugha et al., 2022[4]	347 women	Female patients aged 18 years and above (32% were <30 years), who attending the GOPC of Federal Medical Centre Owo. More than half were married (54.2%), from Yoruba tribe (81%), Christianity religion (91.4%), and from middle class (37.5).	The study employed a cross-sectional design, utilizing both descriptive and inferential statistics with a significance level of $p < .05$. It utilized a questionnaire adapted from the World Health Organization Multi-Country Study on Women's Health and Domestic Violence against Women, which included modifications to assess the husband's or partner's attitudes towards IPV. Multivariate regressions were conducted to measure predictors and IPV within this framework.	**Prevalence of IPV** There was a 71.2% prevalence of IPV: 49.6% controlling behavior, 47.0% psychological IPV at 47%, 32.9% physical IPV, 19.6% and sexual IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Akpanta et al., 2017	38,948 women	Ever-married women age 15-49 from Nigeria in 2013. No more information was given.	The data for this study was obtained from the Nigeria Demographic and Health Survey, 2013, which was compiled by the National Population Commission (NPC) Nigeria and ICF International in 2014. It comprises of the percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by husband's characteristics and women's empowerment indicators, Nigeria 2013.	**Associated Factors** Wives who are older than their husbands and wives whose age are the same with their husband are more likely to experience sexual violence but wives who are older than their husbands are more likely to experience emotional violence. Wives who are 1-4 years younger than their husbands are more likely to experience physical violence followed by wives who are older than their husbands and same age with their husbands with equal probability; while wives 5-9 years and 10+ years younger than their husbands are less likely to experience any of the violence.
Nigeria	Alabi & Ramsden, 2021[3]	8,018 men and 28,888 women	Married or partnered men and women. 44% of the women do not have any formal education, compared to 25.6% of the men. 38.5% of the men have secondary education and 18.1% furthered to tertiary level. For women, 30.3% have secondary education, and less than 10% have a tertiary degree. 56.8% are Muslims while 42.4% are	Using data from the 2018 Nigeria Demographic and Health Survey (NDHS), this study investigated the acceptance or justification of wife-beating as the dependent variable. Twelve independent variables were considered in this analysis. Initially, the study conducted a simple exploration of the prevalence of domestic violence. Subsequently, both chi-square tests and multivariate binary logistic regression models were employed to examine 13	**Associated Factors** IPV increased when wives had one step more education than their husbands, with a prevalence of 27%. When partners had equal levels of education, the experience of IPV was reported at 21.6%, whereas when husbands had education levels two steps higher than their wives, the prevalence of IPV increased to 23.2%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			Christians. 37% of the men are poor, compared with 43.8% of the women.	factors, including gender, that might influence the justification of wife-beating. Two regression models were utilized to analyze differences between genders in relation to this justification.	
Nigeria	Alabi & Ramsden, 2023[3]	28,888 women	Married or living with partner women, from North (n= 19051) and South (n= 9837) of Nigeria. Majority had 30 years and above (52.5% for North and 68.8% for South) and women were working (61.8% and 86.4%). 62.8% had no education in the North and 55% had secondary education in South, and 31.5% were poorest in North compared with 33.4% richest in South.	The study utilized data from the 2018 Nigeria Demographic and Health Survey (NDHS) to analyze the prevalence of intimate partner violence (IPV) and acceptance of it, considering sociodemographic factors as independent variables. Specifically, the study focused on comparing two regions in Nigeria, using the north and south as reference points. Initial analysis involved examining the dependent variables, followed by Pearson's chi-square tests to assess the association between region and both IPV experience and acceptance. Regression models were then employed to	**Prevalence of IPV** Overall, IPV prevalence was slightly higher in the southern region (cosmopolitan) at 24.7% compared to 20.1% in the northern region (conservative). **Associated Factors** Being employed and having access to the internet reduce the odds of IPV victimisation for women in the south, but increases the chances for northern women. Muslims in the north have significantly higher odds of IPV acceptance than their Christian counterparts in the same region, but the reverse is the case in the south.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				further explore the associations within each region.	
Nigeria	Amoran et al., 2021[3]	500 women	Women with a mean age of 38.23 ± 8.17 years. 50.4% had primary education, 24.0% had no formal education, 17.7% had only secondary education, and 7.9% had tertiary education. 89.6% were married, and 10.4% were cohabiting. 63.4% were Christians, 35.0% were Muslims, and 1.6% were traditional religion worshippers.	An analytical cross-sectional study was conducted between April 22 and May 13, 2013, to quantitatively explore the determinants of intimate partner violence among women of reproductive age in Ogun State, Nigeria. A multistage sampling technique was employed to select participants, with one participant per household. Data were collected using a semi-structured questionnaire.	**Prevalence of IPV** Overall Prevalence: 16.0% reported the presence of intimate partner violence (IPV) in the past 12 months. **Associated Factors** Most common among the young adult's age group 25–39 years ($p < 0.01$). Those with primary education and those with no formal education were mostly associated with intimate partner violence. It is statistically significantly associated with marriage while compared with those cohabiting ($p < 0.01$). It is more common among the Christians when compared with the Muslims and the traditional religion believers ($p < 0.01$). The longer the relationship, the less likely it was to be associated with intimate partner violence ($p = 0.02$). Those with strain relationship were more likely to be involved with domestic violence ($p < 0.01$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Anikwe et al., 2021	802 women	Women included in the study were nurses and nursing students in our facility who were in intimate partner relationships in the last 12 months and who self-identified as not being pregnant; 402 nurses and 400 nursing students. The mean age of the nursing students and nurses was 23.0 (95%CI 22.4–23.6) years and 35.4 (95% CI 34.4–36.4) years respectively; 76% of the nursing students were single while 1.5% were divorced. On the nurses' group, 66.2% were married.	A cross-sectional study was conducted at a teaching hospital in Abakaliki between March 1, 2018, and May 31, 2018, to evaluate the prevalence of intimate partner violence (IPV) in the past 12 months among female nursing students and nurses. Data were collected using a structured questionnaire and the Composite Abuse Scale, which assesses Severe Combined Abuse, Emotional Abuse, Physical Abuse, and Harassment factors. The data were analyzed using IBM SPSS Statistics version 20 and were represented with frequency tables, percentages, and odds ratios.	**Overall prevalence of IPV** 53.5% overall prevalence IPV; 48.2% prevalence of IPV for nursing students; 58.7% prevalence of IPV for nurses The most common form of IPV among nursing students was Emotional and/or Harassment abuse (27.1%) while it was Severe combined abuse (23.9%) among the nurses. **Associated Factors** The significant determinants of IPV among nursing students were age [OR= 0.61(95%CI0.41-0.92)] and year of study [OR=0.67 (95%CI 0.51–0.89)]. Male partner being unemployed was associated with increased odds of a female partner experiencing violence. Nurses' marital status and being in the low socioeconomic class were associated with increased odds of a nurse witnessing IPV.
Nigeria	Ansari et al., 2017[3]	13,071 women	Pregnant women were from Cross River (mostly Christians, families are more nuclear, and the society is relatively tolerant of unmarried mothers) and 6,375 from Bauchi (predominantly Islamic and polygamy is common). The age	Cross-sectional study. From July-September 2011, a household survey enquired into maternal care and integrated management of childhood illnesses, as part of a project to support evidencebased planning of health services in the two states (Bauchi and Cross River).	**Prevalence of IPV** 22% of women in Cross River and 9% in Bauchi reported IPV in their last pregnancy. **Associated Factors** In both states, a woman's risk of IPV during pregnancy was higher if she lived in a community where more women reported IPV in the past year. In Cross River, higher education of the husband or partner and being less poor (having enough food in the last week) were protective factors. In Bauchi, a

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			range was between 15-49 years of age.		woman was more likely to suffer from IPV during her last pregnancy if she had an income and was a part of he decision on how to spend it.
Nigeria	Anzaku et al., 2017[3]	338 women	They were pregnant women from 44 different ethnic groups spread across Nigeria. The mean age of the subjects was 30.9 ± 4.9 years and a range of 19–45 years. All the women were married with a mean duration of marriage of 5.3 ± 3.8 years and range of 1–20 years. 93.5% and 6.5% were in a monogamous and polygamous family setting, respectively. 96.4% were Christians while 3.6% were Muslims. 74.6% had tertiary education, 58.6% were employed, and 41.4% were unemployed.	This descriptive cross-sectional study was conducted from January to July 2015 among consenting pregnant women at term attending the antenatal clinic of Bingham University Teaching Hospital, Jos, Nigeria. Single pregnant women and those not residing with their husbands were excluded. Data collection involved a structured, pretested questionnaire administered confidentially, which inquired about sociodemographic and obstetric features, HIV status, history of forced sexual intercourse during the current pregnancy, and whether the violence was reported if abused. Data analysis was performed using SPSS version 20. Multivariate analysis was conducted to identify associated factors for	**Prevalence of IPV** 37.6% reported verbal violence during pregnancy, 28.4% physical abuse, and 5.3% sexual abuse. **Associated Factors** Mean duration of marriage of 6.8 years (6.8 ± 4.3 vs. 5.0 ± 3.6, P = 0.03), polygamous family setting (OR = 5.12, P = 0.01), maternal positive HIV status (OR = 8.95, P = 0.01), and primary educational status (vs. secondary and tertiary ; OR = 6.20, P = 0.04) were significantly associated with IPV during pregnancy among the study population. With respect to the male partners, cigarette smoking (OR = 27.30, P = 0.002) and positive HIV status (OR = 7.26, P = 0.02) were the risk factors for perpetration of IPV during pregnancy.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				intimate partner violence (IPV), with statistical significance set at $P < 0.05$.	
Nigeria	Ashimi et al., 2020	261 women	Women living with HIV. The age ranged from 16 to 65 years with a mean of 32.5 ± 9.1. 75.5% were married, 52.3% were in a monogamous relationship, and 96.2% were of the Islamic faith. 54.4% had a quranic form of education only, 14.2% had no form of education, 11.5% had primary education, while 10.3% and 9.6% had secondary and tertiary, respectively.	This was a descriptive cross-sectional study involving 261 women in a rural community in Northwest Nigeria. The study aimed to determine the prevalence and types of domestic violence (DV) before and after HIV diagnosis, identify the perpetrators, and assess responses to DV. The sample was selected using proportionate allocation and systematic sampling techniques. Data were collected through a structured interviewer-administered questionnaire adapted from the Demographic and Health Survey (NDHS),	**Prevalence of IPV** 23.0% experienced at least one form or domestic violence (DV) in pre-diagnosis of HIV and 23.8% experienced at least one form of DV in post-diagnosis. The types observed violence were mainly verbal (73.4% and 88.7%) and psychological (71.6% and 64.5%) pre- and post-diagnosis, respectively. **Associated Factors** The difference in the experience of DV pre and post-diagnosiss of HIV was not statistically significant.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				focusing on sociodemographic characteristics and the occurrence of DV pre- and post-HIV diagnosis. The analysis was performed using Chi-square, Fisher's exact, and McNemar's tests.	
Nigeria	Ayosanmi et al., 2022[3,4]	1,516 women	45% of the respondents were within the age range of 30-39 while 21% were in their 40´s. 71% of the respondents reside in the urban region. 54% of the participants had at least a secondary education. 74% of the subjects did not have partners abusing alcohol.	This cross-sectional study utilized data from the population-based 2018 Nigerian Demographic and Health Survey (NDHS). The NDHS collected data between August 14 and December 29, 2018, through a stratified three-stage cluster sampling design using a sampling frame based on the enumeration areas prepared for the 2006 census. The dependent variables of interest were intimate partner violence (IPV), encompassing physical, sexual, and emotional violence, as well as violence from individuals other than partners. Independent variables included the socio-demographic characteristics of the respondents and their partner's	**Prevalence of IPV** 22% reported experienced all IPV: 17% emotional violence, 15% physical violence, and 3% sexual violence. **Associated Factors** The odds of IPV among women with secondary education (OR=1.78, CI=1.25-2.55; p = 0.002) was more than that of women with primary education (OR=1.68, CI=1.10-2.56; p = 0.016). Alcohol consumption and husband's controlling behavior were the most important predictors of IPV across the states (p < 0.001).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				behaviors, such as alcohol intake and controlling attitudes.	
Nigeria	Benebo et al., 2018	20,802 women	Ever-partnered women with mean age of 31 years, 63.3% living in rural areas, 36.5% from the northwest, and 22.7% were poorest.	Utilizing data from the 2013 Nigerian Demographic Health Survey (DHS), this cross-sectional study delved into the intricate dynamics of intimate partner violence (IPV). Employing multilevel logistic regression models, the research scrutinized both individual and community-level factors associated with IPV.	**Prevalence of IPV** 23.6% of women reported experiencing IPV ever, and 19.8% in the past 12 months. Various forms of violence were observed, with percentages higher for violence ever compared to the past 12 months: physical (13.4% vs. 9.4%), sexual (4.5% vs. 3%), and emotional (18.4% vs. 15.7%), respectively. **Associated Factors** Higher women's status was found to reduce the odds of IPV (OR=0.47; 95% CI=0.32-0.71), but this effect was reversed by community norms among men justifying IPV against women (OR=1.89; 95% CI=1.26-2.83).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Bola, 2016	21,196 women	Women ever married aged 15-49 years. The most of them without education (47.1%), were living in rural place (62.8%), working (70.2%), and never terminated pregnancy (86.2%).	The study utilized descriptive statistical analysis and binary logistic regression techniques. data was sourced from the 2013 Nigeria Demographic and Health Survey, focusing on pregnancy termination as the outcome variable (ever or never). Key explanatory variables included spousal violence experiences (physical, sexual, and emotional) reported by women within the preceding 12 months. Associations were assessed using binary logistic regression.	**Prevalence of IPV** 19.9% experienced spousal violence. **Associated Factors** Those who terminated pregnancy had higher rates of all types of spousal violence. Specifically, physical violence increased the likelihood of pregnancy termination by 9% (OR=1.09; CI 1.03-2.86), while emotional violence increased it by 33% (OR=1.33; CI: 0.97-1.95). Common types of violence included slapping, forced sex, and insults. Pregnancy termination was associated with physical, sexual, and emotional violence, with combined violence showing the highest risk (OR=1.63, p= .001, 95% CI 1.06-1.85).
Nigeria	Boladale et al., 2015	362 males and females	Women and men with an age ranged between 18 and 35 years (M = 21.44, SD = 2.99). 59.1% were between 21 and 35 years. 48.3% were males and 51.7% were females.	Cross-sectional survey design with a total of 400 students selected using a multistage sampling technique. They completed the Sociodemographic Data Schedule, the Conflict Tactic Scale (CTS), Eysenck Personality Questionnaire (EPQ), and the General Health Questionnaire GHQ). Univariate analysis was used to determine the prevalence of dating violence, psychopathology, and personality traits, and these were expressed in percentages.	**Prevalence of IPV** 34% admitted having experienced dating violence in the past 12 months. **Associated Factors** Dating violence is correlated with psychoticism (r=.23*) and neuroticism (r=.20*).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				Association at bivariate level was assessed using chi-square and at multivariate level using logistic regressions.	
Nigeria	Bolarinwa et al., 2022[3]	8,968 women	Women from Nigeria between 15-35 and above years, education was secondary and above (46.31%), 90.63% were married, 75.16% were working, 33.97% from Hausa ethnicity, 54.69% living in rural areas from the Northwest (27.14%) and 21.76% were from the richest household, 34.83% were from a community with high literacy level, and 57.21% were from a community with low socioeconomic status.	Conducted as a cross-sectional analysis, this study utilized population-based data extracted from the 2018 Nigeria Demographic and Health Survey (NDHS). The NDHS is a nationally representative survey designed to gather sociodemographic and health-related indicators, including intimate partner violence (IPV). Multilevel and spatial analyses were employed to identify associations between IPV and its spatial clustering.	**Prevalence of IPV** Analysis of the data indicated that several factors were associated with higher odds of intimate partner violence (IPV) among women. **Associated Factors** Several factors were associated with higher odds of intimate partner violence (IPV) among women like having primary education (aOR = 1.32; 95% CI = 1.09–1.60), being previously married (aOR = 1.73; 95% CI = 1.33–2.25), currently working (aOR = 1.29; 95% CI = 1.14–1.47), having parity of four or more (aOR = 1.78; 95% CI = 1.40–2.25), and exposure to mass media (aOR = 1.41; 95% CI = 1.00–1.31). Conversely, women within the richest wealth index were less likely to experience IPV (aOR = 0.45; 95% CI = 0.34–0.61) compared to those in the poorest wealth index. Lower odds of IPV were reported among women who were practicing Islam [aOR = 0.47; 95%(CI = 0.47–0.69)] compared to those practicing Christianity

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Chimah et al., 2015	238 women	Women from military and civilian communities of Abuja, married or cohabiting for at least 6 months. Mean age for civilian populations was 38 years (SD= 10.6) and 62% had tertiary education. For military populations mean age was 30.4 years (SD= 10.8), and 23.1% had tertiary education.	Using a multistage sampling technique, women with intimate male partners were selected from both military and civilian communities in Abuja. Data on personal characteristics and various types of intimate partner violence (IPV) experienced were collected. The study aimed to compare the association between different forms of IPV and respondents' sociodemographic and partner characteristics in the two study populations. Analysis involved comparing percentages and conducting χ-square statistics, with significance set at a p-value of 0.05. The data collection utilized a semi-structured questionnaire adapted from the WHO questionnaire for IPV.	**Prevalence of IPV** Rates of intimate partner violence (IPV) varied between military and civilian respondents. Among military populations, the prevalence of controlling behavior was 37.1%, compared to 29.1% among civilians. Similarly, rates of emotional/psychological abuse were higher among military respondents at 42.4%, contrasting with 13.4% among civilians. Physical abuse was reported by 19.7% of military respondents, significantly higher than the 5.9% reported by civilians. However, rates of sexual abuse were comparable between the two groups, with 9.2% among military respondents and 8.8% among civilians. **Associated Factors** These findings highlight disparities in the prevalence of IPV between military and civilian populations, particularly regarding emotional and physical abuse.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Eseosa Ekhator-Mobayode et al., 2022[4]	51,386 women	23,752 women from 2008 and 27,634 from 2013. No more information given.	Data were drawn from the Domestic Violence (DV) modules of the 2008 and 2013 Nigerian Demographic and Health Surveys (NDHS), which sampled 23,752 and 27,634 women, respectively. The 2008 NDHS provides data from before the Boko Haram (BH) insurgency, while the 2013 NDHS covers the period during the insurgency. These datasets are representative at the state level, including all 36 states and the Federal Capital Territory. The data were spatially linked to the BH actor file from the Armed Conflict Location and Events Database (ACLED). To estimate the association between the BH insurgency and increases in intimate partner violence (IPV), a quasi-experimental approach was used, employing a kernel-based difference-in-difference model. Additionally, the study examined the effect of the BH insurgency on women's likelihood of experiencing controlling behavior from a partner, their autonomy in household decision-making,	**Prevalence of IPV** In areas with the presence of Boko Haram (BH),the rate for past year physical o sexual IPV in 2008 was 11% and in 2013 was 10%. In areas with no presence of BH the rate for 2008 was 17% and in 2013 was 12%. **Associated Factors** The presence of BH increased the probability that women experience physical or sexual IPV by 4 percentage points, after controlling for partner's alcohol use, previous exposure to IPV and condoning IPV as a social norm. Controlling behaviors from husbands/partners are heightened in locations that are impacted by the BH insurgency, where it increased by 14 percentage points, after controlling for individual, partner, and household characteristics, attitudes towards and experiences of IPV, ethnicity, religion, and state fixed effects. The individual and household characteristics correlated with increased risk of women's experience of physical or sexual IPV are: having more children (0.3 percentage points for each additional child), marriage as a child (2.6 percentage points), having a sometimes or often drunk partner (14.5 percentage points) and marriage in a polygamous household (1.9 percentage points). Condoning IPV and witnessing IPV as a child are also both associated with increased IPV risk; having a father who beat their wife/partner (12.4 percentage points) and condoning wife

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				and their control over their earnings.	beating (4.4 percentage points).Being a female household head is associated with a lower likelihood of experiencing IPV (-3.8 percentage points).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Ezeudu et al., 2019[4]	702 women	Women with a mean age of the 27.71 ± 5.14 years. 33.2% respondents were unemployed, 97.7% were Christians, and 93.2% were married.	A cross-sectional survey of 702 women accessing maternal and child health services in Enugu State, Nigeria, was conducted using a multi-stage sampling technique. Data were collected between June and September 2015, with quantitative data gathered through a semi-structured questionnaire and qualitative data through key informant interviews (KIIs). The questionnaire covered socio-demographic characteristics, experiences of IPV, types of IPV, health problems from IPV, and risk factors before and during pregnancy. Data were analyzed using descriptive statistics, bivariate and multivariate logistic regression, with statistical significance set at p-value < 0.05. Qualitative data were analyzed using thematic content analysis.	**Prevalence of IPV** Overall IPV Prevalence: 48.3%; Physical Violence: 26.2%; Sexual Violence: 27.8%; Psychological Violence: 36.9%; Economic Violence: 23.9%. **Prevalence of IPV Before (12 Months Before Last Pregnancy):** Overall: 43.7%; Physical Violence: 50.5%; Psychological (Emotional) Violence: 67.4%. **Prevalence of IPV During Last Pregnancy:** Overall: 37.2%; Physical Violence: 42.5%; Psychological (Emotional) Violence: 65.9%. **Associated Factors** **Before Pregnancy:** Partner's History of Controlling Behaviours: COR = 2.42 (95% CI 1.65, 3.52); History of Frequent Physical Fights: COR = 2.67 (95% CI 1.69, 4.20); Younger Aged Partners (< 40 years): COR = 1.63 (95% CI 1.13, 2.34). **During Pregnancy:** Partner's History of Controlling Behaviours: COR = 3.09 (95% CI 2.11, 4.52); History of Frequent Physical Fights: COR = 2.69 (95% CI 1.72, 4.19); Younger Aged Partners (< 40 years): COR = 1.64 (95% CI 1.12, 2.40).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Gage & Thomas, 2017[3]	20,635 women	Married women with mean age of 31.3 years, 62.7% were cash work, 48% had no education, 33.1% were Hausa ethnicity, 55.7% were non-poor, 67.5% had monogamy marriage, and 63.5% were living in rural areas, principally in north region (66.9%).	The survey employed a stratified three-stage cluster design and utilized multilevel logistic regression to analyze sexual and physical intimate partner violence (IPV), considering interactions between women's employment and societal norms on traditional gender roles. data was sourced from the 2013 Nigeria Demographic and Health Survey, with the study focusing on the relationship between women's labor participation and IPV. Multilevel logistic regression was applied to evaluate variables associated with physical and sexual IPV.	**Prevalence of IPV** 4.2% of women reported experiencing sexual victimization by their partners, while 13.4% reported instances of physical IPV in the past 12 months. **Associated Factors** The odds of sexual and physical IPV victimization in the past 12 months were 2.17 (95% CI, 1.62, 2.92) and 1.32 (95% CI, 1.05, 1.67) times as high for women engaged in non-cash work as for unemployed women, respectively. For women who worked for cash, the odds of sexual and physical IPV victimization were 1.31 (95% CI, 1.07, 1.59) and 1.10 (95% CI, 0.96, 1.26) times higher than the odds for women who were unemployed, respectively. Living in the south versus the north was negatively associated with sexual IPV and positively associated with physical IPV. The number of children everborn, ethnicity, polygyny, husband's consumption of alcohol, and husband's controlling behavior continued to have significant positive associations with both forms of IPV victimization after controlling for the locality-level variables. Cash work (relative to unemployment) was associated with significantly higher odds of physical IPV victimization (OR, 1.01; $p < .05$) in localities with increased male approval of wife beating. Women whose husbands/partners had at least five more years of schooling were at higher

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					risk of sexual IPV (OR, 1.02 ;p < .05)in localities with more husband-dominated decision making. Women's acceptance of wife beating was more negatively associated with their odds of IPV victimization if they resided in localities with higher male endorsement of wife beating.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Ikekwuibe & Okoror, 2021	209 women	Women ever married or cohabited households in the Ekiadolor community of Edo State, Southern Nigeria. The mean age was 32.4 years, a majority had secondary educational level (47.8%), 89.5% has ever been married, and the marital status at the moment of the survey was married (67.9%).	The study employed a cross-sectional analytical design with both qualitative and quantitative components. Information was collected using the World Health Organization (WHO) multicountry survey questionnaire, which included sections on controlling IPV, emotional IPV, physical IPV, and sexual IPV. Multivariate regression was utilized to identify independent predictors of IPV.	**Prevalence of IPV** 79.4% of overall IPV prevalence, with partner's controlling behavior being the most prevalent type at 62.6%, followed by emotional IPV at 55.98%, physical IPV at 49.3%, and sexual IPV at 2.6%. **Associated Factors** Belonging to any social group (i.e., religious organization, women´s organization, economic/saving group, etc.) was protective against IPV (OR = 0.430, 95% CI = 0.193–0.957) whilst the belief that a good wife obeys her partner even if she disagrees (OR = 9.201, 95% CI = 1.299–65.194) and the belief that it is the wife's obligation to have sex with the husband even if she doesn't feel like (OR = 2.356, 95% CI = 1.049–5.288) were risk factors.
Nigeria	Iliyasu et al., 2016[3]	373 women	Women who were attending in fertility clinic in Kano, Nigeria. With age mean of 28 years (SD= 6.6), 96.2% were married, 39.9% had secondary education, 89.3% were from islam religion, 79.9% from Hausa/Fulani ethnicity, and 39.7% were homemaker.	The present cross-sectional study was conducted among women attending the fertility clinic at Aminu Kano Teaching Hospital (AKTH) in Kano, Nigeria, between May 1 and June 30, 2013. Data on intimate partner violence (IPV) experienced in the preceding year were collected using the Revised Conflict Tactics Scale. Bivariate analysis, employing $\chi 2$ test or Fisher exact test as appropriate, was initially conducted to identify factors	**Prevalence of IPV** 35.9% reported experiencing at least one form of intimate partner violence (IPV) during the preceding year. Psychological (emotional) violence was the most prevalent form, reported by 94.0% of those who experienced IPV, followed by sexual violence (82.8%), verbal abuse (35.1%), and physical violence (18.7%). Additionally, 66.4% reported experiencing economic violence. Among those who experienced any form of IPV, 25.4% reported experiencing more than one form of violence, with spouses identified as the main perpetrators. **Associated Factors**

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				associated with IPV. Subsequently, a multivariate logistic regression analysis was performed to determine crude and adjusted odds ratios (with ±95% confidence intervals) for independent predictors of IPV.	Risk factors associated with IPV included women with no education (OR= 6.03, 95% CI= 2.64-13.96, p= .02), women engaged in trading (OR= 2.27, 95% CI= 1.08-4.76, p= .018), having a partner with secondary education (OR= 2.94, 95% CI= 1.72-5.03, p < .001), and having a spouse with no occupation (OR= 1.95, 95% CI= 1.14-3.66, p= .023).
Nigeria	Linos et al., 2013	18,798 women	Ever-married Nigerian women. 31.9% had 30-39 years, 48.1% without education, 71.9% single-wife marriage, 66.4% employed, and 71.3% living in non-urban location.	The study employed a cross-sectional survey based on a sampling frame from the 2006 National Census. A sample of participants was selected using a stratified 2-stage cluster design. Additionally, another cross-sectional study utilized data from the 2008 Demographic and Health Survey. Spousal violence was assessed by any form of physical or sexual violence perpetrated by the husband, utilizing multilevel logistic analyses.	**Prevalence of IPV** 18.7% reported exposure to spousal sexual or physical violence. The prevalence varied geographically by state, ranging from 3% to 50%. **Associated Factors** Permissive state-level social norms toward spousal violence were positively associated with a woman's report of physical and sexual violence perpetrated by her husband (odds ratio [OR] = 1.80; 95% confidence interval [CI] = 1.17, 2.77), after adjusting for individual-level characteristics. A number of individual-level variables were significantly associated with victimization, including a woman's accepting beliefs toward spousal violence (OR = 1.11; 95% CI = 1.09, 1.14). Women living in states with Sharia law were

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					less likely to report spousal violence (OR = 0.58; 95% CI = 0.35, 0.95).
Nigeria	Monkam Tchokossa et al., 2018	400 women	Pregnant women. 70.8% were 20-30 years old, 20.5% were 31-35 years old and only one was above the age of fifty years. 95.8% were married, 3.5% were single, and 0.8% divorced. 71.4% were in a monogamous marriage, and 28.6% were in polygamous homes. 22.3% of women were civil servants, 42.6% traders, 15.5% were fashion designers while the rest were hair dressers. 8.3% were house wives and 5.8% students.	Descriptive cross-sectional research design using purposive sampling to select 400 women attending antenatal and immunization clinics at Enuwa Primary Health Care Center, Ile-Ife, Osun State, Nigeria. Data were collected using an interviewer-administered questionnaire.	**Prevalence of IPV** 41% of the women reported to have undergone emotional or psychological violence; 16.8% reported to have been victim of physical violence; 17.5% have been sexually abused by their intimate partner. 24% of women reported having been threatened with harm or injury by their intimate partner. **Associated Factors** Perceptions and Experiences: There is a significant relationship between women's perceptions and their actual experiences of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Nmadu et al., 2022[3]	170 women	Women living in Kaduna, aged 15-45 and over, 31.8% were from Hausa tribe, 63.5% were married, 32.9% had secondary level, 51.8% were employed, and 37.6% were financial dependence on a partner.	In this study, a cross-sectional design was employed, specifically a descriptive cross-sectional approach. Information regarding domestic violence was gathered using a structured test adapted from the Revised Conflict Tactics Scale. Both bivariate and multivariate logistic regression analyses were utilized to investigate associations between various factors and domestic violence.	**Prevalence of IPV** The lifetime prevalence of domestic violence was found to be 47.1%, with rates of physical abuse at 28.8%, emotional abuse at 44.1%, and sexual abuse at 22.9%. Additionally, the 12-month prevalence of domestic violence was reported as 35.3%, with rates of physical abuse at 15.3%, emotional abuse at 32.4%, and sexual abuse at 13.5%. **Associated Factors** Married women had lesser odds of experiencing DV as compared with women who were divorced/widowed (aOR=0.21; 95% CI 0.05 to 0.96). Those with no formal education had greater odds of experiencing DV as compared with those with tertiary education (aOR=4.35; 95% CI 0.93 to 20.33). Those whose partners consumed alcohol had greater odds of experiencing DV as compared with those whose partners did not (aOR=7.91; 95% CI 3.09 to 20.27)

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Nwabunike & Tenkorang, 2017[3]	9,759 women	Women from Igbo (n= 2118), Yoruba (n= 2719) and Hausa (n= 4922) ethnicity. Majority in three groups were employment, Igbo and Yoruba women had secondary education (43.2% and 42.3% respectively) and were richest (32.8% and 41.5%) and Hausa women had no education (82.2%), and were poorer (33.4%).	Data collected from the 2008 Nigeria Demographic and Health Survey to examine ethnic disparities in experiences of domestic and marital violence. It focused on comparing Igbo and Yoruba women and revealed significant differences between the two groups. Multivariate models were employed to associate ethnicity with various forms of violence, including physical, sexual, and emotional violence. These variables served as outcome measures, capturing different dimensions of domestic and marital violence. The study aimed to provide insights into the prevalence and patterns of such violence among different ethnic communities in Nigeria.	**Prevalence of IPV** The results revealed significant ethnic differences in experiences of domestic and marital violence. Igbo women had higher rates of physical violence (18.2%), sexual violence (4.5%), and emotional violence (25%) compared to Yoruba women, whose rates were 12.7%, 1.4%, and 10.1%, respectively. Similarly, compared to Hausa women, Igbo women experienced higher rates of physical violence (18.2% vs. 5.7%), although the rates of sexual violence were lower (4.5% vs. 2.0%). Emotional violence rates were again higher among Igbo women (25%) compared to Hausa women (22.9%). **Associated Factors** Similarly, Igbo women were more likely to experience both sexual (adjusted odds ratio [AOR] = 1.81; $p < .01$) and emotional violence (AOR = 1.97; $p < .01$). Women who justified wife-beating and reported higher levels of control and domineering attitudes by their husbands were all significantly more likely to have experienced all three types of violence. Similar effects were observed for life course variables as women with prior experience of family violence and those with husbands who drank alcohol experienced all three forms of violence. Socioeconomic differences were observed for physical and emotional violence. Employed women experienced physical (AOR = 1.21; $p < .05$) and emotional violence (AOR = 1.49; p <

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					.05), compared with the unemployed. On the contrary, educated women were less likely to experience such violence compared with the uneducated.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Obionu et al., 2021	360 men and women.	The mean age was 35 ± 5 years. 66.6% were females. Most of the respondents had received a tertiary education (45.3%). 48.3% were married, and 54.7% had children.	The cross-sectional study in Enugu State, Southeast Nigeria, involved 360 People Living with HIV receiving care at a tertiary hospital. Participants were systematically sampled during clinic visits, and data were collected using a pretested questionnaire adapted from the Nigerian Demographic and Health Survey. The study focused on incidents occurring within the twelve months prior to the interview. Statistical significance was determined with p-values of < 0.05.	**Prevalence of IPV during the last year** Overall: 52.5% of respondents had experienced some form of IPV. Emotional Abuse: 33.7% of respondents reported that their partner had insulted them or made them feel bad about themselves. Humiliation: 27.2% of respondents indicated that their partner had humiliated them in front of others. Physical Threats: 10.3% reported experiencing a threat or attack with a knife, gun, or other weapon. Forced Sexual Intercourse: 20.0% stated that their partner had physically forced them to have sexual intercourse against their will. **Associated Factors** Being female (AOR = 2.251, 95% CI: 1.438-3.522) and having a partner who uses illicit drugs or alcohol (AOR = 1.467, 95% CI: 0.301-0.725) were found to be predictors of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Ogunbiyi et al., 2023	5,313 women	Ever-partnered young and older women from 2008 (n= 1235 and 2589 respectively) and 2018 (n= 432 and 1063 respectively). Age was between 15-49 years.	The study utilized data from the Nigeria Demographic and Health Survey (NDHS) to compare levels of three types of intimate partner violence (IPV) – emotional, physical, and sexual – between adolescent girls and young women (AGYW) and older women before and during the Boko Haram conflict (2008 and 2018). Specifically focusing on six states affected by the conflict, the analysis employed a multiple linear regression model with an interaction term for ever-partnered female respondents. This approach allowed for adjustments for relevant covariates while examining the differences in IPV levels between the two groups of women before and during the conflict period.	**Prevalence of IPV** For adolescent girls and young women the rates in 2008 were: 16% for emotional violence, 10% for physical violence, 5% for sexual violence; For adolescent girls and young women the rates in 2018 were: 38% for emotional violence, 18% for physical violence, 15% for sexual violence; For older women the rates in 2008 were: 22% for emotional violence, 16% for physical violence, 5% for sexual violence; For older women the rates in 2018 were: 42% for emotional violence, 16% for physical violence, 9% for sexual violence **Associated Factors** Emotional IPV increased by 21.75% among AGYW compared to 19.66% among older women ($p < 0.001$), while sexual IPV rose by 10.26% among AGYW compared to 3.58% among older women ($p < 0.001$). Moreover, a notably higher proportion of ever-partnered AGYW participants reported experiencing physical IPV in 2018 compared to 2008, with an increase of 7.53% ($p < 0.001$). These findings underscore the distinct impact of the conflict on IPV rates among AGYW and older women over the specified time period

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Ogunwale & Afolabi, 2022[3]	1,200 women	Women in Oyo state, Nigeria with mean age of 36.6 (SD = 9.6), 76.8% were yoruba ethnicity, majority had secondary and tertiary education (41.3% and 42.3% respectively) 82.8% were married, and 84.2% employed.	In a cross-sectional study, married, widowed, or divorced women were included, with the aim of examining the prevalence and correlates of marital rape. Descriptive statistics, Chi-square tests, and logistic regression were employed to analyze the data. Odds ratios (OR) and 95% Confidence Intervals (CI) were reported to quantify the associations between various factors and marital rape experiences, including history of sexual violence and the tactics employed by spouses to perpetrate marital rape.	**Prevalence of IPV** The prevalence of marital rape (MR) was found to be 15.3%. Among the coercive strategies employed by spouses, physical force was the most common, reported by 25.9% of participants, followed by threats at 23.5%. **Associated Factors** Women who made decisions about sex unilaterally were significantly more likely to experience marital rape (OR: 3.95, CI: 1.38–11.31, p = 0.01), as were married women (OR: 2.73, CI: 1.39–5.37, p = 0.04). After adjusting for relevant factors, married women and those who made decisions about sex alone were 2.68 (aOR = 2.68, 95% CI = 1.32–5.41, p = .006) and 3.98 (aOR = 3.98, 95% CI = 1.38–11.51, p = .011) times more likely to experience marital rape, respectively.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Okunola et al., 2021[3]	363 women	Pregnant women. Mean age of 30.5 years. 95% were married, and 19% were housewives. 3.9% had primary education, 26% had secondary education, and 71% tertiary education.	This prospective cohort study was conducted among pregnant women at a hospital in a semi-urban community in Southwest Nigeria between March and September 2019. Intimate partner violence (IPV) was assessed using a validated self-administered questionnaire, the Ongoing Abuse Screen, which includes five questions on physical, sexual, and emotional abuse. A positive score was recorded if any question was answered affirmatively. The study compared adverse birth outcomes between women who experienced IPV during pregnancy and those who did not. Multivariate logistic regression was employed to adjust for confounders. Sample size calculation used Leslie Fisher's formula, assuming a 50% prevalence of adverse birth outcomes associated with IPV.	**Prevalence of IPV during Pregnancy** Total IPV: 15.4%; Physical Abuse: 3.6%; Sexual Abuse: 3.6%; Emotional Abuse: 3.9%; Fear of Partner: 8%; Physical and Emotional Abuse: 1.1%; Emotional and Sexual Abuse: 1.1%; Physical and Sexual Abuse: 0.8%. **Associated Factors** Being single (AOR 3.07, 95% CI: 1.09–8.60, $p = 0.03$) and going through an unintended pregnancy (AOR 2.26, 95% CI:1.19–11.49, $p = 0.01$) increased the risk of experiencing intimate partner violence in pregnancy. Ebira ethnic group increased the probability of experiencing IPV in pregnancy by a factor of 3 (AOR 3.45, 95% CI: 3.31–32.18, $p < 0.001$). Financial stress quadrupled the risk for IPV in pregnancy (AOR 4.15, 95% CI: 1.01–18.35, $p = 0.04$). Tertiary education (AOR 0.24, 95% CI: 0.03–0.64, $p = 0.04$) and second pregnancy (AOR 0.30, 95% CI: 0.11–0.81, $p = 0.02$) were however protective against IPV in pregnancy. The probability of preterm delivery was increased by intimate partner violence in pregnancy (AOR 2.96, 95% CI: 1.34–6.50, $p = 0.007$). The risks of stillbirth (AOR 9.52, 95% CI: 3.96–22.90, $p < 0.001$) and neonatal intensive care unit admission (AOR 1.93, 95% CI: 1.19–10.60, $p = 0.03$) were also increased by intimate partner violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Olowookere et al., 2015	360 women	The women were living with HIV/AIDS. Their mean age was 35.2 ± 9.2 years (21-55 years). About 16% were divorced, while 60% were married. About 45% of partners had secondary education, while 22% had tertiary education. 59% of partners were employed.	This study used a descriptive cross-sectional design. The study population consisted of women above the age of 18 years living with HIV/AIDS who accessed care at the clinic. Exclusion criteria included clients who were too ill to grant interviews and those who did not consent to participate. A semi-structured interviewer-administered pre-tested questionnaire on IPV was used for data collection. Data were collected by three trained research assistants from July-October, 2010. The data were entered into a computer and analyzed using SPSS Version 16. Simple descriptive and inferential statistics were carried out. Multivariate logistic regression analysis was performed to identify factors that determine IPV after HIV diagnosis. P values of less than .05 was accepted as significant.	**Prevalence of IPV** 23.6% had experienced domestic violence since HIV diagnosis. Types of violence were physical violence (17%), emotional violence, (21%) and sexual violence (2%). **Associated Factors** The younger partners are more likely to abuse their partners than the older partners, and this is statistically significant (adjusted odds ratio [AOR] = 0.454, 95% confidence interval [CI] [0.318, 0.648], p = .000). Other significant predictors included not being currently married (AOR = 31.032, 95% CI [5.839, 164.934], p = .000), HIV disclosure to partner (AOR = 31902.7, 95% CI [341.09, 2983909.2], p = .000), and partners' alcohol use (AOR = 11716, 95% CI [2.491, 55.101], p = .002).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Oluwagbemiga et al., 2023[3]	27,841 women	Married women between 15-45 and above years, 44.59% were poor, 45.19% had no education, 66.93% had low autonomy, and 64.19% were living in rural areas.	The study utilized cross-sectional data from the 2018 Nigeria Demographic and Health Survey (NDHS), employing a nationally representative sample gathered through a two-stage stratified sampling procedure. Intimate Partner Violence (IPV) was assessed using the Conflict Tactics Scale. The analysis employed a multilevel approach, fitting five models that considered variables grouped into categories. It focused on examining individual and community-level factors associated with IPV. This study contributes to understanding IPV dynamics in Nigeria by utilizing recent data from a nationally representative survey and employing multilevel analysis to explore the complex interplay of factors influencing IPV.	**Prevalence of IPV** 5.55% reported experiencing physical violence, 2.10% reported sexual violence, and 9% reported emotional violence. **Associated Factors** Women with the highest level of education experienced the least of all the three IPV indicators identified in this study. A significant relationship exists with women's education and ever experienced physical violence (primary odds ratio [OR] = 1.29; secondary OR = 1.44, higher OR = 0.71). The ORs of ever experienced sexual violence decrease as women's education increases (secondary OR = 1.10, higher OR = 0.63). The higher significant effect of husband/partner who drinks alcohol on all the three indicators of IPV was affirmed ($p <$ .01). Women in a community with higher wealth status were associated with a lower OR of ever experienced sexual violence (OR = 0.58, 95% CI [0.37–0.92]). The odds of physical violence decrease with community education (medium OR = 1.35, 95% CI [1.05–1.75]; high OR = 1.24, 95% CI [1.01–1.53]). While residing in the community with medium exposure to media was 1.25 times more likely to experience physical violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Onoh et al., 2013	321 women	Women were pregnant, mean age 27.4 (SD=4.7) years. Civil service 38.9% was the most common occupation noted from the respondents. Five years or less of marriage was the most common duration (71.7%). Most women had a monogamous relationship (94.1%), 95.6% were christian, and the highest educational level was tertiary school (52.6%).	Cross-sectional study on pregnant women conducted at the Antenatal clinics of the Federal Medical Centre, Abakaliki, Ebonyi State of Nigeria between April and June 2011. The Federal Medical Centre is located in the capital city of the State and serves as a major referral center for the State and other neighboring States.	**Prevalence of IPV** 44.6% reported having been abused in the index pregnancy. **Associated Factors** Age of woman (OR=10.90), family setting (monogamy; OR=0.005), religion (OR=2.45), educational level of couples (OR=1.40), parity (OR=0.13) and social habits of their husbands (OR=0.65) significantly influenced IPV ($p < 0.05$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Ononokpono & Azfredrick, 2014[3]	18,028 women	Women from Nigeria with antenatal care. 45.4% had no education, 66.0% were working, 45.3% were poor, 69.8% were living in rural areas, and 30.3% in the Southeast.	Data was drawn from a cross-sectional survey, the 2008 Nigeria Demographic and Health Survey (NDHS). Nigeria is made up of 36 states and a Federal Capital Territory (FCT, Abuja). All the states and the Federal Capital Territory (FCT) of Abuja were selected to be in the sample. The primary sampling units (PSUs) were derived from a sampling frame created for the 2006 Nigerian census. The PSU or cluster was selected from the lists of EAs. A stratified, two-stage cluster design was adopted to select a sample of 888 primary sampling units: 286 urban and 602 rural areas. A weighted probability sample of 36,800 households was selected in the survey. A listing of households and mapping was done and on the average a total of 41 households were selected in each cluster. A minimum of 950 interviews were completed for each state.	**Prevalence of IPV** The overall IPV prevalence rate was 33.4%. 15.5% of women reported emotional IPV, 13.9% physical IPV and 4% sexual IPV. **Associated Factors** Those living in the rural areas and respondents who reported that their husband and others make decisions regarding their health care, report higher rates of IPV (physical, sexual, and emotional). The proportion of physical, sexual, and emotional IPV was higher for women aged 25–34 years. Respondents with higher education had a higher proportion of physical and sexual IPV, while emotional IPV was more frequent among women with no education. Women who had no access to any media reported more experiences of all three forms of IPV than those who had access to mass media. There was also a high prevalence of all three forms of IPV among women who are working than those who are not working. Women with parity of one had lower experience of any form of IPV than women with parity above two. It is also worthwhile to mention that the lowest level of IPV experience was observed in households where women alone make decisions. Experience of physical IPV was higher for women who belong to the rich wealth quintile than their counterparts in poor households. Women residing in large households (seven or more household members) had a higher proportion of sexual

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					and emotional IPV experience. Reports of all three forms of IPV were significantly higher among women residing in the South West. Women who reported ever experiencing physical IPV were as likely to use adequate ANC compared with those who had no experience of physical IPV. Emotional IPV was associated with low use of adequate ANC (OR = 0.76; 95% CI = 0.69–0.81). The association between physical IPV and utilization of delivery assistance by a skilled health care provider was statistically significant. Women who reported that they had been emotionally abused were less likely to use delivery assistance from a skilled health care provider (OR = 0.77; 95% CI = 0.70–0.86).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Oseni et al., 2022[1]	725 women and 502 men	Women (n= 725, 59.1%) and men (n= 502, 40.9%) between 18-65 years from six cities or towns of Nigeria (397 from Edo North, 414 from Edo South and 416 from Edo Central senatorial districts) who were in an intimate relationship for more than once year. The most were currently married (62.8%) with tertiary education (62.4%), unemployed (33.1%), and from Bini ethnic group (28.8).	The study is a descriptive, cross-sectional, community-based investigation that utilized a semi-structured questionnaire called Extended Hurt, Insult, Threaten, Scream (E-HITS) to collect information. The primary objective was to assess the prevalence and pattern of intimate partner violence (IPV). Additionally, multivariate analyses were conducted to evaluate the risk associated with IPV within this community-based framework.	**Prevalence of IPV** There was an IPV prevalence of 37.7%. Of those with IPV, 81.6% experienced Physical IPV, 76.4% Psychological IPV, and 86.6% Sexual IPV. 43.2% of women and 12.7% of men experienced Physical IPV; 40.7% of women and 11.6% of men experienced Psychological IPV; 48.4% of women and 9.8% of men experienced Sexual IPV. **Associated Factors** IPV was notably higher among women compared to men (OR= 4.474, p<.001, 95% CI= 3.425-5.846), with a prevalence and pattern showing higher rates among married women (OR= 1.737, p<.001, 95% CI: 1.279-2.358).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Oyediran & Feyisetan, 2017[3]	19,924 women	The median age of women was 30 years, 99% were younger than their husbands/partners, with 47.5% being 10 or more years younger than their husbands/partners. 48.1% reported to have no formal education and 32.8% reported having secondary or higher education. 44.3% were found in households above the third wealth quintile, 63.5% resided in rural areas, 60.1% were Muslims.	The study used data from the 2013 Nigeria Demographic and Health Survey (NDHS), a nationally representative survey conducted by the National Population Commission from June to October 2013. The NDHS collected information on maternal health, sexual and reproductive health, and malaria among women aged 15 to 49. The survey employed a three-stage stratified and multi-stage cluster sampling design. For the analysis, currently married women or women in union with their partners or husbands were included. The study measured intimate partner violence in the last 12 months, childhood exposure to violence, and various socioeconomic variables.	**Prevalence of IPV** IPV in the last 12 months: 13.4% physical, 4.4% sexual, 15.2% any. **Associated Factors** Women aged 30-39 years, women who were older than their husbands, women who had primary education, urban-based women, Christian women, women whose husbands were reported to consume alcohol, women who witnessed domestic violence as a child, women who participated in household decision-making, women who accepted domestic violence as part of marriage and those who approved of sexual rights were more likely than at least one of their respective comparison population sub-groups to report physical violence in the year preceding survey. Women aged 25-29 years, women who were older than their husbands, women who had primary education, rural-based women, Christian women, women whose hubands were reported to consume alcohol, women who had witnessed their mothers being beaten by their father, women who participated in household decision-making, women who accepted domestic violence as part of marriage, and those who approved of sexual rights were more likely than at least one of their respective comparison population sub-groups to report sexual violence. Permisive social norms, beliefs about women´s sex rights and partner´s life styles have independent and

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					incremental influence on the odds of experiencing IPV in the year preceding the survey.
Nigeria	Sulaiman et al., 2021[3]	403 women	Pregnant women. The mean age was 33 ± 4.9 years and most of the women were within the age range of 31–35 years (37.5%). 93.3% were from a monogamous family setting, 3.0% of them were uneducated, and 26.6% were unemployed.	This cross-sectional hospital-based study was conducted among pregnant women attending the antenatal clinic at the University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria, from November 6, 2018, to August 27, 2019. Eligible participants were confirmed to be pregnant. Data were collected using the Hurt, Insult, Threaten, and Scream (HITS)	**Prevalence of IPV** During pregnancy, 56.3% of women experienced at least one form of intimate partner violence (IPV), with 11.9% scoring positively for severe IPV on the Hurt, Insult, Threaten, and Scream (HITS) questionnaire. Insult was the most common form of violence, reported by 38.4% of women. **Associated Factors** Significant factors associated with IPV included the level of the score and variables such as marriage setting ($\chi^2 = 22.83$, P = 0.000), education of the woman ($\chi^2 = 23.11$, P

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				questionnaire to assess the prevalence of and risk factors associated with intimate partner violence (IPV). The data were analyzed using SPSS version 23, employing descriptive and inferential statistics, including Chi-squared tests, Fisher's test, and logistic regression.	< 0.001), education status of the husband (χ^2 = 40.62, P = 0.000), occupation of both the woman (χ^2 = 20.02, P < 0.001) and husband (χ^2 = 45.52, P = 0.001), and the husband's social habits (χ^2 = 25.16, P = 0.001). The IPV was seen more in the polygamous setting, less-educated men and women, unemployed men and women and men with poor social habits.
Nigeria	Sunmola et al., 2021[4]	19,360 women	Women with mean age of 31.41 (SD= 8.91), 49.3% had no education, 69.1% were employed, 23.5% were poorest, and 63.8% were living in rural places.	The study utilized nationally representative data from the 2013 Nigeria Demographic and Health Survey, focusing on a sample of married women. The aim was to explore whether negotiating safer sex by women with their husbands increased their experience of Intimate Partner Violence (IPV). Three separate hierarchical regression analyses were conducted to examine the contributions of husband's controlling and domineering attitudes and the tendency to negotiate safer sex to the three types of violence experience (physical, sexual, and emotional). Regression analyses were employed to	**Associated Factors** Women whose husbands endorsed more controlling and domineering attitudes experienced higher levels of physical, sexual, and emotional violence. Additionally, women with a higher tendency to negotiate safer sex also experienced more of all forms of violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				assess the variables of interest. By utilizing these methods, the study aimed to provide insights into the relationship between negotiating safer sex and IPV among married women in Nigeria	
Nigeria	Tanimu et al., 2016	393 women	The age range of the study participants was between 16 and 45 years. The mean age was 27 (SD= 6.29) years. Most women were married (77.6%) or single (16.5%). Most practiced Islam (73.0%). 60.6% had a family setting of monogamy and 23.4% of polygamy. 44.0% had a secondary education and 39.9% a tertiary education.	This was a cross-sectional, hospital-based study. Three hundred and ninety-three women aged 15–49 years who were in or had ever been in an intimate relationship were recruited. An interviewer-administered questionnaire was used to collect data about their socio-demographic characteristics while information on IPV was obtained using the Composite Abuse Scale. The data were analysed using the Statistical Package for Social Science (SPSS) version 16.0.	**Prevalence of IPV during the last 12-months** The prevalence of IPV within the previous year was 42.0%; 46.6% had experienced emotional/psychological violence, harassment/ controlling behaviour was present in 43.3%, physical violence was reported in 29.0%, sexual violence was present in 21.9% and 37.9% of the participants had experienced severe combined abuse. **Associated Factors** Being married ($\chi2 = 24.726$, $p = 0.000$) and pregnancy reduced the risk of IPV ($\chi2 = 6.690$, $p = 0.030$), while polygamous family setting ($\chi2 = 9.734$, $p = 0.008$) and an extended family type ($\chi2 = 9.593$, $p = 0.023$) were associated with an increased risk of IPV. Alcohol consumption by the partner ($p = 0.000$, OR 2.335, CI 1.151–3.230) was found to be a positive correlate as well as a complication of IPV. Other patterns of health

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					complications that were significantly associated with IPV were depression (p = 0.000, OR 3.517, CI 4.061–22.306), miscarriage (p = 0.004, OR 2.080, CI 1.591–2.269) and the presence of physical injuries in the participants (p = 0.024, OR 2.405, CI 2.345–4.234).
Nigeria	Tella et al., 2020	461 pregnant women	Pregnant women living in rural location (n=225) with mean age of 28 years (±7.1), 96% indigenous, 49.8% with senior secondary and 67.6% married, and living in urban location (n=236) with mean age of 29.2 years (±4.7), 32.2% indigenous, 51.7% with tertiary education, and 90.3% married.	A cross-sectional study compared risk factors, resources, and coping strategies among domestic violence survivors in rural and urban Niger-Delta regions. Data collection utilized a structured questionnaire adapted from the 2013 National Demographic and Health Survey. Risk factors were compared through t-tests, and multivariate analysis was conducted to explore associations.	**Prevalence of IPV** The prevalence for IPV in the rural group was 59.0%, and 48.7% in the urban group. **Associated Factors** Predictors of violence identified were: geographical location, residing in a rural area (OR 2.052 95% C.I. 1.349 - 3.122) and alcohol intake by pregnant women (OR 1.691; 95% C.I. 1.022 - 2.798) increased the risk of domestic violence while intimate partner's occupation, being a professional was a protective factor (OR 0.513 95% C.I. 0.327 - 0.806).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Tesfaw & Muluneh, 2022	8,061 women	Ever married/cohabited women aged 15–49 years who were residents of the study community for at least 6 months.	This study used a retrospective cross-sectional design based on the 2018 Nigeria Demographic and Health Survey, involving 8,061 married women aged 15–49. The survey included a module designed to gather data on intimate partner violence, which was measured by asking women about experiences of physical, sexual, and emotional violence perpetrated by their husbands or partners. Physical violence was defined as acts such as pushing, shaking, slapping, twisting arms, punching, kicking, dragging, choking, or attacking with a weapon. Sexual violence included being forced into sexual intercourse or other unwanted sexual acts. Emotional violence encompassed humiliation, threats of harm, or insults. A log-linear statistical model was employed to examine the associations between emotional, physical, and sexual violence. SAS statistical software was used for data management and parameter estimation.	**Prevalence of IPV** The study found that 37.37% of women reported experiencing at least one form of intimate partner violence (IPV). Overall, 37.49% of women experienced physical violence, 52.3% emotional violence, and 14.71% sexual violence. Specifically, 15.10% experienced emotional violence only, 3.78% physical violence only, and 1.05% sexual violence only. Additionally, 0.50% experienced both physical and sexual violence, 9.37% experienced both emotional and physical violence, 1.79% experienced both emotional and sexual violence, and 5.78% experienced physical, emotional, and sexual violence. The most prevalent types of violence included 16.70% of women who had been slapped (the highest category of physical violence), 18.20% who had been humiliated (the highest category of emotional violence), and 6.40% who had been physically forced into unwanted sex (the highest category of sexual violence).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Umana et al., 2014	1,355 women	74.5% of the women were less than 25 years, 91.7% were single, 81.1% undergraduates, 53.9% in their first to third year of study and 27.2% in their fouth to sixth year. 85.3% were Christian, and 82.6% were sponsored by their parents.	This cross-sectional survey used a four-stage sampling technique to select 1,100 undergraduate and 255 postgraduate female students from the University of Ibadan, Nigeria. Data were collected through a 43-item self-administered structured questionnaire. Descriptive statistics and multivariate analyses were performed, with significance set at the 0.05 level.	**Prevalence of lifetime IPV** The lifetime prevalence of experience of any IPV was 42.3%. The proportions who had experienced psychological, physical and sexual IPV were 41.8%, 7.9%, and 6.6% respectively. **Associated Factors** Postgraduate students had less likelihood of experiencing violence (OR = 0.64; 95% CI: 0.48-0.87), than undergraduates below the fourth year of schooling. Respondents who consumed alcohol (OR = 2.36; 95% CI: 1.82-3.06), smoked cigarettes (OR = 2.46; 95% CI: 1.58-3.83), had history of interparental violence (OR = 2.40; 95% CI: 1.88- 3.07) were significantly associated with experiencing violence than reference categories.
Nigeria	Umukoro & Okurame, 2023	284 women	Spouses of military personnel from Oyo state, with mean age of 32.99 years (SD= 7.98), 32.9% had ordinary level certificate holders, and 63.4% were self-employed.	The study employed a cross-sectional survey design utilizing a structured questionnaire. Participants were selected through purposive sampling techniques, specifically targeting members of the Nigerian Army Officers Wives Association (NAOWA) from the Oyo state chapter. A representative sample of 284 individuals participated in the study. The questionnaire included measures of demographic data, intimate	**Associated Factors** Financial strain emerged as a positive potent predictor of physical violence ($\beta = 1.843$; $p < .05$) and psychological violence ($\beta = 0.902$; $p < .05$), while employment status did not significantly predict both dimensions of intimate partner violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				partner violence (IPV), and financial strain. Both descriptive and inferential statistical techniques were utilized to analyze the data obtained from the respondents. The study aimed to assess the influence of financial strain on IPV among wives of military personnel in Nigeria, utilizing t-tests and multiple regression analyses for data analysis.	
Nigeria	Wusu, 2015[3]	4,574 women	Women with a mean age of 20.2 years (SD = 2.5). 59.6% of the respondents were illiterate and 78.7% of rural residence. 49 % were employed, 59.5 % were of poor status, and 70.7% of Islam religion.	The study analyzed data from Nigeria's 2008 Demographic and Health Survey (DHS), the most recent standard DHS dataset at the time of the analysis. The survey used a multistage cluster sampling strategy to select a nationally representative sample. The analysis focused on intimate partner violence, categorized into emotional, physical, sexual, and threat-related violence. Data analysis was performed using SPSS version 17.0, and the analysis was divided into three segments: univariate analysis, multivariate analysis using binary logistic regression to identify predictors of husband-on-wives violence,	**Prevalence of IPV** 17 %, 10.8 %, 5.0%, and 3.0% of the respondents reported emotional violence, physical violence, threat-related violence, and sexual violence, respectively. **Associated Factors** Significant predictors of IPV in the sample include older age, education (higher with primary than no education), higher number of living children, spouse's education (higher with primary than no education), jealousy, and alcohol consumption. IPV is significantly associated with ever use of modern contraceptives, unwanted childbirths, and sexually transmitted infections.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				and examination of the association between the four categories of violence and indicators of sexual and reproductive health.	
Nigeria	Yaya et al., 2019	20,446 women	Women aged 15-49 years, from five African region: Benin, Burundi, Egypt, Kenya and south Africa. Most of them were living in rural area (57.9%), were married (64.2%)had secondary education (47.2%) and the same for their partners (37.2%), were not working (55.7%), and poorer wealth index (22.5%).	The study employed propensity score matching (PSM) to analyze the connection between IPV and facility delivery service usage, simulating randomization on cross-sectional data from Nigeria DHS Surveys in 2008 and 2013. Additionally, a multi-country cross-sectional study examined data from Demographic and Health Surveys across five African regions to estimate the association between IPV, knowledge, and usage of modern contraception, utilizing log-binomial regression models to analyze emotional, physical, and sexual violence.	**Prevalence of IPV** The lifetime prevalence of emotional, physical, and sexual abuse was 21.5%, 16.1%, and 5.0%, respectively. **Associated Factors** After adjusting for potential confounders, ever experiencing emotional abuse was associated with increased odds of not delivering at a health facility (AOR=1.228, 95% CI: 1.095-1.679).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria	Titilayo et al., 2017	26,997 women	Married women with a mean age of 32.4 years (SD=8.7). 74% reported no education, 62.5% had rural residencies. Mean age of marriage was 17.6 (SD=4.6).	This paper used data extracted from the 2013 Nigeria Demographic and Health Survey, (NDHS) women data-set. Using univariate analysis, which presents a description of the socio-demographic characteristics. It examined the relationship between the independent variables and dependent variable examined the impact of family type and domestic violence on the occurrence of under-five mortality.	**Prevalence of IPV** 19.7% experienced emotional violence, 15.1% experienced physical violence, and 4.6% were exposed to sexual violence. **Associated Factors** The likelihood of occurrence of under-five mortality among women who never experienced physical violence was about 17% lesser than those who ever experienced physical violence.
Papa New Guinea	Cadri et al., 2023	3,319 women	Women from Papua New Guinea, with mean aged of 32.5 (SD= 7.9), 46.4% had primary level, 82.9% were married, 68.2% were working, 22.9% were richest, 88.7% were living in rural areas from Highland's region (37.8%), and 57.3% had partner with alcohol consumption.	In this study, a cross-sectional analysis was conducted using data extracted from the 2016-2018 Papua New Guinea Demographic and Health Survey. The association between partner alcohol consumption and intimate partner violence (IPV) was examined utilizing multilevel binary logistic regression analysis.	**Prevalence of IPV** The prevalence of physical, emotional, and sexual violence among women in sexual unions was found to be 45.9% (42.4 to 47.7), 45.1% (43.4 to 46.8), and 24.3% (22.9 to 25.8), respectively. **Associated Factors** Women whose partners consumed alcohol were more likely to experience physical violence (aOR=2.86, 95% CI=2.43 to 3.37), emotional violence (aOR=2.89, 95% CI=2.44 to 3.43), and sexual violence (aOR=2.56, 95% CI=2.08 to 3.16) compared to those whose partners did not consume alcohol. These results indicate a higher risk of physical, emotional, and sexual violence for women with partners who consume alcohol (aOR= 2.86, 95% CI= 2.43-3.37, p= .001;

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					aOR= 2.89, 95% CI= 2.44-3.43, p= .001; aOR= 2.56, 95% CI= 2.08-3.16, p= .001) compared to women whose partners do not consume alcohol.
Papua New Guinea	Agyemang-Duah et al., 2023	9,943 women	Married and cohabiting women from Papua New Guinea, aged between 15-49 years, 82.7% were married, 79.9% were living in rural areas, 49.9% had primary education, 99.1% were Christian, 23.6% were richer, and 62.8% were not working.	The present study utilized population-based data from Papua New Guinea's inaugural Demographic and Health Survey (DHS) conducted from 2016 to 2018. The analysis focused on women aged 15 to 49 years who were in intimate unions, encompassing both married individuals and those cohabiting. To investigate the association between intimate partner violence (IPV) and pregnancy termination, binary logistic regression modeling was employed.	**Prevalence of IPV** 61.5% reported experiencing intimate partner violence (IPV) within the 12 months preceding the survey. This included 53.1% who reported physical violence, 48.9% emotional violence, and 26.9% sexual violence. **Assotiated Factors** Among those who experienced IPV, 7.4% reported having terminated a pregnancy at some point. Women who had experienced IPV had a 1.75 higher odds of reporting pregnancy termination (cOR: 1.75; 95% CI: 1.29–2.37) than women who did not experience IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Papua New Guinea	Ahinkorah et al., 2023	3,512 women	Women from Papua New Guinea between 15-49 years (M=32.5, DE, 7.92), almost the half had primary education level (46.6%), the majority were married (82.6%), without working (68.2%), almost a quarter were richest (22.5%), and living in rural area (88.8%) from Highlands Region (38.4%)	The study employed a descriptive cross-sectional design utilizing data from the 2016-2018 PNG Demographic and Health Survey. Multilevel binary logistic regression was employed to investigate factors associated with intimate partner violence (IPV) and interparental violence.	**Prevalence of IPV** 53.3% [53.6-56.9] overall prevalence of intimate partner violence (IPV) among women. Rates for physical, emotional, and sexual violence were recorded at 45.6%, 44.2%, and 23.9%, respectively. **Associated Factors** There was a higher probability of experiencing IPV among women exposed to interparental violence [aOR = 1.45, 95% CI = 1.13, 1.86] relative to women who were not exposed. Furthermore, women living in rural areas had a lower likelihood of IPV experience [aOR = O.50, 95% CI = 0.32, 0.80] compared to those in urban settings. A greater odd of IPV experience was found among women staying in the Highlands Region [aOR = 1.44, 95% CI = 1.06, 1.96] compared to those staying in the Southern Region.
Papua New Guinea.	Adu et al., 2022	9,943 women	Women aged 15-49 years, who were married (83%) or cohabiting (17%). The majority residence in rural area (75.6%) with primary education level (497%), around a quarter were richer (24.2%) or richest (26.1%).	A cross-sectional study utilized data from the 2016-2018 Demographic and Health Survey. Bivariate and multivariate logistic regression analyses were performed, reporting results as crude odds ratios (cOR) and adjusted odds ratios (aOR) with 95% confidence intervals (CI). Sociodemographic, economic	**Prevalence of IPV** 62% reported IPV in the last 12 months.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				factors, and IPV justification were examined, with multivariate logistic regressions used to associate these variables.	
Rwanda	Bahati et al., 2022[1,3]	20,381 women and men	59.8% were female and most of the survey participants were from rural areas (85.9%). The mean age of participants was 34.1 years. 56.3% attained primary education, and 25.8% had no formal education or did not finish primary school. 47.9% were self-employed, and 3.5% were salaried employees.	This cross-sectional study utilized secondary data from the 2018 Rwanda Mental Health Survey to compare the prevalence of mental disorders between Rwandans exposed to intimate partner violence (IPV) and those not exposed. Common mental disorders were assessed using the Mini-International Neuropsychiatric Interview (MINI), version 7.0.2. IPV exposure was determined using a single binary question. Data analysis was performed using SPSS version 25 software.	**Prevalence of IPV in the Last 6 months** 18.4% reported having been exposed to at least one type of intimate partner violence (IPV) in their lifetime. Females might have a higher risk of experiencing IPV than males (20.9% versus 14.7%). **Associated Factors** Based on marital status, the lifetime prevalence of IPV exposure was elevated in those who were divorced (40.1%), followed by widowed (25.5%), married (19%), cohabitating (18.4%), and the least exposed to IPV were those never married (13.3%). It was observed that as participant moves from a lower to a higher age category (from 16.3% for 14–16 years to 38.4% for 56–65 years age category), the violence increases. The prevalence of IPV exposure in those who had attained no education or had not completed primary was (19.2%), primary (18.9%), secondary/TVET (15.6%), and university was 17.0%. Almost the same was found in those who live in urban and rural areas (17.6% versus 15.6%). The prevalence of all types of mental disorders was significantly higher in participants exposed to intimate partner

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					violence (IPV) than in non-exposed ($p \leq 0.001$).
Rwanda	Nuwabaine et al., 2023[3]	1,700 women	Women from Rwanda. Majority had 25-44 years (78.5%), 64.4% had primary, 77.5% were working, 77.6% had 4 and less parity, 22.1% were richer, and 84.5% were living in rural area principally in the east (26.3%).	The study utilized data from the 2019-20 Rwanda Demographic and Health Survey (RDHS), which employed a two-stage sample design. In the first stage, clusters were selected consisting of enumeration areas, followed by systematic sampling of households in all selected areas, resulting in a total of 13,005 households. The data analyzed were specifically from the household and domestic violence questionnaires. Factors associated with sexual violence were analyzed using	**Prevalence of IPV** 12.4% (95%CI: 11.0-14.1) reported experiencing sexual violence. **Associated Factors** Justified beating (AOR = 1.34, 95%CI: 1.16–1.65), not having health insurance (AOR = 1.46, 95%CI: 1.26–2.40), not being involved in healthcare decision-making (AOR = 1.64, 95%CI: 1.99–2.70), having a husband/partner with primary (AOR = 1.70, 95%CI: 5.47–6.21) or no education (AOR = 1.84, 95%CI: 1.21–3.37), as well as having a husband/partner who sometimes (AOR = 3.37, 95%CI: 1.56–7.30) or often (AOR = 12.87, 95%CI: 5.64–29.38) gets drunk were positively associated with sexual violence. However, women from male-headed

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				multivariable logistic regression.	households (AOR = 0.52, 95%CI: 0.29–0.92) were less likely to experience sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Rwanda	Umubyeyi et al., 2014[1]	477 women and 440 men	Men (n= 440) and women (n= 477) of Rwandan aged 20-35 years. 63.4% were married or cohabiting, 61.6% had incomplete primary school, they had poor social support (84.7%), and their partner's age were between 30-35 years (53.7%) with incomplete primary school too (587%).	Population-based cross-sectional study examined risk factors using bi- and multivariate logistic regression, alongside mental disorder prevalence attributed to IPV during the genocide period. The analysis employed the MINI International Neuropsychiatric Interview and Women's Health and Life Experiences questionnaire to assess major depressive disorder, generalized anxiety disorder, suicide risk, and post-traumatic stress disorder.	**Prevalence of IPV** The most common violence in both groups was psychological violence with 14.3% (7.3% men, 21.4% women), followed by physical violence with 11.5% (=4.3% men, 18.8% women) and less experience of violence was sexual with 9.4% (1.5% men, 17.4% women). **Associated Factors** For men, past year physical and psychological violence were highly associated with current major depressive episodes (OR 5.47, 2.01-14.87), earlier major depressive episodes (OR 3.54, 1.10-11.44) and generalized anxiety disorder for men. Physical and psychological violence exposure also constituted statistically significant risk factors of magnitude for generalized anxiety disorder (OR 6.58, 2.08-20.81 and 4.19, 1.90-9.26). For women, Physical violence as well as psychological abuse were highly associated with major depressive episode in the past two weeks (OR 4.67, 2.77-7.87 and OR 4.84; 2.96-7.92 respectively), while sexual abuse were highly associated with generalised anxiety disorder (OR 5.31; 3.04-9.30). the risk of depression in the past two weeks for women exposed to physical violence was more than four times higher (OR 4.63, 2.57-8.32) compared to unexposed women while exposure to sexual and psychological abuse gave adjusted odds ratios of 5.49 (2.94-10.25)

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					and 5.59 (3.19-9.80) respectively compared to women unexposed to IPV. Additionally, physical, sexual and psychological violence remained statistically significant risk factors for suicide risk and PTSD, exhibiting slightly elevated odds ratios.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Rwanda	Verduin et al., 2013[1]	130 men and 111 women	Men and women inhabitants of Byumba province, Rwanda with mean age of 40.2 yeas (SD= 12.7), 49% had no education, 84.6% were farmer, and 70.8% were poor.	The work described in this article was part of a larger study aimed at determining the effect of a community-based therapeutic group approach called socio-therapy in Rwanda. Sociodemographic information of each participant, including gender, age, level of education, profession, and socioeconomic status (SES), was documented. The study utilized two instruments: the Self-Reporting Questionnaire (SRQ-20) and the Revised Conflict Tactics Scale- Descriptive (CTS2S), to explore associations between Intimate Partner Violence (IPV) and mental health disorders. Bivariate associations between IPV and the two indicators of mental health were presented using odds ratios. The study employed a cross-sectional design and utilized multivariate logistic regressions to assess associations between IPV and mental health disorders. By employing these methods, the study aimed to provide insights into the relationship between IPV and mental health	**Prevalence of IPV** The analysis revealed that 25% of participants reported involvement in Intimate Partner Violence (IPV) in the preceding 3 months. **Associated Factors** Specifically, 17% of men and 29.7% of women indicated they were victims of IPV during this period. The majority of women who reported IPV indicated they were only victims, with 12.6% reporting victimization and perpetration. Interestingly, no women indicated perpetration only. Among men, 15% reported being both victims and perpetrators, 3.8% reported perpetration only, and 1.5% reported being a victim of IPV without perpetrating. The rates of IPV varied, with 14.1% reporting involvement as both victim and perpetrator, 8.7% as victims only, and 2.1% as perpetrators only. Notably, the prevalence of IPV for men was higher for victim and perpetrator (15.4%), while for women, it was higher for being only a victim (17.1%). IPV is associated with common mental disorders (odds ratio [OR] = 1.7, 95% confidence interval [95% CI] = 0.92-3.15) and suicidal ideation (OR = 1.6, 95% CI = 0.70-3.53). Those who state to be both victim and perpetrator (OR = 1.75, 95% CI = 0.82-3.72), or only perpetrator (OR = 3.13, 95% CI = 0.49-20.0), are more likely to report mental health problems than victims and people who do not report IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				outcomes within the context of socio-therapy in Rwanda	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Rwuanda	Chatterji & Heise, 2021[1]	3,003 (1536 women and 1467 men)	The mean age of female participants was 33 years and 36 years for male participants. 68% of female and 67% of male participants had completed primary education. Most participants were married (66% women, 67% men). At baseline, 39% of women and 25% of men reported moderate to severe symptoms of depression.	This study is a secondary analysis of data from the Indashyikirwa trial, a community-randomized controlled trial conducted in Rwanda. The Indashyikirwa intervention comprised four components: a 21-session couples' curriculum, training and support for community activists, opinion leader training, and the establishment of women's safe spaces. The sample included 1,536 women and 1,467 men with complete data on all variables at both baseline and 24 months. The outcomes assessed were intimate partner violence (IPV) and depression.	**Prevalence of IPV** **Women (victimization):** physical IPV in the past 12 months, 47.65%; sexual IPV, 50.00%, physical and/or sexual IPV, 57.14%; severe physical and/or sexual IPV, 47.16%; high intensity emotional IPV, 31.46%. **Men (perpetration):** physical IPV in the past 12 months, 27.05%; sexual IPV, 24.38%, physical and/or sexual IPV, 35.31%; severe physical and/or sexual IPV, 24.61%. **Associated Factors** Women reporting moderate to severe symptoms of depression at baseline were more likely to experience past year physical, sexual, physical and/or sexual, or high intensity emotional IPV at 24 months as compared to women who reported none to mild symptoms of depression. Women who reported experiencing physical, sexual, physical and/or sexual, or high intensity emotional IPV within the last 12 months at baseline, were more likely to report moderate to severe symptoms of depression at 24 months.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Senegal	Soumah & Diop, 2020	253 women	Women aged between 17 and 58 years of age with a mean age of 32 years. 62.50% were married, 22.2% divorced, 11.2% separated, and 2.2% were widows or concubines. 68.7% had consensual marriages, 22.2% arranged marriages, and 9.0% forced marriages.	The cross-sectional descriptive study on domestic violence against women in Dakar surveyed the general population. The questionnaire covered victims' civil status, socioeconomic and family situation, types of domestic violence (psychological, economic, physical, and sexual), the impact of the violence, and the care received at family, social, medical, and legal levels. Factors associated with domestic violence were investigated using the Pearson Chi-squared test or Fisher's exact test, with a significance threshold set at $p < 0.05$.	**Prevalence of IPV During the Last 12 Months** 56.92 % reported any type of IPV (out of this 97.22% reported emotional abuse; 33% reported economic abuse; 32.64% were victim of physical violence; 38.19% were victims of sexual violence. **Associated Factors** Factors increasing the risk of violence in the couple identified are the young age of the woman and the couple and forced marriages. Factors decreasing the risk of violence identified are age over 45 years, duration of the couple over 20 years, number of children over 3, and living in a household with more than 5 people outside the couple.
Sierra Leone	Alleyne-Green et al., 2021	91 men	War-affected male youth, majority had 18-25 years (79.1%), 43% were exposure to perpetration and 39% to victimization during wartime.	This study utilized data from Wave 3 of a longitudinal study on war-affected male youth, conducted in collaboration with a major international non-governmental organization (NGO) in Sierra Leone and the Boston College School of Social Work. Private face-to-face interviews were conducted separately with youth and their caregivers by research assistants. The research aimed to explore the association	**Prevalence of IPV** The rates of IPV victimization were slightly higher, with 40% for psychological, 24% for physical, and 19% for sexual violence. The rates of IPV perpetration were 37% for psychological, 27% for physical, and 21% for sexual violence. **Associated Factors** The analyses found that community reintegration and sexual victimization were negatively associated with both physical and sexual IPV perpetration. Sexual victimization was negatively associated with sexual IPV

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				between wartime violence exposure and intimate partner violence (IPV), as well as their impact on community and family reintegration. Linear regression models were employed to analyze these associations, and data with missing values were imputed using Monte Carlo Markov Chain techniques. Four distinct aspects of wartime violence exposure, as well as community and family reintegration, were measured.	perpetration, whereas physical victimization had positive association.
Somalia	Hossain etr al., 2020	209 women	Women aged between 18 and 69 years old. 94% Identified as Somali and 99% Muslim. The median age when they first lived with a male partner was 16 years old. 44% reported disabilities.	A cross-sectional analysis was conducted of baseline data collected from women enrolled in a cohort study of refugee women accessing GBV response services in the Dadaab refugee camps in Kenya. Women were surveyed about GBV experiences (past 12 months, before the last 12 months, before arriving in the refugee camps), functional disability status, and mental health (anxiety, depression, post-traumatic stress), and we explored the inter-relationship of these factors.	**Prevalence of IPV** IPV in the past year for women with disabilities was 50.5% and 44.1% for women without disabilities.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Somalia	Perrin et al., 2018[1]	4,633 (2,376 women and 2,257 men)	2376 women and 2257 men with a median age of 27. 67% of women and 44.3% of men had no education. 46.4% of women and 0.5% of men were unemployed. 63% of women and 52.5% of men were currently married or living with a partner o engaged.	A quantitative survey was designed to estimate the prevalence and correlates of gender-based violence (GBV) victimization and perpetration during childhood and adulthood among men and women in three regions of Somalia: Southern and Central Somalia, Puntland, and Somaliland. Although all regions have experienced conflict since 1991, they differ significantly in their political and humanitarian contexts. The survey aimed to assess the burden and typology of GBV and related health outcomes. Descriptive statistical analysis was used to calculate population prevalence estimates of GBV victimization and perpetration, with composite binary variables created for any adult lifetime experience of physical or sexual intimate partner violence (IPV).	**Prevalence of IPV** Women: Lifetime Physical or Sexual IPV: 35.6%; Physical IPV: 28.2%; Sexual IPV: 24.7%. Men: Lifetime Physical or Sexual IPV perpetration: 21.7%; Physical IPV perpetration: 16.8%; Sexual IPV perpetration: 14.7%. **Associated Factors** Minority clan membership, displacement, exposure to parental violence and violence during childhood were common correlates of IPV victimisation and perpetration among women and men.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Sotuh Africa	Gass et al., 2011[1,3]	1,715 men and women	78% were married, 63% were female, 72% black African, 57% urban-dwelling (57%), and between 35 and 49 years of age. The mean overall age was 42 (SD= 13), with a mean age of 44 among males and 41 among females. Approximately one quarter of respondents had completed primary school and half had attained some level of secondary education. The majority of respondents were unemployed and, while women were more likely to be unemployed than men (71.6% vs. 44.8%), income distribution was relatively similar between genders.	This study utilized data from the South Africa Stress and Health Study (SASH), a nationally representative psychiatric epidemiological survey conducted between 2002 and 2004 as part of the World Health Organization's World Mental Health Survey Initiative. The sample comprised 4,351 adult South Africans (aged ≥ 18 years) living in households and hospital-based hostels. The analysis focused on currently married or cohabiting adults, examining intimate partner violence in relation to various factors including demographic characteristics, early life risk factors (such as exposure to childhood physical abuse, witnessing parental violence, and early onset DSM-IV disorders), and adult risk factors (including the death of a child and episodes of DSM-IV disorders after age 20).	**Prevalence of IPV** Women were significantly more likely than men to report IPV victimization within their most recent marriage or intimate partnership (29.3% vs. 20.9%). 26.5% of men and 25.2% of women reported perpetrating violence against their most recent spouse or partner. **Associated factors with IPV** Men who reported that their intimate partners were violent towards them were more likely to be younger in age and to earn less income than those who did not report IPV victimization. They were twice as likely to have experienced physical abuse in the home, 3.5 times as likely to have witnessed parental violence, and nearly 3 times as likely to report that they were not close to their primary female caregivers as a child. Low income, parental violence, and lack of closeness to a female caregiver remained significant in multivariate analysis. Women who reported that they had been a victim of IPV were more likely to be Indian, younger in age, in a cohabiting relationship, and to have lower levels of educational and economic attainment than women who did not report victimization. These women were almost 4 times as likely to have experienced childhood physical abuse and to have witnessed violence between their parents or primary caregivers, and twice as likely to report that they were not close to their primary male caregivers as a child. They

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					were also more likely to have an early onset anxiety disorder. Among adult risk factors, women reporting IPV victimization were nearly 5 times as likely to have alcohol abuse/dependence and intermittent explosive disorder and twice as likely to have an anxiety disorder after age 20. In multivariate analysis, education, childhood physical abuse, parental violence, and adult episodes of alcohol abuse/dependence remained significant. Intermittent explosive disorder after age 20 was also found to be significantly related to IPV victimization among women.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Sotuh Africa	Shamu, Gevers et al., 2016[1]	3,755 (1,108 women and 1,137 men)	56.6% were girls and 43.4% were boys. 52.2% of girls had ever had a boyfriend and 70.0% boys had ever had a girlfriend.	The Skhokho Supporting Success primary prevention project is a randomized controlled trial aimed at preventing IPV through a multi-faceted school-based intervention. It involves three arms with eight schools each, selected based on their enrollment of Grade 8 learners in 2014. Participants were interviewed using questionnaires administered by interviewers, covering IPV, childhood violence, bullying, gender attitudes, alcohol use, and risky sexual behaviors. Multiple logistic regression analysis was used to assess factors associated with girls' experiences and boys' perpetration of IPV, while structural equation modeling (SEM) was employed to explore pathways to IPV experience and perpetration.	**Prevalence of IPV** IPV experienced by girls: 40.5% emotional, 24.1% physical, 13.8% sexual, 30.9% sexual and/or physical. IPV perpetrated by boys: 46.4% emotional, 33.3% physical, 17.1% sexual, 39.5% sexual and/or physical. **Associated Factors** Factors associated with girls' experience of IPV include childhood experience of violence, individual gender inequitable attitudes, corporal punishment at home and in school, alcohol use, wider communication with one's partner, and being more negative about school.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Sotuh Sudan	Murphy et al., 2020[4]	1,359 women	The sample was young (17% between 15 and 19 and 46% between 20 and 29) and a vast majority (81%) were currently or had been married. A majority were not working or a student (64%), and almost 30% had no income or were completely dependent on humanitarian aid.	The study examines the results of a cross-sectional survey undertaken amongst women and girls aged 15–64 from three purposively selected sites (Juba City, Rumbek and the Juba Protection of Civilian Sites) in South Sudan in 2016. The data was collected as part of the research programme of the What Works to Prevent Violence Against Women and Girls in Conflict and Humanitarian Crises Consortium. Study design and data collection was led by the Global Women's Institute (GWI) at the George Washington University and the International Rescue Committee (IRC) with support from CARE International UK and Forcier Consulting.	**Associated Factors** Respondents who had been injured due to IPV (aOR: 2.7; 95%CI: 2.0–3.8), thought that the violence they experienced affected their wellbeing (a little effect: aOR: 1.7; 95%CI: 1.1–2.5; a large effect: aOR: 2.0; 95%CI: 1.2–3.3) and were afraid of their husbands some of the time (aOR: 1.5; 95%CI: 1.0–2.1) had greater odds of disclosing the violence. Conflict exposure significantly increased the odds that a respondent would seek support services (OR: 2.0; 95%CI: 1.3–3.0; $p < .001$). Respondents who experienced physical and sexual violence (aOR: 1.7; 95%CI: 1.0–2.8; $p < .05$) had greater odds of telling someone about this violence than if they had experienced sexual violence alone. Respondents had increased odds of disclosing violence if they had experienced controlling behaviours (aOR: 2.2; 95%CI: 1.4–3.6; $p < .01$), if their marriage was forced (aOR:1.5; 95%CI:1.0–2.3; $p < .05$) and if they were injured (aOR: 3.5; 95% CI: 2.4–5.2, $p < .001$). Respondents had lower odds of seeking services if they reported they were sometimes afraid of their husbands, compared to never being afraid of them (aOR: .6; 95%CI: .4–1.0; $p < .05$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Amusa et al., 2022	1,816 women	Ever-married women between 15-49 years who experimented IPV, 69.3% were living in urban areas, 74.1% had secondary, 82.9% were Black, 61.3% were working and 48.7% were poor.	The study utilized data from the 2016 South African Demographic and Health Survey (SADHS), conducted by Statistics South Africa in collaboration with the South African Medical Research Council (SAMRC). This nationally representative cross-sectional survey focused on women aged 15–49 years to gather health and demographic indicators. Chi-square tests were employed for categorical variables, and t-tests were used to explore the relationship between intimate partner violence (IPV) and continuous variables. Predictive modeling techniques were also applied in order to identify hidden and complex patterns and relationships associated with IPV.	**Prevalence of IPV** The study found that 21.9% of women reported experiencing intimate partner violence (IPV). **Associated Factors** Women who feared their husbands/partners were more likely (49%) to experience IPV relative to 17.0% of those who did not. Among women who did not fear their husbands/partners, those who justified wife beating had a higher risk (57.7%) of experiencing IPV compared to 14.8% of those who did not. For women who did not fear their husbands/partners and did not justify wife beating, those whose mothers had a history of IPV were more likely (29.2%) to experience IPV, in comparison, to only 11.0% of those with the same characteristics, but whose mothers did not have a history of IPV had experienced IPV. Among women who did not fear their husbands/partners, did not justify wife beating and had mothers who had a history of IPV, those whose husbands/partners took drugs had a higher risk (81.8%) of experiencing IPV relative to 26.1% of those with a similar profile, but whose husbands/partners did not take drugs. Among women who did not fear their husbands/partners, those whose husbands/partners drank alcohol had a higher likelihood of experiencing IPV (68.9%) than 28.4% of those whose husbands/partners did not drink alcohol. Again, for women who did

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					not fear their husbands/partners, had husbands/partners who do not drink alcohol, having a mother with a history of IPV increased the risk of IPV (85.7%). In contrast, only 19.3% of women with the same characteristics, but whose mothers did not have a history of IPV had experienced IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Barnett et al., 2018	832 women	Pregnant women with low levels of education, and a minority of them were employed (25%), or were married/in a stable relationship (40%). The majority were born in the study area (64%), and earned less than R1,000 per month (USD $100). Median age was 26.2 years.	This study, nested within the Drakenstein Child Health Study (DCHS), aimed to characterize longitudinal intimate partner violence (IPV) and investigate maternal maltreatment in childhood as a predictor of IPV exposure during pregnancy and the postpartum period in a low-resource setting in South Africa. Data were collected from pregnant women enrolled in the DCHS, with IPV (emotional, physical, and sexual) measured at six time points from pregnancy through two years postpartum. The study utilized latent class growth analysis (LCGA) to analyze the data and assess the impact of maternal childhood maltreatment on IPV exposure.	**Prevalence of IPV** The study measured emotional, physical, and sexual IPV, revealing that 56% of participants reported no IPV, 17% experienced one type, 21% experienced two types, and 6% experienced all three types of IPV. **Associated Factors** High levels of childhood maltreatment were reported, with over a third of the sample experiencing at least one form and 5% experiencing all five types. Maternal childhood maltreatment, including sexual abuse (aOR=2.97; 95% CI: 1.50–5.91), emotional neglect (aOR=1.99; 95% CI: 1.11–3.59), emotional abuse (aOR=2.46; 95% CI: 1.31–4.61), physical neglect (aOR=2.93; 95% CI: 1.63–5.31), and physical abuse (aOR=3.61; 95% CI: 1.85–7.01), was associated with increased likelihood of high or moderate intensity IPV during and around pregnancy. Notably, emotional neglect was linked to a decreased likelihood of IPV (aOR=1.96; 95% CI: 1.04–3.66). Polyvictimization was prevalent, with 44% of women categorized into high or moderate IPV classes for at least one subtype, and 6% categorized into high or moderate classes for all three IPV subtypes.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Barnett et al., 2019	992 women	Pregnant women with a median age of 26.6 years (SD = 5.8). 77% of mothers had a monthly income of less than R1000 (approximately US$100), 49% were receiving social assistance, 26% reported being employed, 38% completed secondary education, and 40% were married or with a partner.	Cross-sectional study that examined psychosocial predictors of Food Insecurity (FI) using multivariate regression. Mediation analyses investigated whether depression mediated the relationship between IPV and FI as well as between childhood trauma and FI, including disaggregation by two study communities. FI was assessed using an adapted US Department of Agriculture food security scale; households were coded as food insecure where 2 of 5 affirmative responses were recorded.	**Prevalence of IPV** Past year rates: Emotional IPV 27%. Physical IPV 22%. Sexual IPV 7% **Associated Factors** Emotional IPV (adjusted OR [aOR] 1.60; 95% CI 1.04 to 2.46)predicted Food Insecurity among pregnant women.
South Africa	Carney et al., 2017	720 women	Substance-using women at least once a week in Cape Town between 18-33 years from disadvantaged communities.	The study employed multivariate logistic regression to identify factors associated with aggression and substance use. Data collection involved using the Revised Risk Behavior Assessment, which was modified to gather socio-demographic information, and the Conflict Tactics Scale was utilized to assess aggressive behaviors. Multivariate logistic regression analyses were conducted to examine the frequency of drug use and intimate partner violence (IPV).	**Prevalence of IPV** Over the past three months, 63.89% reported verbal aggression, 40.55% physical aggression, and 7.92% aggression involving a weapon. **Associated Factors** “Coloured” women were more than three times as likely to report engaging in verbal aggression as black African women (AOR: 3.94; 95% CI: 2.41– 6.47). Heavy drinking was also significantly associated with verbal aggression (Wald X2 = 6.60 (2), p = 0.01), where women who reported heavy drinking were almost twice as likely to be verbally aggressive than women who did not report this pattern of drinking (AOR: 1.96; CI: 1.17–

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					3.28). Methamphetamine use was significant associated with physical (Wald X2 = 2.73 (2), p = 0.01) and weapon aggression (Wald X2 = 7.94 (2), p < 0.01). Women who used methamphetamine had greater odds of engaging in both forms of aggressive behaviour relative to women who used other substances (physical: AOR: 1.03; 95% CI: 2.41–6.47; weapon: AOR: 1.05; 95% CI: 1.02–1.09).
South Africa	Gass et al., 2010	1,229 women	Married and cohabiting women. No more information was provided.	Using data from the nationally representative South African Stress and Health (SASH) study, a cross-sectional psychiatric epidemiological survey conducted between 2002 and 2004 as part of the WHO's World Mental Health Survey Initiative, researchers assessed exposure to intimate partner violence, health-risk behaviors, health-seeking behaviors, and chronic physical illness among a sample of 1,229 married and cohabiting women.	**Prevalence of IPV** 31% reported experiencing physical IPV in their most recent marriage or cohabiting relationship. **Associated factors with IPV** Compared with non-abused women, abused women were 1.7 times more likely to report ever smoking, 1.9 times more likely to report current smoking, nearly twice as likely to report ever drinking, and approximately 2.4 times more likely to report regular drinking and non-medical use of sedatives. IPV nearly doubled the likelihood of lifetime and past-year non-medical use of analgesics. Abused women were 3.8 times more likely than non-abused women to report ever using cannabis and 48 times more likely to report using cannabis in the past 12 months. Compared

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					with non-abused women, women reporting IPV were 1.5 times more likely to have visited a doctor and nearly twice as likely to have visited a traditional healer in the past 12 months. IPV was not significantly associated with any chronic physical illnesses, although rates of headache (p=0.069), heart attack (p=0.051) and high blood pressure (p=0.080) reached near-significance.
South Africa	Gebrekristos et al., 2023	90 women	Adolescent mothers (14–19 years); had attended school in the past year, neither they nor their baby had any major health issues and had planned to live in the township for 6 months	A cross-sectional study was conducted in KwaZulu Natal, South Africa, from July 2017 to April 2018. Participants, recruited from a regional hospital's maternity ward, completed behavioral assessments at two time points: up to 4 weeks postpartum (baseline) and between 6–9 weeks postpartum (follow-up). IPV victimization during pregnancy was measured using a binary indicator derived from the WHO-modified Conflict Tactics Scale. Postpartum depression (PPD) symptoms were assessed with the	**Prevalence of IPV** The prevalence of IPV victimization during pregnancy was 40.0%, with 36.7% of adolescent mothers reporting psychological violence and 16.7% reporting physical violence. **Associated Factors** Among participants, 47% exhibited postpartum depression (PPD) symptoms by 6–9 weeks post-delivery. Adolescent mothers who experienced IPV during pregnancy were 1.62 times more likely to report symptoms of PPD at follow-up (RR: 1.62, 95% CI: 1.06–2.49; p = 0.03), compared to those who did not experience IPV. Additionally, 23.3% of participants were HIV-positive, and 17.8% had an STI diagnosis at baseline. IPV during pregnancy was marginally associated with

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				Edinburgh Postpartum Depression Scale (EPDS), with scores ≥ 13 indicating PPD. Modified Poisson regression with robust standard errors was employed to analyze the association between IPV victimization and PPD, adjusting for relevant covariates.	PPD symptoms at follow-up (RR: 1.50; 95% CI: 0.97–2.31), but the association was stronger and significant after adjusting for covariates.
South Africa	Gibbs et al., 2017	275 women	Women with a mean age of 26.3 years. 98.55% were Black, 90.21% reported having at least some secondary education, and 39%reported they were living with HIV.	A cross-sectional study of women aged 18 or older, who were biological mothers of infants six weeks old or younger, was conducted from January to March 2015. Structured questionnaires collected data on recent physical and/or sexual IPV victimization using a scale modified from the WHO violence against women survey. Disability was assessed with the 12-item WHODAS, and depressive symptoms were measured with the PHQ-9 scale. Logistic regression models explored the relationships between IPV, functional limitations, depressive symptoms, socio-economic	**Prevalence of IPV** Sexual and/or Physical IPV prevalence in the past 12 months: 10.55%. **Associated Factors** Significant risk factors were relationship power (aOR0.20, p = 0.001), depressive symptoms (aOR1.20, p = 0.011) and mobility limitations (aOR2.96, p = 0.024).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				measures, and sexual relationship power. The severity of functional limitations was not associated with IPV victimization when treated as a continuous score.	
South Africa	Gibbs et al., 2018[4]	1,357 (680 women and 677 men)	680 women and 677 men. Age ranged from 18 to 30 years.	In urban informal settlements in eThekwini Municipality, South Africa, a non-representative cross-sectional study was conducted as the baseline for the Stepping Stones and Creating Futures (SS/CF) intervention trial. This cluster randomized control trial, targeting young people aged 18–30, aims to evaluate the effectiveness of a combined livelihoods strengthening and gender-transformative intervention in reducing men's perpetration and women's experience of intimate partner violence (IPV) over two years. Data analysis involved logistic regression and structural equation modeling to assess associations between poverty	**Prevalence of IPV** 65.2% (95%CI:61.5±68.7%) of women reported experiencing any physical and/or sexual IPV in the past year, while 56.9% (95%CI:53.1±60.6%) of men reported perpetrating physical and/or sexual IPV in the past year. **Associated Factors** Women who had a partner, but did not live with them, were less likely to experience IPV (aOR0.53, p<0.05), compared to women who lived with their partners. Household food insecurity was associated with more IPV experience, whereby those reporting the highest levels of food insecurity were more likely to report IPV experience, compared to those reporting no or little food-insecurity (aOR1.84 p = 0.025). IPV experience was associated with more controlling behaviours (aOR1.14, p<0.0001), and more quarrelling in the relationship (aOR1.57, <0.0001). Women reporting IPV experience reported more

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				and IPV, focusing on how different forms of poverty intersect with gender identities to influence IPV experiences and perpetration.	alcohol use (aOR1.06, p = 0.002) and drug use (compared to none) (aOR1.75, p = 0.0025). Women reporting IPV was associated with higher depression scores (aOR1.02, p = 0.034).
South Africa	Hiscox et al., 2023	143 women	143 mothers at 28–32 weeks' gestation with infants who underwent structural and diffusion magnetic resonance imaging (mean age 3 weeks). The average maternal age at birth 27.98 for the IPV exposed group and 26.92 for the control group. 22.2% of the IPV exposed group was employed and 32.5% of the control group. 42.9% completed secondary or more education in the IPV	The Drakenstein Child Health Study (DCHS) is a multi-disciplinary longitudinal birth cohort examining early-life determinants of child health. Between September 2012 and September 2015, mother-infant pairs were enrolled, with mothers completing questionnaires on intimate partner violence (IPV) between 28 and 32 weeks' gestation. The IPV Questionnaire, adapted from the WHO multi-country study on women's health and domestic violence, assessed recent exposure to emotional, physical, and sexual abuse.	**Prevalence of IPV** In the study, 44% of mothers reported experiencing intimate partner violence (IPV) in the last 12 months. **Associated Factors** Sex-specific effects of maternal antenatal IPV exposure were observed on infant subcortical volumes. IPV predicted a smaller amygdala in females but not males, and a larger caudate nucleus in males but not females. Specifically, IPV-exposed boys had 5% larger caudate volumes compared to unexposed boys (3852 vs. 3665 mm^3; p = 0.008; Cohen's d = -0.69 [95% CI -1.17 to -0.20]). No main effects of IPV or IPV-by-sex interactions were found for the hippocampus or other subcortical regions.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			exposed group and 48.8% of the control group. 53.9% were married or living with a partner in the IPV exposed group and 33.8% in the control group.	Socio-demographic and clinical characteristics were compared between IPV-exposed and unexposed groups using independent t-tests for continuous variables and chi-squared tests for categorical variables. Additionally, structural and diffusion magnetic resonance imaging (MRI) was performed on infants (mean age 3 weeks) to examine subcortical volumetric estimates and white matter microstructure, comparing those with IPV-exposed mothers to those with unexposed mothers.	
South Africa	Hobkirk et al., 2016[1]	159 women and 201 men	Women (n=159, 44.2%) with mean age of 29 years (SD= 6.9) and men (n=201, 55.8%) with mean age of 28.9 years (SD= 7.6), methamphetamine users, residence in Delft, majority were Coloured (87% and 62% respectively) and 18% of women, and 11% of men were married.	Participants recruited via respondent-driven sampling reported their experiences of interpersonal violence and drug addiction severity. Interpersonal violence, categorized into physical assault, sexual assault, and witnessing assault, was analyzed across nine distinct experiences. ANOVAs examined the relationship between violence and addiction severity, while Chi-square tests compared violence prevalence among participants.	**Prevalence of IPV** 44% of women and 25% of men reported being ever hit, kicked, or beaten by a sex partner. **Associated Factors** More men than women reported experiencing physical assault ($\chi2$= 7.4, p = .007), and more women than men reported sexual assault ($\chi2$ = 24.9, p = .001).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Leddy et al., 2019	4673 women	Girls and young women with a mean age of 15.5 years. By 2016, 87.7% had graduated from high school.	Longitudinal data among adolescent girs and young women enrolled in the HPTN 068 cohort in Mpumalanga province was collected. Participants were from 26 villages where community surveys were collected during the HPTN 068 study. Collective efficacy was measured at the village-level via two population-based cross-sectional surveys in 2012 and 2014. Multivariable Poisson generalized estimating equation regression models estimated the relative risk (RR) between village collective efficacy scores and subsequent physical IPV 12- month incidence, adjusting for village-level clustering and covariates.	**Prevalence of IPV** 10.7% experienced physical IPV in the last 12 months in 2012, and in 2016, 41.3%. **Associated Factors** For every standard deviation higher level of collective efficacy, there was a 6% lower level of physical IPV incidence (aRR: 0.94; 95% CI: 0.89, 0.98) among adolescent girls and young women after adjusting for covariates.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Mason-Jones et al., 2016[1]	2,839 adolescents (males and females)	1110 boys and 1729 girls. Mean age 13.65 years (SD = 1.01), 57.6% self-identified as 'coloured', 34.6% as 'black', 5.0% as 'white' and 2.8% as 'other'. 21.8% had repeated a school year.	Baseline data for the PREPARE study, a cluster-randomized controlled trial evaluating an HIV prevention program in 41 public high schools in the Western Cape Province of South Africa, were collected from February to March 2013. The study aimed to assess IPV and sexual violence reduction. Data were gathered using a self-administered questionnaire in English, Xhosa, and Afrikaans, which included sociodemographic information and IPV risk and protective factors, adapted from the WHO multicountry study. Analysis involved describing sample characteristics with χ^2 tests and ANOVA, calculating means and standard deviations for continuous variables, and using multiple logistic and linear regression models to examine associations between IPV perpetration and victimization and specific risk and protective factors. Data were analyzed with SPSS 22.0 and STATA 13.0.	**Prevalence of IPV** 10% reported being perpetrators of physical IPV and 15.8% were victims/survivors of physical IPV. For boys: 13.8% reported physical IPV perpetration and 21.1% reported physical IPV victimization. For girls: 7.6% reported physical IPV perpetration and 12.4% reported physical IPV victimization. 5.9% of participants reported being perpetrators of sexual IPV and 7.3% were victims. For sexual IPV, prevalence rates for boys were 10.8% for perpetration and 11.1% for victimization. For girls, the rates were 2.8% for sexual IPV perpetration and 4.8% for sexual IPV victimization. **Associated Factors** For the whole sample, girls were less likely to be a victim/survivor of physical IPV than boys (OR 0.72; 95% CI 0.57 - .92), while being a perpetrator of physical IPV (OR 12.38; 95% CI 8.80 - 17.43), having repeated a school year (OR 1.72; 95% CI 1.24 - 2.38) and a lower mean score on feelings of school safety (OR 0.72; 95% CI 0.63 - 0.83) were associated with higher odds of being a victim/survivor of physical IPV. For boys, factors associated with being a victim/survivor of physical IPV were being a perpetrator of physical IPV (OR 9.07; 95% CI 5.58 - 14.74), having repeated a school year (OR 2.08; 95% CI 1.34 - 3.25) and reporting lower feelings of school safety (OR 0.79; 95% CI 0.68 - 0.91). For girls, factors

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					associated with being a victim/survivor of physical IPV were being a perpetrator of physical IPV (OR 17.65; 95% CI 10.87-28.66) and reporting lower feelings of school safety (OR 0.64; 95% CI 0.54 - 0.79). For the whole sample, the only factor associated with being a victim/survivor of sexual IPV was being a perpetrator (OR 20.39; 95% CI 11.39 - 36.51). The odds varied for boys being a victim/survivor of sexual IPV (OR 11.65; 95% CI 5.72 - 23.75) and girls being a victim/survivor of sexual IPV (OR 53.16; 95% CI 19.20 - 147.17), with boys also scoring lower on school connectedness (OR 0.54; 95% CI 0.36 - 0.81) and feelings of school safety (OR 0.57; 95% CI 0.40 - 0.80), and girls for school safety only (OR 0.61; 95% CI 0.45 - 0.82).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Mpondo et al., 2019[3]	238 women	Women in the Eastern Cape, South Africa between 18-35 years with mean age of 25.9 years (SD= 4.37), 76.3% had secondary school, 89.4% were not married, and 68.4% were unemployed.	The study aimed to identify psychosocial correlates of intimate partner violence (IPV) by utilizing constructs derived from the self-determination theory (SDT) and gender-power scales. Cross-sectional data were collected from women in the Eastern Cape, South Africa, and were used to test a structural equation model (SEM). Data collection involved face-to-face administration of questionnaires. Confirmatory factor analysis was employed to ensure that items were grouped as expected, providing validation for the measurement model used in the study. By employing these methods, the study sought to explore the complex interplay of psychosocial factors contributing to IPV among women in the Eastern Cape	**Prevalence of IPV** 36% of women reported experiencing verbal abuse, while 26% reported physical abuse. **Associated Factors** Autonomy had a direct effect on IPV suggesting that women who are in relationships that allow them to make decisions along with their partners possibly experience less IPV. Beliefs about gender equality (BGE) showed a significant direct association with IPV, suggesting that women who are aware of their rights may experience less IPV by choosing partners who do not espouse hegemonic masculinities or strong patriarchal beliefs.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Mthembu et al., 2021	716 women	Most of the study participants were young women (20–24 years), age range 15-24 years, Black African, never married, had secondary level education, and were unemployed.	This secondary analysis utilized data from the South African National HIV Prevalence, Incidence, Behaviour, and Communication Survey conducted in 2017. The survey is a cross-sectional, population-based household survey employing a multi-stage stratified random cluster sampling approach. Multivariate stepwise backward logistic regression modeling was used to identify factors associated with IPV.	**Prevalence of IPV** 13.1% (95% CI: 9.6-17.6) indicated that they experienced lifetime physical IPV. **Associated Factors** The odds of reporting experiences of IPV were significantly lower among women residing in high SES households [AOR = 0.09 (95% CI: 0.02–0.47), p = 0.004] than low SES households, and those residing in rural informal/tribal areas [AOR = 0.01 (95% CI: 0.00–0.22), p = 0.004] than urban areas. Women experiencing IPV had higher odds of reporting psychological distress compared to their counterparts [AOR = 4.37 (95% CI, 0.97–19.72), p = 0.054].
South Africa	Oyekunle et al., 2023	674 men	Men between 18-30 years, 64.3% were not working, 69.4% had incomplete secondary, 78.6% were in a relationship, 54.8% were crime perpetrators, 43.6% had alcohol problem, 46.8% depression, and 50.6% were IPV perpetrator.	In a randomized community-based controlled trial, data was collected at baseline, 12-month, and 24-month post-intervention intervals. The study employed logistic regression with mediation analysis to investigate whether changes in depressive symptoms mediated the association between the intervention and reduced IPV perpetration. It included two interventions for men: Stepping Stones (SS), which aimed at gender transformation through ten three-hour sessions, and Creating Futures (CF),	**Prevalence of IPV** 50.6% reported IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				consisting of eleven three-hour sessions focusing on economic empowerment. Logistic regression was utilized to examine how changes in depressive symptoms mediated the association between the intervention and reduced IPV perpetration.	
South Africa	Peltzer et al., 2013	268 women	Women with a civil protective order in the Vhembe district in South Africa aged 18 years and above with mean age of 28.8 yeas (SD= 8), 26.8% were employed, 58.8% had not enough money for basic things like food and clothes. They had an average 9.8 years education(SD = 3.1), 29.2% married, 13.9% cohabiting, 50.9% were single, and 37.5% were living with their perpetrator.	Through hierarchical regressions, this investigation aimed to discern the distinct impacts of different forms of intimate partner violence (IPV) on post-traumatic stress disorder (PTSD) and depression. Participants were enlisted from court settings when they sought protection orders against their partners. The study evaluated variables such as IPV, stalking, danger assessment, PTSD, depression, and alcohol use. Hierarchical regressions were then applied to assess how IPV influenced symptoms of depression and PTSD.	**Prevalence of IPV** Prevalence rates of IPV at 97%. Among the various forms of IPV, psychological violence (94.0%) and physical violence (93.7%) were the most common, while stalking (58.2%) and sexual violence (40.7%) were less prevalent. **Associated Factors** Physical and sexual violence were significantly associated with PTSD, while psychological violence moderately correlated with depression symptoms. Moreover, physical abuse was predictive of PTSD, whereas psychological abuse was predictive of depression.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa	Pengpid & Peltzer, 2013	268 women		Study participants were recruited from two court jurisdictions (one rural and one urban) in Vhembe district, South Africa, when they obtained a civil protective order, also known as a domestic violence order, between May 2011 and November 2012. The Severity of Violence Against Women Scale (SAVAWS) was used to measure threats of physical violence and physical assault. HIV risk was assessed with six questions addressing history of STIs, condom use frequency, partner's HIV status, and alcohol and drug use. The 17-item PTSD Checklist-Civilian Version (PCL-C) and the 10-item version of the Centers for Epidemiologic Studies Depression Scale (CES-D) were used to assess PTSD and depressive symptoms, respectively. Alcohol use was evaluated using the Alcohol Use Disorder Identification Test-Consumption (AUDIT-C) questionnaire. Adjusted odds ratios and 95% confidence intervals were calculated from two separate multiple logistic	**Prevalence of IPV** In the past 3 months, 40.7% of participants reported experiencing sexual assault one or more times during their relationship, with all reporting some form of psychological abuse and physical violence. **Associated Factors** PTSD was prevalent in 51.9% of the women, while 66.4% experienced depression. Additionally, 16.4% reported being diagnosed with an STI in the past 3 months, and 69.8% had never used a condom with their abusive partner. Factors associated with never using a condom included being married or cohabiting, lower psychological abuse, higher physical violence (OR=6.47, CI=1.72–24.39), lower sexual violence (OR=0.13, CI=0.05–0.32), and having PTSD (OR=1.72, CI=1.72–12.68). A history of an STI in the past 3 months was linked to higher psychological abuse (OR=1.56, CI=1.05–3.26), higher physical violence (OR=4.40, CI=1.00–19.36), and higher sexual violence (OR=8.73, CI=3.43–22.23).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				regression models to examine associations between HIV risk and various demographic, partnership, mental health, and IPV factors.	
South Africa	Pöllänen et al., 2021[1]	2,199 women and men	The mean age of participants was 13.73 (SD = 1.04) and 56.3% of the participants were females. The study sample comprised of 35.9% adolescents who identified their ethnicity as Black, 4.6% White, 58.5% Colored, and 1% Other.	The study utilized baseline data from the PREPARE (Promoting sexual and reproductive health among adolescents in Southern and Eastern Africa) study, a cluster-randomized controlled trial, conducted as a cross-sectional analysis. Young adolescents from 42 randomly selected high schools participated by completing a paper-and-pencil questionnaire. To investigate differences in beliefs and intentions toward perpetrating sexual intimate partner violence (IPV) among participants, multivariate	**Prevalence of IPV** The prevalence of sexual IPV victimization was 9.5%, with boys experiencing a higher rate of victimization (13.6%) compared to girls (6.4%). Similarly, the prevalence of sexual IPV perpetration was 6.6%, with boys also exhibiting a higher rate of perpetration (11.3%) compared to girls (3.2%). **Associated Factors** For both boys and girls, being a victim of sexual IPV was strongly associated with perpetrating sexual IPV.

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				ANOVA was conducted to compare these variables between boys and girls, as well as between perpetrators and non-perpetrators. Additionally, multiple logistic regressions were used to associate various factors with the likelihood of perpetrating sexual IPV.	
South Africa	Rotheram-Borus et al., 2015	1,238 women	The average age of the women was 26.5 (SD=5.6) years, ranging from 18 to 42 years. Regarding marital status, 43% were single, 20% were living with someone, and 37% were married. Tenth grade was the average education level, 75% did not complete high school, 79% were not employed, and 14% were employed part or full time. Others had temporary jobs or were self-employed. 50% had incomes equal to or under ZAR	The study employed a cluster randomized controlled trial (RCT) design to evaluate the effects of a home-visiting intervention on maternal and child health. Mothers were assessed during pregnancy and at 18 and 36 months post-birth. Participants were randomly assigned to either a standard care condition (594 mothers) or an intervention condition (644 mothers), which included prenatal and postnatal visits by community health workers (Mentor Mothers). The intervention focused on general maternal and child health, HIV/tuberculosis, alcohol use, and nutrition.	**Associated Factors** Baseline intimate partner violence (IPV) was significantly correlated with baseline alcohol use during pregnancy ($r = 0.26$), baseline depression ($r = 0.24$), and IPV at 18 months ($r = 0.50$). Alcohol use at 18 months ($r = 0.19$) and depression at 18 months ($r = 0.13$) also showed moderate associations with baseline IPV. Continued alcohol use at 36 months ($r = 0.40$) and depression at 36 months ($r = -0.14$) were linked with IPV, as was IPV at 36 months ($r = 0.22$). Risk factors for IPV included alcohol use during pregnancy and continued alcohol use at 18 and 36 months, with correlations of 0.26, 0.38, and 0.40, respectively. Baseline depression was associated with ongoing IPV and poorer emotional health at 36 months. IPV during pregnancy was predictive of continued IPV at 36 months ($r = 0.21$).

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			2000/month (about $200 dollars).		
South Africa	Russell et al., 2014	549 students (238 men, 311 women)	238 boys and 311 girls. 41.8% were black, 45.8% were coloured, 11.7% were white, and 0.7% were Asian or Indian. Most of the students were from lower middle or low income homes. 24.4% of the girls and 17.6% of the boys had not had a partner during the past three months.	Data were collected during a pilot evaluation of a classroom 8th grade curriculum on gender-based violence prevention in 9 public schools in Cape Town. The study involved self-completed interviews with 549 8th grade students (238 boys and 311 girls). Structural equation models (SEM) were used to predict IPV, incorporating variables hypothesized to be associated with IPV based on a priori assumptions.	**Prevalence of IPV** For girls reporting IPV victimization: 33.9% reported Emotional IPV, 39.1% Physical IPV, and 7.5% Sexual IPV. For boys perpetrating IPV: 31.2% reported perpetrating Emotional IPV, 20.3% Physical IPV, and 11.0% Sexual IPV. **Associated Factors** Disagreement with the ideology of male superiority and violence predicted lower risk of IPV ($p<.001$), whereas the frequency of using negative conflict resolution styles (e.g., walking off angrily, sending angry text messages, or refusing to talk to them) predicted high IPV risk ($p<.001$) and mediated the impact of heavy alcohol drinking on IPV (Sobel test, $z=3.16$; $p<.001$). The model fit both girls and boys, but heavy drinking influenced negative styles of

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					resolving conflict more strongly among girls than boys.
South Africa	Spencer et al., 2016	918 women and 476 men	The sample consisted of all 1st- to 6th-year medical students and all 1st- to 4th-year social work students. Most respondents were aged 20-24 years (61.9%), and were female (67.8%). 45.9% were black, 32.7% white, 16.6% Indian, and 4.8% coloured. 53% were in a relationship, engaged or married.	A sample of male and female students from the medical school and the Department of Social Work at a university in Gauteng Province, South Africa, completed a quantitative anonymous questionnaire designed to assess intimate partner violence (IPV). The questionnaire combined two screening tools from the US Centers for Disease Control and Prevention (CDC): the computer-based IPV Questionnaire and the Women Abuse Screening Tool (WAST), with adaptations for the South African context. The final tool consisted of 25 multiple-choice questions. Victims of physical abuse were	**Prevalence of IPV** 42.6% prevalence of any type of intimate partner violence (IPV). Emotional abuse was the most common form, reported by 54.9% of participants, while 20% experienced physical abuse and 8.9% reported sexual abuse. Additionally, 6.5% of respondents reported experiencing emotional, physical, and sexual abuse simultaneously. **Associated Factors** Significant factors associated with IPV included an increase in sexual abuse among older females (>24 years), with 15.9% reporting sexual abuse compared to 9.8% in the 17-19 age group. The prevalence of emotional abuse among older females was 43.4%. Overall, 14.0% of respondents identified as perpetrators of IPV.

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				identified based on affirmative responses to questions about being pushed, kicked, or physically hurt. Sexual abuse was determined by affirmative responses to questions about being coerced into sex, while emotional abuse was identified based on responses indicating experiences of jealousy, controlling behavior, insults, threats, or attempts to harm. The WAST demonstrated a Cronbach's alpha of 0.75 for reliability and a correlation of 0.69 with the Abuse Risk Inventory for construct validity.	
South Africa	Yalch et al., 2023	1,238 women	Pregnant women between 18-35 and above years, 81% were unemployed, 43% were not married, and 69% were informal housing. More than 50% experienced food insecurity, approximately 66% lived in an informal house or shack, and approximately 33% were living with HIV.	This longitudinal study conducted a secondary analysis of data from a large randomized controlled trial that was originally designed to evaluate a home-visiting intervention for mothers and children near Cape Town, South Africa. The research explored the relationship between intimate partner violence (IPV) and alcohol use in women at four postpartum time periods: 6 months, 18 months, 3 years, and 5 years. The study employed two primary	**Prevalence of IPV** At the initial time point, 24% of the women reported experiencing intimate partner violence (IPV). Subsequently, the rate of IPV tended to decrease slightly over time. **Associated Factor** On average, IPV decreases and alcohol use increases over time and these trajectories are associated with each other. Further, results suggest that although IPV drives drinking (rather than the other way around), higher average levels of alcohol use are associated with a slower decrease in IPV.

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				analytical techniques: cross-lagged path analysis and parallel latent growth curve modeling. Notably, the latent growth curve modeling utilized a Bayesian approach to structural equation modeling to test the hypotheses. This approach helped in understanding the dynamics and progression of IPV and alcohol use over time	
South Africa	Zembe et al., 2015	209 women	74% of the young women were aged 16–19 and school going, 56% were poor, and 21% were abjectly poor.	Quantitative and qualitative methods were used to collect data between 2007 and 2009 from sexually active young women.	**Prevalence of IPV** IPV Prevalence rates in past 12 months: any 12.7%, sexual 32.8%, physical 17.8%, sexual and physical 39.4%. **Associated Factors** Sexual IPV was significantly associated with age mixing (OR 1.7, CI 1.0–3.1) and transactional sex with the most recent casual partner (OR 2.1, CI 1.1–3.8). Engaging in transactional sex with the most recent casual partner almost doubled the likelihood of having experienced both sexual and physical IPV in the past 12 months (OR 1.8, CI 1.05–3.2). Physical IPV did not have any statistically significant correlates.

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South Africa	Abrahams et al., 2022	885 women	885 participants, of whom 12.4% were classified as having a probable common mental disorder (CMD) and 87.6% were not. Almost half the women were severely food insecure (n = 378), while more than half were unemployed (n = 475).	Perinatal women attending 14 healthcare facilities in Cape Town were enrolled in the study before the COVID-19 lockdown. During the lockdown, fieldworkers telephonically contacted those who had consented and provided contact details. Data collected included socio-demographic information, mental health assessments, food insecurity status, and experiences of domestic violence. Poisson regression was used to model the associations between these risk factors and the occurrence of common mental disorders (CMDs).	**Prevalence of IPV** Psychological abuse in the past 12 months: with common mental disorders (CMD; 34.3%), without CMD (13.4%). Physical abuse: with CMD (31.1%), without CMD (11.7%). Sexual abuse: with CMD (7.5%), without CMD (0.8%). **Associated Factors** The odds of experiencing psychological distress during the lockdown were significantly associated with psychological (OR 3.05; 95% CI 2.09–4.46), physical (OR 2.77; 95% CI 1.86–4.11), or sexual (OR 7.30; 95% CI 2.27–23.53) abuse in the past 12 months. Experiencing physical (RR 2.76; 95% CI 1.83–4.16), psychological (RR 2.75; 95% CI 1.84–4.11), or sexual (RR 4.96; 95% CI 2.41–10.20) abuse was associated with a probable CMD.

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South Africa	Bernstein et al., 2016	623 women	HIV-infected pregnant women initiating lifelong antiretroviral therapy. Median age of 28 years. 7% were in a relationship, 25% were married, and 41% were living with their partner.	This cross-sectional analysis utilized data from a multiphase implementation science study aimed at evaluating strategies for delivering HIV care and treatment services to HIV-infected women and their children during pregnancy and the postpartum period (NCT01933477). To be eligible, HIV-infected pregnant women had to be at least 18 years old, not using ART, and meet ART initiation criteria based on local guidelines during the study period (from March to June 2013, eligibility was determined by CD4 cell count or clinical staging; after June 2013, all HIV-infected pregnant women were ART-eligible regardless of CD4 count or disease stage). The analysis included assessments of physical violence, depression, substance use, and psychological distress using the 13-item WHO Violence Against Women questionnaire, the Edinburgh Postnatal Depression Scale (EPDS), Alcohol and Drug Use Disorders Identification Tests	**Prevalence of IPV** Any IPV: 21%; Emotional Violence: 15%; Physical Violence: 15%; Severe Physical Violence: 7%; Sexual Violence 2%. Of those who reported IPV, 10% of the overall sample and 48% of those reporting any IPV experienced two or more types of violence in the last year. The most common combination was physical and emotional violence, reported by 8%. **Associated Factors** Reported IPV was less likely among married women, and women who experienced IPV were more likely to score above threshold for substance use, depression and psychological distress. In addition, women who reported not discussing and/or not agreeing on pregnancy intentions with their partner prior to conception were significantly more likely to experience violence.

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				(AUDIT/DUDIT), and the Kessler 10 (K-10) scale, respectively.	
South Africa	Bolarinwa et al., 2023	2,410 women	Women of reproductive age who had ever experienced intimate partner violence. 51.78% were aged 35 and above, 86.74% had secondary/higher education, 72.06% of husbands/partners had secondary/higher education, 56.38% were currently married. 82.87% of women's ethnicity were Black, and 92.24% were exposed to mass media. 72.07% of women	A cross-sectional survey using data from the 2016 South Africa Demographic and Health Survey was conducted to examine the distribution and predictors of intimate partner violence (IPV) among 2,410 women of reproductive age who had ever experienced IPV in their lifetime. Spatial and multilevel analyses were employed, with the dependent variable being lifetime experience of IPV. Both individual and contextual-level factors (household and community) were considered as independent variables. The	**Likelihood of Experiencing IPV** Cohabiting Women: Adjusted Odds Ratio (aOR) = 1.41 (95% CI: 1.10–1.81); Previously Married Women: aOR = 2.09 (95% CI: 1.30–3.36); Middle Wealth Index Household: aOR = 0.67 (95% CI: 0.48–0.95); Richest Wealth Index Household: aOR = 0.57 (95% CI: 0.34–0.97). **Associated Factors** Women who were cohabiting had a higher likelihood of experiencing IPV (aOR = 1.41) compared to those who were currently married; Women previously married had a significantly higher likelihood of IPV (aOR = 2.09) compared to those who were currently married; Women from middle wealth index households were less likely to experience IPV compared to those from the poorest wealth

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			resided in the urban areas, 21.79% were from a middle household, 65.96% were from a community with medium literacy level, and 62.70% were from a community with low socioeconomic status.	dataset, obtained from the most recent 2016 SADHS, was used to fit multilevel logistic regression models to evaluate the factors linked to IPV.	index households (aOR = 0.67) and those residing in Western Cape; Women from the richest wealth index households had a lower likelihood of experiencing IPV (aOR = 0.57) compared to those from poorer households.
South Africa	Hatcher et al., 2022	196 women	Women, aged 25–33 years. 40.8% had high school education, and the median number of children they had was 1.	This study conducted a secondary analysis of longitudinal data from a parent trial in Johannesburg, focusing on women with HIV (WWH) from the control arm and those ineligible for the trial. Trained nurse researchers administered questionnaires at the first antenatal visit, assessing past-year psychological, physical, and sexual IPV (using the WHO instrument), socio-demographics (age, food security, education), and perinatal common mental	**Prevalence of Past 12-Months IPV** Overall: 53.1% of the sample experienced at least one form of physical, sexual, and/or psychological IPV during pregnancy. **Associated Factors** A significantly higher proportion of women reporting IPV at baseline were non-adherent compared to non-exposed counterparts (19.2% versus 8.7). IPV exposure was associated with lower odds of good adherence (aOR = 0.40, 95% confidence interval [CI] = 0.17–0.97). IPV at baseline was associated with higher odds of symptoms consistent with probable depression (aOR = 4.64, 95%CI = 2.44–8.81). IPV was associated with probable

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				symptoms, including depression (HADS-d), anxiety (HADS-a), and PTSD (Harvard Trauma Questionnaire). At 2-4 months postpartum, ART adherence was self-reported using a visual analog scale. Structural equation models (SEM) in MPlus were fitted to explore the direct and indirect effects of IPV on ART adherence, with mental health examined as a potential mediator.	anxiety disorder (AOR = 2.85, 95%CI = 1.46–5.58) and probable PTSD symptomology (AOR = 3.28, 95%CI = 1.55–6.97).
South Africa	Jewkes et al., 2021[4]	3,005 women	Women sex workers. 13.3% were aged 18–24, 46.5% were aged 25–34, 30.8% were 35–44, and 9.5% were over 45 years. 17.1% had migrated to South Africa from other countries, and 65.2% of these were undocumented. A minority had completed high school (22.3%) and many were food insecure or living in food insecure households (45.2%). 79.3% had a main intimate partner but were not married, and	This study conducted a multi-stage, community-centric, cross-sectional survey of 3,005 female sex workers (FSWs) across 12 sites in all nine provinces with sex worker programs. Adult women who had sold sex in the preceding six months were recruited through sex worker networks for interviews. Survey tools were developed in consultation with peer educators and FSWs.	**Prevalence of IPV in the Last 12-months** 31.9% had been raped by an intimate partner in the past year (sexual IPV [SIPV]) and 37.5% had experienced physical IPV. **Associated Factors** Sexual IPV was more common among female sex workers (FSWs) who were partnered or formerly partnered than those who were married, with the likelihood increased two-fold among those formerly partnered (RR 1.49; 95%CI 1.01, 2.20). It was also more common amongst FSWs who entered sex work when still a child (before the age of 18) (RR 1.16; 95%CI 1.02, 1.22). FSWs who experienced more controlling behaviour from their partner in respect of their occupation were much more likely to report SIPV.

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			most did not live with their intimate partner (only 18.6% did so). 49.5% lived with their family or in a flat or private home, and the rest were homeless or stayed in brothels or other sex work venues.		

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South Africa	Knight et al., 2020	860 women	Women with a median age of 48 years, with over a third aged over 55 years. Almost 50% were currently married or living as if married, 40% did not reach secondary school education and a quarter reported a monthly household income of less than $142 USD.	Women receiving group-based microfinance loans plus gender training were enrolled in the scaled-up IMAGE cohort study. A cross-sectional analysis was conducted on participants' characteristics and their engagement with the intervention. Multivariate logistic regression was used to explore associations between these characteristics and intervention engagement.	**Prevalence of IPV, lifetime** Physical Violence: 14.9%; Sexual Violence: 7.6%; Physical and/or Sexual Violence: 17.0%; Economic Abuse: 14.3%; Partner Violence, Abuse, or Control: 58.2%. **Prevalence of IPV, past 12 Months** Physical Violence: 5.4%; Sexual Violence: 2.9%; Physical and/or Sexual Violence: 6.6%; Economic Abuse: 9.0%; Emotional Abuse: 11.2%; Partner Controlling Behavior (Current or Most Recent Relationship): 52.1%. **Associated Factors** Women aged over 55 had lower odds, and women who had earned money in the last year had higher odds, of lifetime sexual and/or physical IPV. Women reporting earlier sexual debut had higher odds of lifetime and double the odds of past-year sexual and/or physical IPV. Younger women had a much greater risk of recent IPV and recent emotional abuse. Women who reported two or more sexual partners in the past year had almost three times the odds of recent emotional abuse. Earlier sexual debut was consistently associated with partner economic abuse. Women who attended secondary school had double the odds of economic abuse. Having children living at home is associated with more than double the odds of experiencing past-year economic abuse.

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South Africa	Schneider et al., 2018	425 women	53.3% of the women were between 22 and 30 years of age, with a mean age of 27.3 years. 99.5% had a partner, 38.4% lived with a partner, 40% had finished secondary education, and nearly half were employed. All of them had symptoms of depression.	The study is a secondary analysis of data collected from a randomized controlled trial evaluating a psychosocial intervention for antenatal depression. IPV, along with socio-demographic measures, depression, and other mental health indicators, were collected at recruitment (first antenatal visit), 8 months' gestation, and at 3 and 12 months postpartum. IPV was defined as sexual or physical violence perpetrated by the participant's partner within the past 3 months. Descriptive statistics are reported.	**Prevalence of IPV** 13.9% reported having experienced physical and/or sexual IPV in the past 3 months at baseline: 12.2% reported physical IPV and 4.2% reported sexual IPV. Altogether, 2.6% participants reported experiencing both forms of IPV. **Associated Factors** Reported IPV was associated with greater emotional distress, potentially higher food insecurity and higher rates of alcohol abuse.
South Africa	Selin et al., 2019	2,553 adolescent girls and young women.	Adolescent girls and young women, from 13 years to 20 years, with a median age of 15 years. The 15 to 16-year olds were the largest age group, at 42.4%. Over 33% reported being worried about having enough food for themselves or their family in the past 12 months, and 25% currently had savings for the future.	The study utilized data from the baseline visit of HPTN 068, a randomized controlled trial (RCT) conducted from 2011 to 2015 in Mpumalanga, South Africa. A cohort of 2,533 AGYW aged 13 to 20 years completed surveys on demographics and behaviors, including experiences of physical and sexual violence ever and in the past 12 months. The prevalence of IPV and associated risk factors, along with prevalence ratios and 95%	**Prevalence of IPV:** Any IPV ever (physical or sexual): 19.5% (95% CI = [18.0, 21.2]) **Associated Factors** Variables significantly associated with any IPV ever across all age groups included borrowing money from someone outside the home in the past 12 months, ever having had vaginal sex, ever having had anal sex, and consuming any alcohol.

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				confidence intervals, were calculated and stratified by age.	
Sudan	Ali et al., 2014	1,009 women	Married women for one year or more in Kassala, mean age was 32.9 (SD= 8.1), 75% were living in urban areas and 33.5% were in polygamous marriage, 66.1% were housewives, and 49.6% were less than secondary level.	A cross-sectional household survey was conducted using face-to-face interviews. Multivariable analyses were performed, with confidence intervals of 95% calculated and significance set at $P < 0.005$. The questionnaire utilized in the survey was created by the authors, incorporating items from the Domestic Violence Questionnaire for married women, specifically addressing physical and psychological violence, sexual coercion, and verbal insults. Additionally, multivariable analyses were conducted to examine the relationship between various factors and violence outcomes.	**Prevalence of IPV** 33.5% reported experiencing current physical violence, with 53% and 47% reporting moderate and severe forms, respectively. Additionally, 17% experienced sexual coercion, while 30.1% and 47.6% experienced psychological violence and verbal insults, respectively. Overall, 50.6% of women reported experiencing physical violence more than three times per year. **Associated Factors** Logistic regression analysis revealed significant associations between domestic violence and husband's education (OR=1.5; CI=1.0-2.1; p=0.015), polygamous marriage (OR=1.9; CI=1.3-2.9; p=0.000), and husband's alcohol consumption (OR=13.9; CI=7.9-25.4; p=<0.000).

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Tanzania	Christopher et al., 2022[1]	2,299 men and women	32.4% of sample was men and 67.6% women with 40 years and above, from Dar es Salaam where 64.4% of both were married, and 46% employed.	Conducted as a cross-sectional study, this research utilized survey data from the "Health and Aging in Africa: A Longitudinal Study in three INDEPTH Communities." Specifically, it focused on comparing the list experiment prevalence, a technique of indirectly asking questions, determined by quantitative study, with the prevalence obtained through direct questioning via qualitative approaches in the experiences of physical and sexual intimate partner violence (IPV).	**Prevalence of IPV** Men disclosed more physical IPV in the list experiment [30.3%, 95% CI (19.2, 41.4)] than in the direct question [3.8%, 95% CI (2.4, 5.2)] and more sexual IPV in the list experiment [13.3%, 95% CI (2.8, 23.8)] than in the direct question [2.7%, 95%CI (1.5, 3.9)]. Report of physical IPV among women was similar for the list experiment [24.2%, 95% CI (16.7, 31.7)] and the direct question [28.0%, 95% CI (25.7, 30.3)]. Yet, women disclosed more sexual IPV in the list experiment [18.7%, 95%CI (11.7, 25.7)] than in the direct question [3.6%, 95% CI (2.6, 4.6)].
Tanzania	Kabir et al., 2018[3]	13,266 women	The mean age of the women was 28.69 years. 68% were from rural area and 31% from urban area. 57.6% had completed primary education and 15% of them had no education. 71.5% were currently working and 28.4% have no work. 1.2% households had six or more children. 25.7% of the respondents were coming from richest households, only	This research was a descriptive cross-sectional study conducted in urban and rural areas of Tanzania Mainland and Zanzibar. The data used was extracted from the Tanzania Demographic Health Survey (2015-16), which utilized four different types of questionnaires: household, woman's, man's, and biomarker questionnaires. This study specifically used the woman's questionnaire, which was close-ended. Data collection occurred from August 2015 to February	**Associated Factors** Logistic regression results indicate that the middle-aged adult women (35-49 years age group) were identified having lower odds (Odds ratio: 0.807, 95% CI: 0.693-0.940, P<0.001) than women in younger age group to experience IPV. Women who did not complete their secondary education were less likelihood to experience IPV (Odds ratio: 0.705, 95% CI: 0.540-0.922, P<0.010). Women who had job were more likely to experience IPV (Odds ratio: 1.394, 95% CI: 1.212-1.603, P<0.001) than who had not. Women whose husband felt jealous had more than 3 times higher chance to experience IPV (Odds ratio: 3.068, 95% CI: 2.736-3.442,

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			18.4% respondents participated from middle class households and 16% respondents from poorest households.	2016, using multistage cluster sampling to select the sample from 30 geographic regions of Tanzania Mainland and Zanzibar. The dependent variables were intimate partner violence (IPV) and antenatal care.	P<0.001) than those whose husband were not jealous.
Tanzania	Kilgallen et al., 2022[3]	317 Husband-wife pairs.	Wives, majority with 30-34 years (33.7%) and husbands who were around 8 years older than their wives (29.4%) and both with primary level (67.2% and 69% respectively). 61% of wives reported earning no income at all in the past week, and 74% of the husband held a greater income.	This cross-sectional study investigated intimate partner violence (IPV) behavior and attitudes in an urbanizing community in Mwanza, northern Tanzania. Utilizing convenience sampling, the study involved surveys conducted separately with both wives and husbands. The 2018 HDSS census helped identify the couples for participation. The research focused on two main outcomes: women's experience of IPV in the past 12 months and their spouse's condonement of IPV. Descriptive statistics were used	**Prevalence of IPV** In the urbanizing community of Mwanza, northern Tanzania, 38% of women reported experiencing at least one incident of intimate partner violence (IPV), including sexual and/or physical violence, in the past 12 months. Specifically, 37.7% reported experiencing either sexual or physical IPV during this period. Among these experiences, 11.7% of women reported being slapped, 5% were pushed, shoved, or hit with a fist once, 2.5% were kicked, dragged, or beaten, and 8.2% were forced to have sex on multiple occasions. **Associated Factors** IPV was reported more often among women educated at higher levels than their husband, and women earning similar, rather than

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				initially, followed by multivariate logistic regressions to assess these outcomes.	lower, wages to their husband were more likely to report that he condones IPV. Less frequent paternal kin contact, and relatively small spousal age gaps, generally understood to boost women's empowerment, were associated with an increased risk of experiencing IPV. Less frequent paternal kin contact was also associated with an increased likelihood that a husband condones IPV. Contrary to our predictions, relatively lower fertility, generally linked to higher women's empowerment, did not predict IPV behavior and women with high, rather than low, fertility were more likely to report that their husband condones IPV.
Tanzania	Magnusson et al., 2021	1,013 women	Women aged 18 years and older, with gestational age <24 weeks in Majengo and Pasua Health Centers, located in Moshi.	In a cross-sectional study within a longitudinal framework in Moshi, researchers investigated the impact of intimate partner violence (IPV) on depression risk among pregnant women receiving antenatal care. Using tools from the WHO Multi-country Study on Women's Health and Domestic Violence, alongside the Edinburgh Postpartum Depression Scale, the study assessed how	**Prevalence of IPV** Exposure to emotional IPV was reported by 18.4% of women with low depression levels and 54.1% with high levels; physical IPV was reported by 3.3% with low and 35% with high depression signs; and sexual IPV was reported by 13% with low and 45% with high depression levels. **Associated Factors** Exposure to IPV was correlated with signs of depression (adjusted odds ratio 6.49, 95% CI 3.75-11.24).

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				resilience, measured by the Singh-Burgh Postpartum Resilience Scale, interacts with IPV exposure to affect depression levels, employing logistic regression for analysis.	
Tanzania	Mahenge & Stöckl, 2021	7,597 women	Women in a relationship at the time of the interview or had been previously in a relationship. Aged 15 to 49 with a mean age of 32. 66.8% had primary education, and 82.7% were married.	This study utilized individual women's data from the 2015–16 Tanzania Demographic and Health Survey (DHS), focusing on participants who were either currently in a relationship or had been in a relationship (including those separated, divorced, or widowed) at the time of the interview. The domestic violence module, based on the Conflict Tactics Scales, assessed experiences of physical or sexual IPV, psychological abuse, and controlling behaviors, both over a lifetime and in the past 12 months. The help-seeking behavior was evaluated by asking women who reported any form of violence whether they had ever sought help. Excluding those who did not complete the domestic violence	**Prevalence of IPV** The lifetime prevalence of physical and/or sexual IPV was 41.6%, while the prevalence in the past 12 months was 29.3%. **Associated Factors** Among the 2,913 women who experienced lifetime IPV, 51% reported seeking help. Help-seeking was significantly associated with fear of the partner (adjusted odds ratio [AOR]: 1.8), having sustained injuries due to the partner (AOR: 1.6), experiencing emotional IPV (AOR: 2.3), the partner's alcohol consumption (AOR: 1.3), and severe physical IPV (AOR: 2.5). Data analysis was performed using Stata, version 15, with weights applied to adjust for sampling design and survey participation.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				module, data were analyzed using Stata, version 15, with weights applied to adjust for sampling design and survey participation.	
Tanzania	Mahenge et al., 2013	1,180 women	Pregnant women who attended in Muhimbili National Hospital, in Dar es Salaam Tanzania. Age was between 17-43 years, with a mean age of 29 years. 82.3% were married, 55.8% had secondary education level and 37.3% were employed, and the same percentage for self-employed.	A cross-sectional survey among pregnant women aged 17-43 years examined the link between intimate partner violence (IPV) and mental health symptoms during pregnancy. Physical and sexual violence were assessed using the Conflict Tactics Scale, while PTSD symptoms were measured with the Posttraumatic Diagnostic Scale, and anxiety and depressive symptoms with the John Hopkins Symptoms Checklist. Multivariate logistic regressions were used for analysis.	**Prevalence of IPV** 27% of women reported experiencing both physical and sexual intimate partner violence during pregnancy, with 18% reporting physical violence and 20% reporting sexual violence. Additionally, 12% reported moderate physical violence, 11% reported severe physical violence, and 11% reported both physical and sexual violence. **Associated Factors** Women who experienced physical and/or sexual intimate partner violence during pregnancy were significantly more likely to have moderate PTSD (AOR 2.94, 95% CI 1.71–5.06), anxiety (AOR 3.98, 95% CI 2.85–5.57) and depressive (AOR 3.31, 95% CI 2.39–4.593) symptoms than women who did not report physical and/or sexual intimate partner violence during pregnancy.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Mahenge et al., 2016	500 women	Women attending clinics for children under the age of 5 in three health centers . Mean age was 27 years, ranging from 18 to 48 years. 67.4% were married, 16.8% cohabitating, and 15.8% were single. 75% had primary school education or below, 25% secondary education and above. 54.8% were unemployed, 31.2% self-employed, and 10.4% employed.	The study, conducted between December 2014 and March 2015, involved a cross-sectional survey of mothers aged 18 and older who were physically fit and without cognitive impairment. A structured questionnaire, administered by two trained research assistants, collected data on sociodemographic characteristics, including the participants' age, education, employment status, and marital status, as well as their partners' details and the child's sex and age. Intimate partner violence (IPV) was assessed using a WHO multi-country study instrument, which includes five forms of IPV: physical violence (e.g., slapping, hitting, kicking), sexual violence (e.g., forced intercourse, coercion), psychological violence (e.g., insults, intimidation), controlling behavior (e.g., restricting social contacts, jealousy), and economic violence (e.g., withholding money, taking earnings). Women were asked about their IPV experiences during the	**Prevalence of IPV during index pregnancy** 18.8% reported experiencing some form of physical and/or sexual IPV; 12.4% reported experiencing some act of physical violence; 9% reported experiencing some act of sexual violence; 58.2% reported experiencing psychological and/or controlling behavior; 31% reported experiencing psychological violence; 15% reported experiencing economic violence; 48.4% reported experiencing controlling behavior during. **Prevalence of IPV between one and nine months postpartum** 8.2% reported physical and/or sexual violence; 5.2% reported physical violence; 3.8% reported sexual violence. 17.8% of participants reported psychological violence; 11.4% reported economic violence; 44.4% reported controlling behavior. **Prevalence of IPV experienced postpartum and not during pregnancy** 5% experienced psychological IPV; 2.6% experienced physical IPV; 1.6% experienced sexual IPV; 2.6% experienced economic IPV; 4.6% experienced controlling behaviors. **Overlap of IPV during pregnancy and postpartum** 4.8% reported physical and/or sexual; 12.6% experienced psychological IPV and/or controlling behaviors; 13.8% reported experiencing physical and/or sexual IPV only during pregnancy; 3.4% experienced physical and/or sexual IPV for the first time

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				index pregnancy and up to nine months postpartum.	postpartum; 18.6% experienced postpartum physical and/or sexual IPV, which was a continuation of their pre-delivery experience; Postpartum IPV was a new experience for 3.4%. **Associated Factors** Physical and/or sexual IPV during pregnancy was associated with cohabiting (AOR 2.2, 95% CI 1.24±4.03) and having a partner who was 25 years old or younger (AOR 2.7, 95% CI 1.08±6.71). Postpartum, physical and/or sexual IPV was associated with having a partner who was 25 years old or younger (AOR 4.4, 95% CI 1.24±15.6).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Mahenge et al., 2018	500 women	Women from three health centers from Ilala (n= 150), Kinondoni (n= 168) and Temeke (n= 182) in Dar es Salaam with mean age of 27 years, 70% had primary education, 67.4% were married, and 58.4% unemployed.	A cross-sectional survey was conducted in three health centers across Dar es Salaam, interviewing women during routine postnatal care about adverse childhood experiences, intimate partner violence (IPV), and postpartum depression symptoms. The questionnaire covered sociodemographic data, childhood abuse, IPV during pregnancy, and depression symptoms. Multivariate regression analysis assessed associations between these factors.	**Rates of IPV** Rates of experiencing physical and/or sexual intimate partner violence (IPV) during pregnancy were reported at 18.8%. Physical IPV during pregnancy was reported by 12.2%. Sexual IPV was reported by 8.8%. **Associated Factors** Factors significantly associated with symptoms of postpartum depression included physical IPV (AOR 5.8, 95% CI: 2.98–11.43), and sexual IPV (AOR 5.5, 95% CI: 2.51–12.09).
Tanzania	McCarthy, 2019	515 women	Three groups of women from rural Tanzania are part of this study. The average age of the women of the three groups were between 29.51 and 29.91. The average age range of the husbands were 36.30-37.37.	This study utilized a family planning education program with a cluster-randomized design at the village level, with treatment assignment stratified by baseline contraceptive use. The study comprised three groups: individual treatment, couples treatment, and a control group. Over a fifteen-month intervention period, treatment villages were divided into two arms: in one group, Community-Based Distributors (CBDs) consulted only with women (individual treatment), while in the other group, CBDs	**Prevalence of IPV** There are three groups: control group (n= 163), 40% of women reported husband ever being abusive towards her; in individual treatment group (n= 187), 40%; in couples treatment group (n= 165), 35%.

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				consulted both husbands and wives together (couples treatment). Households in the control villages received no consultations. IPV rates were reported for each group to assess the program's impact.	
Tanzania	Meyer, Mosha, Hatcher et al., 2023[4]	1,004 women at baseline; 836 at wave 4	Women aged between 18 to 70 (mean age=33.6; SD=10.7) years, who reported having been partnered in the past 12 months.	Women (aged 18−70 years) who reported being in a relationship in the past 12 months and had participated in the control arms of two randomized controlled trials as part of the MAISHA study were interviewed at four time points (N=1,004 at baseline in 2017). The IPV outcome measure, assessed using items from the WHO Multi-Country Study Instrument, included women's experiences of male-perpetrated physical, sexual, economic, and emotional IPV, as well as controlling behaviors in the past 12 months. Analyses were conducted in 2022, where associations between food insecurity exposures and intimate partner violence	**Associated Factors** Food insecurity was significantly associated with increased odds for all forms of IPV: physical (AOR=1.75, 95% CI=1.38, 2.22), sexual (AOR=2.35, 95% CI=1.81, 3.05), economic (AOR=2.61, 95% CI=2.13, 3.20), emotional (AOR=1.92, 95% CI=1.60, 2.31), controlling behavior (AOR=1.31, 95% CI=1.07, 1.60), and physical and/or sexual IPV (AOR=1.94, 95% CI=1.56, 2.42). Additionally, hunger was associated with higher odds of experiencing all IPV types except controlling behaviors: physical (AOR=1.67, 95% CI=1.20, 3.32), sexual (AOR=2.05, 95% CI=1.43, 2.92), economic (AOR=3.00, 95% CI=2.22, 4.06), emotional (AOR=2.13, 95% CI=1.59, 2.86), and physical and/or sexual IPV (AOR=1.94, 95% CI=1.56, 2.42).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				outcomes were examined. Univariate and multivariable random effects logistic models, with time as a fixed effect, were used to calculate odds ratios and identify statistically significant sociodemographic variables such as age, education level, and SES.	
Tanzania	Mosha et al., 2022	577 women	Women who had adolescents aged 13–17 years living in their households. The mean age of the mothers was 42.3 years, with 72% being married or living with a man as if married.	The study conducted a cross-sectional analysis of wave 4 of the MAISHA longitudinal study, focusing on women interviewed between 2020 and 2021 who had adolescents aged 13–17 years living in their households. The analysis utilized questionnaires that were translated into Swahili and back-translated into English to ensure accuracy. These questionnaires collected data on women's economic well-being, childhood experiences, relationships, health, intimate partner violence, and community context. Specific measures included reports on	**Prevalence of IPV** The study revealed that 36% of mothers reported ever experiencing physical violence from their partners. **Associated Factors** Among mothers with adolescents attending secondary school, those whose children missed at least two weeks of school in the last term had higher odds of experiencing physical intimate partner violence (OR = 2.19, 95% CI = 1.12–4.31). Additionally, mothers who had ever experienced physical intimate partner violence were more likely to have adolescents repeating a grade in school (OR = 1.81, 95% CI = 1.03–3.16). Significant associations were found between the mother's education level, both maternal grandfathers' education, and the mother's experiences of intimate partner violence, as well as

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				witnessing physical violence between parents or caregivers during childhood, experiences of intimate partner violence using the WHO domestic violence tool, and age at first sex. Additionally, the study assessed various SDG-related outcomes for the adolescents living in the households.	witnessing such violence as a child ($p < 0.005$). Furthermore, 63% of mothers reported witnessing physical abuse between their parents during childhood.
Tanzania	Nyato et al., 2019	3,013 women	Adolescent girls and young women with a mean age of 20 years (SD = 2.3). 51.4% had a primary school education, 60% were married, and 71.6% had children.	This cross-sectional analysis utilized data from adolescent girls and young women (AGYW) aged 15–23 years, recruited for a cluster-randomized trial conducted between October and December 2017. Data were collected via Audio Computer-Assisted Self-Interview (ACASI). Multivariate logistic regression analysis was employed to examine the correlates of partner violence.	**Prevalence of IPV** Among sexually active participants, 35.9% reported experiencing any form of partner violence in the last six months. The most common form of partner violence among sexually active participants was humiliation/emotional violence (29.9%), followed by physical abuse/violence (17.5%), and then rape or sexual abuse (5.2%). **Associated Factors** Adolescent grils and young women (AGYW) who were formerly married were more likely to experience partner violence (AOR = 1.55, 95% CI: 1.02, 2.37) compared to those who were single. AGYW who reported having children were significantly more likely to experience partner violence (AOR = 1.79, 95% CI: 1.47, 2.16) than those who did not have children. AGYW who screened positive

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					symptoms for severe anxiety and depression were about three times more likely to experience partner violence compared to those who screened negative (AOR = 3.27, 95% CI: 2.15, 4.96). Those reporting engaging in sex work in the past six months were more likely to have experienced partner violence (AOR = 1.92, 95% CI: 1.45, 2.53) compared to those who did not engage in sex work. Those reporting economic deprivation were about two times more likely to have experienced partner violence (AOR = 1.61, 95% CI: 1.34, 1.92) compared to those who did not report deprivation.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Rasch et al., 2018	1,116 women	1,116 Tanzanian and women who attended antenatal care before 24 gestational weeks. Age frequencies were: 17-19, 12.8%; 20-24, 33.7%; 25-29, 27.8%; 30-34 ,14.9%; and 35 or older, 10.8%. Number of children frequencies were: 0, 38.4%; 1-2, 47.8%; 3 or more, 13.8%. Years of schooling: less than 7 years, 60.6%; 8-11 years, 34.9%; 12 or more years, 4.5%. Occupation: Employed, 16.0%; self-employed, 45.9%; unemployed, 38.1%.	Women were interviewed at study enrollment, at 30-34 gestational weeks, at delivery, and 4-12 weeks postpartum. At enrollment, information on socioeconomic and reproductive characteristics was gathered, and arrangements were made for the second interview. Different questionnaires and screening tools were assessed for their appropriateness in identifying pregnant women exposed to IPV. Following the assessment, four questions on emotional, physical, and sexual IPV from the WHO questionnaire were included in the initial interview, translated into Kiswahili. During the re-interview at 30-34 gestational weeks, the full WHO questionnaire for assessing Domestic Violence against Women was applied as the "gold standard." The assessment period was modified from "past 12 months" to "during this pregnancy," with IPV exposure frequency categorized as "a few times" (2-5 times) and "many times" (more than 5 times)	**Prevalence of IPV** Among the Tanzanian women sampled, 39% reported lifetime exposure to at least one type of IPV, with 30.8% experiencing emotional IPV, 10.7% physical IPV, and 19.3% sexual IPV. During pregnancy, 30.2% of women reported experiencing at least one type of IPV, with 22.8% exposed to emotional IPV, 6% to physical IPV, and 15.4% to sexual IPV. The majority of those exposed during pregnancy (76-90%) experienced abuse 2-5 times, while 6-10% reported abuse more than 5 times.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Rogathi et al., 2017	1,013 women	Ever pregnant women that meet the inclusion criteria. 87.1% of women were between 18 and 34 years old, while only a minor proportion was 35 years and above. 63.8% had completed primary education, 61.5% were employed or self-employed, and 56.8% were Christian.	The study was a prospective cohort design conducted from March 1, 2014, to May 30, 2015, in Kilimanjaro Region, Tanzania, involving pregnant women under 24 weeks gestation at two primary health facilities. Data collection occurred at four points: at recruitment, socio-demographic and reproductive health characteristics were recorded; at 34 weeks gestation, depression was assessed using the Edinburgh Postpartum Depression Scale (EPDS) and IPV experiences were measured using structured questions from the WHO's Multi-country Study on Women's Health and Domestic Violence; and at 40 days postpartum, postpartum depression was re-evaluated using EPDS. The data were analyzed through both bivariate and multivariate analyses.	**Prevalence of IPV During Pregnancy** Exposed to at least one type of IPV: 30.0%; Emotional violence: 22.3%; Sexual violence: 15.7%; Physical violence: 6.2%. **Associated Factors with IPV During Pregnancy:** Exposure to at least one type of IPV during pregnancy was a statistically significant predictor of postpartum depression (AOR = 2.51; 95% CI 1.67–3.76). Women who experienced physical violence had approximately two times higher odds of developing depression after delivery (AOR = 2.15; 95% CI 1.13–4.11). Women who experienced sexual violence had approximately two times higher odds of developing depression after delivery (AOR = 1.98; 95% CI 1.22–3.23).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Sigalla et al., 2017	1,116 women	Pregnant women before the 24th gestational week who were attending antenatal care at Majengo and Pasua Health Centers in Moshi Municipality, Tanzania, with 18-44 years with mean age of 26 years (SD= 5.8).	The study employed a cross-sectional study design, initially framed as a prospective cohort study among pregnant women. Logistic regression analysis was utilized to explore the relationship between social support and intimate partner violence (IPV), with a focus on emotional, physical, and sexual violence occurring during pregnancy.	**Prevalence of IPV** 30.3% of women experienced intimate partner violence during pregnancy(IPV), with 29.0% reporting repeated episodes. Lifetime prevalence of emotional violence was 30.8%, sexual violence 19.3%, physical violence 10.7%, and any type of violence 39.2%. **Associated Factors** Regarding practical social support, having no one to help financially was associated with increased odds of IPV and repeated episodes of abuse during pregnancy, AOR 3.57, (95% CI 1.85 - 6.90) and AOR 3.21, (95% CI 1.69 - 6.11) respectively. For social support in terms of communication, talking to a member of the family of origin at least monthly was associated with decreased odds of IPV and repeated episodes of IPV during pregnancy, AOR 0.46 (95% CI 0.26 - 0.82) and AOR 0.41 (95% CI 0.23 - 0.73) respectively. Perceiving that family of origin will not offer support was associated with a increased odds of IPV and repeated episodes of IPV, AOR 2.29, (95% CI 1.31 – 3.99) and AOR 2.14, (95% CI 1.23 – 3.74) respectively.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Silberg et al., 2022	200 women	Women who use heroin and other drugs (WWUD) from Dar es Salaam with mean age of 33.5 years, 80% had some primary, 37% were married or living with partner, 26% in a non-cohabiting relationship, 29% not being in a relationship, 15% divorced, widowed or separated, and 84.5% used heroin every day in past month.	The study utilized a cross-sectional design, employing chi-square tests to analyze the data and constructing two logistic regression models to examine the relationship between violence and housing instability. In another cross-sectional study, women who consumed drugs were recruited as participants, with multivariable logistic regression employed to investigate the relationship between housing instability and physical and sexual violence.	**Prevalence of IPV** 62% of the participants reported experiencing physical violence by a sexual partner in the past 12 months, with 35.8% reporting forced sexual encounters during the same period. **Associated Factors** The odds of experiencing physical violence in the past year were 2.40 times higher among those who experienced housing instability (AOR=2.40; 95%CI 1.22-4.46), and housing instability was also associated with forced sexual encounters (AOR=1.93, 95% CI 1.02-3.67).
Tanzania	Vyas & Heise, 2014[3]	3,973 women	Women from Tanzania living in rural areas (n= 2978), with mean age of 30.7 years and 64.7% were richest, and urban areas (n=995), with mean age of 31.2 years, and 26.8% were poorer.	The study utilized data from the 2010 Tanzania Demographic and Health Survey (DHS), conducted by the Tanzania National Bureau of Statistics with assistance from ICF Macro as part of its MEASURE DHS program. The survey employed a modified version of the Conflict Tactics Scale (CTS), an established tool used to capture information on a range of violent acts. It was conducted as a cross-sectional study, and propensity score matching was employed to estimate an unbiased effect size	**Prevalence of IPV** The prevalence of physical or sexual violence among women in urban areas was 36.6%, while among women in rural areas it was 39.7%. **Associated Factors** These results indicate a significant prevalence of physical and/or sexual violence across both urban and rural subpopulations in Tanzania. In both urban and rural Tanzania, women's risk of violence appears higher among women who worked in the past year than among those who did not. Being paid in cash reversed this effect in rural areas whereas stability of employment reduced this risk in urban centers.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				and assess the risk of partner violence (PV) among women residing in both urban and rural areas.	
Tanzania	Vyas & Mbwambo, 2017	1,060 women	Women from Dar es Salaam (n=474) and Mbeya (n=586) regions, with mean age ok 30.95 (SD= 8.21) and 30.89 (SD= 7.85) respectively, the half of both regions were married (50.4% and 52.4%), and the majority with complete primary (58.4% and 50.9%).	Cross-sectional study that employed multivariate logistic regression to investigate the relationship between women's economic resources. Specifically, the study examined physical partner violence, economic status, and reported violence in both Dar es Salaam (DSM) and Mbeya. Logistic regression was utilized to assess women's help-seeking behavior, separation from abusive partners, and economic status in relation to partner violence.	**Prevalence of IPV** In both Dar es Salaam (DSM) and Mbeya, the prevalence of severe physical violence were 56.1% and 57.8% respectively. The presence of moderate physical violence was 14.6% in DSM and 12.2% in Mbeya. **Associated Factors** Approximately 30% of women in both regions reported that their husband or partner's violence had adversely affected their physical and mental health.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Vyas et al., 2015	2,084 women	Women with a mean age of 31.27 years in Dar es Salaam, and 29.60 in Mbeya. 53.5% of women in Dar es Salaam earns no money and 35.5% in Mbeya. 55% of women in Dar es Salaam completed primary education and 57% in Mbeya.	Data was collected between November 2001 and March 2002 in Dar es Salaam (DSM) and Mbeya using a multi-stage probability-based sampling technique, ensuring that the sample was self-weighting with respect to the household. In each household, one eligible woman was randomly selected for an interview. The woman's questionnaire gathered information on the respondents' and their current or most recent partners' sociodemographic characteristics, general and reproductive health, children, attitudes towards gender roles, experience of partner violence, and financial autonomy. Women were asked a set of behaviorally explicit questions about their experiences of physical and sexual violence from their current or most recent partner, as well as any other partner. Logistic regression was used to assess the association between economic factors and past 12-month physical or sexual partner violence in the two sites separately.	**Prevalence of lifetime IPV** 40% of currently-partnered women in Dar es Salaam (DSM) and 55.6% in Mbeya had experienced physical or sexual partner violence **Prevalence of past 12-months IPV** 20.8% in DSM and 31.0% in Mbeya had experienced physical or sexual partner violence **Associated Factors** Women who earned money had 1.45 times higher risk of partner violence. Compared to women who did not own a business, women who owned a business with someone had 60% lower risk of partner violence, however, exclusive ownership was associated with 1.79 times higher risk. The largest higher risk associations found were refusal to give money (OR = 6.55; 95% CI 3.87-11.09) and problematic alcohol use (OR = 10.00; 95% CI 5.80-17.24).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Vyas, 2022	1,820 women	Adolescent girls and young women from 15-24 years. The mean age was 20.77 years, 65.4% were married, 22.3% did not have children, and the majority had one or two children (43.7% and 24.0%, respectively; 10.0% had three or more children. 51.8% had completed primary schooling, 21.5% had at least some secondary education or higher, and 26.7% had not completed primary schooling or had no schooling.	The present study utilized data from the nationally representative Tanzania Demographic and Health Survey (DHS) collected between August 2015 and February 2016. It involved a multi-stage sampling procedure where 22 households were selected from each cluster, and a domestic violence module was administered to a randomly selected woman aged 15 to 49 in each household. The outcome of interest was lifetime physical and/or sexual partner violence, assessed through eight questions directed at women who had ever been married or cohabited with a man. Women who affirmed experiencing any of these acts were categorized as having experienced physical and/or sexual partner violence. Additionally, measures of familial violence, dating relationship violence, and sexual assault were based on the women's disclosures of childhood parental violence and experiences of violence by individuals other than current or former partners. Logistic	**Prevalenece of IPV** This study, using data from the Tanzania Demographic and Health Survey, found that 39.6% of all ever-partnered women reported experiencing physical and/or sexual violence from their most recent husband or partner, with 2.9% reporting such violence from a boyfriend. Among currently partnered women, the prevalence was 36.7%. **Associated Factors** Significant risk factors for physical and/or sexual partner violence included experience of dating relationship violence (odds ratio [OR]: 3.69; 95% confidence interval [CI]: 1.82–7.48), parental physical violence (OR: 2.35; 95% CI: 1.23–4.49), and sexual assault (OR: 2.43; 95% CI: 1.34–4.43). Additionally, witnessing maternal abuse, indicated by the mother being hit by the father, was associated with a higher risk of IPV (OR: 2.61; 95% CI: 2.11–3.24).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				regression analysis, adjusted for respondent age, was used to evaluate the relationship between non-partner violence and physical and/or sexual partner violence.	
Tanzania	Zietz et al., 2020	987 men	Men who had at least one intimate partner within the past 12 months. The average age was 29 years (SD=7.14; range 18–62). 53.4 % of the sample had a primary school education or less. Based on a wealth index of household assets, 36 % of the men were considered to have the lowest low socioeconomic status (SES), 42 % medium	Secondary analyses were performed using data from a cluster randomized control trial that evaluated the effectiveness of a multilevel intervention designed to reduce sexually transmitted infections (STIs) and intimate partner violence (IPV) among networks of men in Tanzania. The analysis focused on a sample of men who had at least one intimate partner in the past 12 months.	**Prevalence of IPV** In the past 12 months, 34% of men perpetrated any form of intimate partner violence (IPV), while 47% experienced IPV victimization. Specifically, 30% of men perpetrated physical violence (PV) and 37% were victims of PV. **Associated Factors** The study identified five distinct classes based on adverse childhood experiences (ACEs): Nonvictims (33%), Occasional Physical and Emotional (27%), Family Dysfunction & Occasional Physical and Emotional (16%), Sexual Victimization and Occasional Physical and Emotional (13%), and Severe Multiform ACEs (11%). Men in the polyvictimization classes that included

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			SES, and 22 % highest SES.		non-violent family dysfunction had significantly higher odds of perpetrating psychological IPV compared to nonvictims (AORs 2.33 and 3.04). Additionally, men in polyvictimization classes that involved any sexual violence and/or non-violent family dysfunction had significantly higher odds of perpetrating physical violence compared to nonvictims (AORs 3.54, 6.10, and 7.42).
Tanzania	Kapiga et al., 2019	919 women	The median age of women was 39 years (IQR 33–46). All participants reported having had a partner (i.e., regular or casual) at some point in their lives, with most married or living as married at baseline (73%). 64% had completed primary education.	A cluster randomized controlled trial was conducted among women participating in a microfinance loan scheme in Mwanza city. Microfinance groups were randomly assigned in blocks of six to either an intervention arm or a control arm, with the control arm being wait-listed for the intervention after the trial. The intervention arm participated in the ten-session MAISHA program, designed to empower women and prevent intimate partner violence (IPV). This intervention, delivered over 20 weeks, followed the Wanawake	**Overall Prevalence of IPV** Physical or sexual IPV ever: Intervention arm 62%, control arm 59%; Physical or sexual IPV past year: Intervention arm 28%, control arm 24%; Physical IPV ever: Intervention arm 54%, control arm 52%; Physical IPV past year: Intervention arm 19%, control arm 18%; Sexual IPV ever: Intervention arm 39%, control arm 31%; Sexual IPV past year: Intervention arm 20%, control arm 13%; Emotional abuse ever: Intervention arm 70%, control arm 67%; Emotional abuse past year: Intervention arm 43%, control arm 37%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				Na Maisha curriculum and was conducted by trained female facilitators. The primary outcome measured was a composite of past-year physical or sexual IPV. Secondary outcomes included past-year physical, sexual, and emotional IPV, as well as participants' attitudes and beliefs regarding the acceptability and tolerance of IPV. Data collection included face-to-face interviews before randomization, where violence-related questions were adapted from the WHO Violence Against Women instrument.	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tanzania	Meyer, Mosha, Shakespeare et al., 2023[4]	867 women	The mean age of the 867 women in this sample was 38.1 (SD = 8.8). Most of the women were married or living with a partner (84.9%), attended at least primary level and below of education (74.8%), worked for money in the past 12 months (89.8%) and experienced household economic stress (82.4%). At least 46% of the women reported some kind of disability.	A cross-sectional study from Wave 3 of the MAISHA longitudinal study was conducted to describe levels of disability and intimate partner violence (IPV) among women and to assess the association between disability and IPV experiences. Data were collected through face-to-face interviews conducted by trained female interviewers in private settings. The questionnaires covered various types of IPV, disability, and other demographic and behavioral characteristics, using the WHO Multi-Country Study instrument for IPV assessment. Disability levels were categorized into none, mild, and severe based on responses to the Washington Group Short Set questions. Fitted logistic regression models were employed to determine the risk of experiencing different types of IPV in relation to disability level and type.	**IPV Exposure by disability level** **Controlling Behavior** Overall: 66.8%; No disability: 65%; Mild disability: 67%; Severe disability: 76% (p = 0.24). **Emotional Violence** Overall: 48.0%; No disability: 47%; Mild disability: 49%; Severe disability: 52% (p = 0.70). **Economic Violence** Overall: 39.1%; No disability: 30%; Mild disability: 36%; Severe disability: 50% (p < 0.005). **Physical Violence** Overall: 82.7%; No disability: 83%; Mild disability: 82%; Severe disability: 82% (p = 0.96). **Sexual Violence** Overall: 85.0%; No disability: 88%; Mild disability: 82%; Severe disability: 76% (p < 0.01). **Sexual and/or Physical Violence** Overall: 75.6%; No disability: 77%; Mild disability: 74%; Severe disability: 68% (p = 0.21). **Severe Violence** Overall: 80.2%; No disability: 83%; Mild disability: 78%; Severe disability: 73% (p = 0.093). **Associated Factors** women reporting severe disability were significantly more likely to report physical and/or sexual IPV, sexual IPV. controlling

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					behaviors, economic IPV, and severe IPV, whereas for mild disability compared to no disability, physical and/or sexual IPV, sexual IPV, and economic IPV were significantly more likely to be reported. Cognitive disability was a significant correlate of all forms of IPV apart from physical IPV.
Tanzania	Reese et al., 2021[3]	5,372 women	Women aged 15-49 years. 69.8% had primary school education, 33.7% had 1-2 children ever born, and 18.9% reported lowest weatlh index.	The study used data from the Tanzanian Demographic and Health Survey (n=5,372) to examine risk factors for physical IPV perpetration and victimization among women aged 15–49. Multivariate logistic regression was used to analyze past 12-month	**Prevalence of IPV** 1.5% Past 12-month IPV perpetration; 34.7% Past 12-month IPV victimization. **Associated Factors** Risk factors of past 12-month IPV victimization included past 12-month IPV perpetration, higher educational attainment, having children, partner's alcohol consumption, partner's decision-making,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				experiences of IPV. Data were collected using a two-stage clustered sampling design and an in-person domestic violence module. Bivariate analyses and logistic regression models were employed to assess IPV prevalence and associated risk factors.	acceptance of justifications for wife beating, and exposure to parental IPV. Making cash or in-kind earnings was the only protective factor against victimization.
Tanzania	Slopen et al., 2018	503 women	Women were aged 15 to 49 and the average child age was 32 months, and 51.7% of them were female. The highest educational attainment for the majority of mothers is primary school (63.6%), one-third of mothers were unable to read in Swahili, and 22% of children resided in an urban location.	Researchers utilized data from the 2010 Tanzania Demographic and Health Survey to examine the relationship between maternal reports of intimate partner violence (IPV) in the past 12 months and inflammation in children aged 6 months to 5 years. The study focused on 503 children who were randomly selected to provide blood samples and whose mothers had ever been married and had completed the Domestic Violence Module, which gathered information on physical, sexual, and emotional violence. Inflammation was assessed using c-reactive protein, a marker associated with increased activation of the innate immune function and the stress-response system, which	**Prevalence of IPV** 39.6% had mothers who reported any IPV in the past 12 months; physical (32.4%) and emotional (31.2%) violence were more common than sexual violence (11.9%). **Associated Factors** Compared to children whose mothers did not experience IPV in the past 12 months, children of mothers who reported IPV had lower BMI z-scores (1.67 vs. 3.66) and were more likely to have had a common childhood illnesses in the past 2 weeks (i.e., diarrhea, cough, fever). Healthy children whose mothers reported IPV showed a marginally elevated median C-reactive protein (CRP; used as a biomarker of inflamation) level compared to children whose mothers did not report IPV (0.35 vs. 0.41 mg/L; $p = 0.13$). Among children with active or recent infections, those whose mothers reported IPV had an elevated median CRP compared to children whose mothers did not (4.06 vs 3.09 mg/L; $p = 0.03$).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				is linked to the development of various physical and mental health disorders.	
Tanzania	Vyas & Heise, 2016[3]	4,776 women	Women with a mean age of 31. 92%, were married, 23% had no schooling, and 4.6%, had completed secondary education.	We analyzed data from the 2010 Tanzania Demographic and Health Survey (TDHS), which utilized a two-stage sampling procedure. In the first stage, 475 clusters (primary sampling units) were selected, followed by a household listing in each cluster from which 22 households were chosen. The survey administered three questionnaires: a household questionnaire, a women's questionnaire for all women aged 15–49, and a men's questionnaire for 2,527 males from a sub-sample of households. Using this data, we employed multilevel logistic	**Prevalence of current physical or sexual partner violence against women** Overall: 36.1% (95% CI: 34.0–38.2). **Associated Factors** Higher levels of women's acceptance towards wife beating, male unemployment, and years of schooling among men were associated with higher risk of partner violence; however, higher levels of women in paid work were associated with lower risk.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				regression to estimate both individual and community-level effects on women's risk of experiencing current partner violence, accounting for the hierarchical nature of the data with two levels—individual and community.	
Togo	Ragetlie et al., 2020	3,579 women	Married women aged 15 to 49 who have given birth in the last five years. The majority of women were employed (80%), lived in rural areas (70%), and did not have any health insurance (97%). 43% did not have any formal education.	The study utilizes data from the 2013–14 Togo Demographic and Health Survey (TDHS), focusing on women who gave birth in the last five years to minimize recall bias. Logistic regression analyses were conducted to examine the association between antenatal care (ANC) use and experiences of intimate partner violence (IPV). The dependent variables included the number of ANC visits, timing of the first ANC visit, and place of childbirth. The independent variables were women's experiences of physical, sexual, and emotional IPV, each represented as a dichotomous variable (0 = not experienced	**Overall Prevalence of All-Time IPV** Emotional IPV: 32%; Sexual IPV: 8%; Physical IPV: 22%. **Associated Factors** Women experiencing emotional, sexual, and physical violence were less likely to visit antenatal care (ANC) at least four times compared to those who did not experience IPV. Women who experienced emotional and physical violence were less likely to deliver at healthcare facilities compared to those without IPV experiences.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				violence; 1 = experienced violence). The listwise deletion technique was applied for missing cases, which constituted less than 1% of the sample.	
Tunisia	Anes Jellali et al., 2014	197 women	Married women consultants at the centre of family planning during the survey period, aged less than fifty and not menopausical. The average age 32.32 ± 5.94 years, age range 19 to 50 years. 41.6% were housewives, 27.4% were skilled workers, and 26.4% were unskilled workers.	This descriptive and analytical cross-sectional study was conducted with 197 married women recruited from a family planning center in Monastir over a two-month period. Participants were assessed using the Woman Abuse Screening Tool questionnaire, the Hospital Anxiety Depression questionnaire, the Female Sexuality Assessment questionnaire, and Azrin's Marital Satisfaction scale.	**Prevalence of IPV** 56.9% reported that they were victims of violence in marriage, at least once in their lives. 56.9% reported psychological violence; 41.1% economic violence, 32% physical violence; 10.6% sexual violence. 33% experienced two forms of violence; 36% experienced three forms of violence; 15% experienced four forms of violence. **Associated Factors** Frequency of anxiety and depression were three times higher among abused women: 33.9% versus 10.5%($p < 0.001$) for anxiety symptoms and 17.8% versus 5.9%($p = 0.01$) for depressive symptoms.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Tunisia	Nihel et al., 2021	100 women	Median age of violence victims was 35 years old (18–59). The most aggressed women were aged under 40 years old. 90% of victims had low or middle socioeconomic levels, and 58% were illiterate or had only a primary level education. 69% of victims were unemployed or housewives.	A cross-sectional survey was conducted among women over the age of 18 who were victims of violence and sought care at the emergency department of the Ibn El Jazzar University Hospital in Kairouan. Data were collected using a pretested questionnaire, which had been initially tested on 30 healthcare personnel to ensure its suitability. The medical staff, composed of four forensic doctors, validated the data collected on a weekly basis. The survey gathered detailed information on the demographic characteristics of both the victims and their aggressors, the type and characteristics of the aggression, the conditions surrounding the aggression, and its implications. For cases involving Intimate Partner Violence (IPV), additional details were collected to assess conjugal relationships. Socioeconomic status was evaluated by considering a combination of education, income, and occupation.	**Prevalence of IPV** IPV was about 70% among all battered women (95% CI: 61.0% - 78.9%). **Associated Factors** Alcohol consumption: 29.6%; Occupational instability: 19.7%; Conflicts with family in-laws: 15.5%; Infidelity and jealousy: 11.3%; Pregnancy: 8.5%; Several factors (not specified): 15.5%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Arishaba et al., 2022	296 women	Women with a mean age was 37.4 ±11.4 years. 67.2% of the participants had attended a primary level of education. Most of the respondents were peasants (64.5%). 45.9% of the participants were from monogamous families.	The study was a cross-sectional quantitative analysis conducted in April 2021 with 296 HIV-positive women receiving ART services at Rwekubo and Nyamuyanja Health Centres. Data were collected using a researcher-administered questionnaire, with participants recruited consecutively from the ART clinic. The prevalence of intimate partner violence was computed, and logistic regression was used to identify factors associated with and predictors of counseling-seeking behavior. Data were analyzed using SPSS Version 23.0.	**Prevalence of IPV** 66.2% experienced IPV; 61.1% experienced physical IPV; 36.1% experienced sexual IPV; 78% experienced emotional IPV.
Uganda	Black et al., 2019[4]	409 women	Women had a mean age of 33 years. There were 80% of women who had attended school, and 26% reported that they were able to read. The majority (77.5%) of women were currently living with a male partner, most commonly (78.5%) welling with his relatives. HIV	The study was a cross-sectional behavioural survey designed to capture quantitative information from women related to their experiences of IPV. The study took place at two health clinics in northern Uganda, in Gulu and Omoro districts, where the local population had been severely affected by the conflict.	**Prevalence of IPV** 55.7% experienced IPV in the last 12 months and 78.5% during their lifetimes. **Associated Factors** Significant determinants of IPV included alcohol abuse by the male partner (OR 2.22, 95% CI 1.34–3.73); partner having been in a physical fight with another man (OR 1.90, 95% CI 1.12–3.23); controlling behaviours by the male partner (OR 1.21, CI 1.08–1.36). and younger age of the woman (OR 0.95, 95% CI 0.92–0.98). Educational level was not independently associated with IPV.

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			prevalence was high at 13%, and more than 70% of women had been tested for HIV in the previous 12 months. Partners had a mean age of 38.3 years, and most (71%) were subsistence farmers.		
Uganda	Cohen et al., 2022[1]	1,373 males and 2,022 females	Males and females with mean age of 17.7 y 18.3 years respectively, who were ever partnered (13% and 33% respectively) and majority ever attended school (97% and 96%).	Data from the Uganda Violence Against Children Survey (VACS) conducted in 2015 was used to examine the relationship between Intimate Partner Violence (IPV) victimization, perpetration, and mental health outcomes among 13- to 24-year-old males and females. Associations were explored with four mental health variables. Descriptive statistics were employed, and logistic regressions were conducted to estimate the relationships between the correlates of interest and each of the mental health outcomes. Additionally, Poisson	**Prevalence of IPV** Past-year physical violence exposure was higher among males compared to females (41% vs. 32%), while sexual violence victimization was higher among females compared to males (26% vs. 13%). Females were significantly more likely to have experienced IPV in the last 12 months compared to males (22% vs. 8%), while males were more likely to perpetrate IPV compared to females (13% vs. 6%). **Associated Factors** The effects of IPV victimization varied by gender, with physical and emotional violence victimization associated with severe sadness, worthlessness, and suicide ideation among males. Among females, emotional violence was associated with severe sadness and suicide ideation, while IPV victimization was

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				regressions were used to estimate the relationship between the correlates of interest and the measure of alcohol use due to the nature of the variable. Multivariate logistic regression models were then utilized to analyze the association between IPV and mental health, separately for males and females.	associated with severe sadness and worthlessness.
Uganda	Culbreth et al., 2021[1]	256 males and 344 females	Youth male (42.7%) and female (57.3%) between 12-18 years with mean age of 16.9 years (SD= 1.3) and 48.2% had secondary education.	This analysis was based on a cross-sectional study conducted in the spring of 2014 among youth residing in the slums of Kampala. The participants, aged 12–18 years, were recruited from Uganda Youth Development Link centers, which cater to youth living on the streets and in the slums of Kampala. The study aimed to assess factors associated with Intimate Partner Violence (IPV) perpetration, victimization, and both among youth in the slums of Kampala. Both bivariate and multivariable multinomial analyses were conducted to examine the risk factors associated with IPV	**Prevalence of IPV** Among youth who reported having a boyfriend or girlfriend, 18.3% reported experiencing both IPV victimization and perpetration, 11.0% reported IPV perpetration only, and 7.7% reported experiencing IPV victimization only. **Associated Factors** Gender differences were observed, with a higher percentage of males experiencing IPV perpetration only (12.1%) compared to females (10.2%). Additionally, IPV victimization rates were higher among females (9.0%) compared to males (5.9%), while rates of both victimization and perpetration were similar between males and females (18.3%). IPV victimization only was associated with witnessing parental IPV (odds ratio [OR] = 2.78; 95% confidence interval [CI] = [1.42, 5.48]), experiencing parental

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				victimization only, IPV perpetration only, and both IPV victimization and perpetration compared to no IPV victimization or perpetration. By employing these methods, the study sought to provide insights into the factors contributing to IPV among youth in slum settings and identify potential intervention strategies	physical abuse (OR = 2.27; 95% CI = [1.16, 4.46]), and neighborhood cohesiveness (OR = 0.73; 95% CI = [0.31, 1.69]). Reporting both IPV victimization and perpetration was associated with non-problem drinking (OR = 2.03; 95% CI = [1.15, 3.57]), problem drinking (OR = 2.65; 95% CI = [1.48, 4.74]), witnessing parental IPV (OR = 2.94; 95% CI = [1.80, 4.80]), experiencing parental physical abuse (OR = 2.23; 95% CI = [1.38, 3.60]), and homelessness (OR = 1.90; 95% CI = [1.14, 3.16]).
Uganda	Erickson et al., 2018	379 women	Female sex workers with a median age of 21 years. 63% reported less than primary school educational attainment, and the majority 75% had children.	This analysis used data from the Gulu Sexual Health Project, a community-based cross-sectional study conducted from May 2011 to January 2012 in Gulu District, northern Uganda, involving 379 female sex workers. Logistic regression and multivariable modeling were employed to examine correlates of recent male-perpetrated physical or sexual IPV.	**Prevalence of IPV** 59% reported having experienced moderate-to-severe physical and/or sexual IPV in the last six months. **Associated Factors** Reporting recent client violence (Adjusted Odds Ratio (AOR): 3.67; 95% confidence interval [CI]: 2.31-5.83), doing what their partner wanted (AOR: 2.46; 95% CI: 1.46-4.13), and forced sexual debut (AOR: 1.92; 95% CI: 1.20-3.05) were independently associated with moderate/severe IPV; recent police arrest and/or incarceration was

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					marginally significantly associated with IPV (AOR: 2.25; 95% CI: 0.86- 5.88, p=0.097).
Uganda	Gubi & Wandera, 2022[4]	2,559 men	Ever-married men, aged 15-35 years and above, living in rural areas (78%), with primary education level (57.7%), from the eastern region (28%), with more than 1 children (94%) and from middle, and richer wealth status principally (20.4% and 21.9%).	cross-sectional, nationally representative survey using a two-stage stratified and cluster sampling design, based on the sampling frame from the 2014 National Population and Housing Census. Data was collected from the 2016 Uganda Demographic and Health Survey. The survey focused on identifying factors associated with intimate partner violence (IPV), combining physical, sexual, and emotional violence into a single IPV variable. Statistical analysis included Chi-square tests and binary logistic regression to examine the associations.	**Prevalence of IPV** 44% of ever-married men experienced some form of intimate partner violence (IPV). Emotional IPV was the most prevalent form (36%), followed by physical IPV (20%), with sexual IPV being the least common (8%). **Associated Factors** Various factors were associated with different forms of IPV, including living in the central region, low wealth, having more than one wife , partner's controlling behaviors, witnessing parental violence, and alcohol consumption, particularly the frequency of getting drunk by female partners.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Gubi et al., 2020[4]	6,879 women	Married or cohabiting women who had between 15-49 years. 76% were living in rural area, 60% had primary education, and the same level por their partners (53%), more than a quarter were from central (28%) and eastern (27%) region, the wealth status was very similar between poorer (20%), middle (20%), and richest (22%) principally.	The 2016 Uganda Demographic and Health Survey data served as the basis for this study's analysis. Frequency distributions were employed, and chi-square tests were conducted to establish associations between IPV and the explanatory variables. Additionally, binary logistic regression was utilized to determine the factors associated with IPV among married women in Uganda.	**Prevalence of IPV** 56% of married women in Uganda experienced some form of IPV, with sexual IPV being the least prevalent (23%), while 41% and 40% reported experiencing physical and emotional IPV, respectively. **Associated Factors** Women who were over the age of 35, resided in a rural area, married before age 18, identified in the poorest wealth quintile, or personally witnessed parental violence, were significantly associated with either emotional, sexual, physical or any IPV. Women whose partners had controlling behaviors, consumed alcohol and had more than one wife experienced more IPV, while those whose partners had a secondary education or above had the least prevalence of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Kadengye et al., 2023	10,394 men and women	27.5% male and 72.5% female. Mean age 31.8 years (SD=8.7). Most of the sample had only primary education (60.4%) and 86.8% reported living with their partner. Mean number of having children was 3.8 (SD=2.7). 45.2% reported being poorest or poorer in the wealth index. 79.7% reported a rural residency.	A quasi-experimental design with propensity score matched (PSM) analysis was employed using data from all respondents in the 2016 Uganda Demographic and Health Survey who responded to the domestic violence module. The PSM analysis aimed to balance participant characteristics between two groups: one that reported gender norms justifying wife-beating as acceptable (exposed) versus a group that reported it as not acceptable (non-exposed group). One eligible person per household was randomly selected to be interviewed, and both women and men were asked whether beating one's wife was justified under five circumstances. Interviews also included lifetime experiences of sexual, physical, and emotional violence.	**Lifetime Prevalence of IPV with a Current Partner** Physical Violence: 35.8%; Emotional Violence: 40.3%; Sexual Violence: 18.7%. **Associated Factors** Both men and women respondents combined, are about 1.6 times more likely to experience sexual IPV (OR, 1.67; 95% CI, 1.49–1.87), emotional IPV (OR, 1.63; 95% CI, 1.49–1.78), and physical IPV (OR, 1.69; 95% CI, 1.54–1.86) for those who justify wife-beating compared to those who do not. Men who justified wife-beating were about twice as more likely to experience emotional (OR, 2.27; 95% CI, 1.69–3.04), and physical (OR, 1.92; 95% CI, 1.35–2.72) IPV when compared to those who did not justify wife-beating. Further, men who justify wife-beating are about 1.5 times more likely to experience sexual IPV (OR, 1.45; 95% CI, 0.92–2.29) compared to those who do not justify wife-beating. Women who justify wife-beating were about 1.5 times more likely to experience all three forms of IPV: sexual (OR, 1.67; 95% CI, 1.46–1.91), emotional (OR, 1.42; 95% CI, 1.27–1.60), and physical (OR, 1.65; 95% CI, 1.46–1.85), when compared to those who did not justify wife-beating.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Katushabe, Asiimwe et al., 2022	283 women	Pregnant women attending in Mbarara City Hospital Antenatal Care, with 15 years and above. A half of sample had between 20-24 years (50.2%) and didn't have no parity (54.8%). The majority were between 2nd and 3rd trimester (94.7%), 93.6% were living with a partner, 35.3% were not employed, and 44.5% had secondary education level.	The study employed a cross-sectional design, collecting data through semi-structured questionnaires administered by the research team. Data analysis involved chi-square tests and multivariate logistic regression. Specifically, the questionnaire utilized was adapted from the World Health Organization's instrument for assessing IPV. Sociodemographic characteristics, psychological, physical, and sexual violence, as well as IPV disclosure, were examined in the analysis, with additional utilization of chi-square and univariate logistic regression.	**Prevalence of IPV** 70.3% reported experiencing IPV during pregnancy. 38.2% reported Psychological violence, 22.3% reported a combination of psychological and sexual violence (22.3%), 3.2% sexual violence, no one reported physical violence by itself, 2.8% psychological and physical violence, .4% physical and sexual violence, and 3.5% all three together. **Associated Factors** Factors like gravidity (OR=1.9, 95% CI: 1.07-3.31, p=0.027), parity (OR=1.9, 95% CI: 1.8-3.34, p=0.026), and witnessing IPV (OR=5.4, 95% CI: 1.93-14.96, p=0.001) were significantly associated with IPV disclosure.

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Uganda	Katushabe, Chinweuba et al., 2022[3]	345 women	All were pregnant women. 43.8% of the participants were aged 20–24, with a range of 17-41 years. 43.5% were primigravidae. Most were Anglican by religion (46.0%). 95.4% lived with their partners. 41% were self-employed, 47% had obtained a secondary level of education. The average monthly family income of the majority of the pregnant women (73.0%) was more than 62 dollars. The majority of their intimate partners had attained a secondary level of education (47.5%), and most of them (58.8%) were self-employed.	This study utilized a cross-sectional design conducted in May 2021 at Mbarara City Health Centre IV in southwestern Uganda. In the Ugandan public health services delivery structure, a HCIV is situated at the level of a constituency or county. Pregnant women attending the large city health care facility were consecutively enrolled in the study. The validated WHO semi-structured women's health and domestic violence questionnaire was used to identify women who had experienced intimate partner violence (IPV). Data were analyzed using SPSS version 20. Univariate analyses were performed to describe the background characteristics of the participants, and bivariate analyses using chi-square statistics were conducted to determine the association between independent variables and IPV experience.	**Prevalence of IPV** 67.5% experienced at least one form of IPV during the COVID-19 pandemic: 36.8% reported psychological IPV, 54.5% controlling behaviors, 9.6% physical IPV, 24.3% sexual IPV, and 28.7% economical IPV. **Associated Factors** Factors associated with all IPV were alcohol drinking by the participant (p=0.018), alcohol drinking by the intimate partner (P=0.001), marital conflicts experience (p<0.001), witnessing IPV as a child (p=0.039), planned pregnancy (p=0.003), decision-making (p<0.001; pregnant women who made decisions together with their partners were 0.299 times less likely to experience physical IPV than those who made decisions independently), participant communicating with the family of their origin p=(0.009), participant communicating with the family of their intimate partner (p=0.003) and participant communicating to a family member whom emotional support was received (p=0.037).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Kawuki et al., 2021[3]	6,879 women	A total of 5259 rural and 1620 urban women were included in this study aged 15-49 years. For the rural women, 64.2% were aged 35 or less years, 87.2% were not pregnant and 83.3% were married. For the urban women, 68.9% were aged 35 or less years, 88.6% were not pregnant and 77.8% were married.	Cross-sectional study utilized data from Uganda Demographic and Health Survey (UDHS) 2016, focusing on 5,259 rural women aged 15-49 years. Data collection included a household questionnaire for demographic and household characteristics and a separate questionnaire for sexual violence, which was part of the domestic violence module. The survey assessed women's experiences of sexual violence by asking if they had ever been forced into sexual intercourse or other sexual acts against their will. Independent variables were categorized into individual-level (age, pregnancy status, employment status, acceptance of beating, marital status, parity, education), household-level (size, wealth, healthcare decision-making, and partner's education, age, employment, and alcohol use), and community-level (region). Multivariable logistic regression was used to analyze factors associated with sexual violence.	**Prevalence of IPV** Women in rural areas reported a prevalence of 24.3% compared to 18.4% in urban areas. Pregnant women had a prevalence of 22.2% in rural areas and 14.8% in urban areas. **Associated Factors** Significant risk factors included lower education (primary vs. tertiary: AOR = 3.01, 95% CI: 1.17-7.72) and frequent partner alcohol use (AOR = 2.07, 95% CI: 1.30-3.31). Women in the Western region had higher odds of experiencing sexual violence than those in the Northern region (AOR = 2.01, 95% CI: 1.41-2.87), and those in the poorest wealth quintile faced increased odds (AOR = 2.06, 95% CI: 1.02-4.17). Women who justified beating had a 42% higher likelihood of experiencing sexual violence (AOR = 1.42, 95% CI: 1.12-1.79), and those not involved in health care decisions had a 38% increased risk (AOR = 1.38, 95% CI: 1.01-1.91). Younger women aged 15-19 faced 1.8 times higher risk (OR = 1.8, 95% CI: 1.3–2.5), and unemployed women had a 1.4 times higher risk (OR = 1.4, 95% CI: 1.1–1.8). No significant link was found between household wealth and sexual violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Kinyanda et al., 2016[1]	694 women and 416 men	Women (56.9%) and men (43.1%) for two districts of Amuria and Katakwi in war affected Eastern Uganda, they were between 18-44 years old, with low education (89.5%) and where the majority were peasantry farming (81.3%). 41.6% had a probable major depressive disorder (PMDD), 41.6% a probable problem drinking (PPD), and 9.2% life-time attempted suicide.	A cross-sectional survey conducted in Eastern Uganda examined intimate partner violence (IPV) and mental health outcomes. Modified questionnaires assessed sexual, physical, and psychological IPV, as well as war torture experiences, PMDD, PPD, and attempted suicide in the last 12 months. Multivariate logistic regression was used to evaluate associations between variables.	**Prevalence of IPV** The study revealed a prevalence of 43.7% [95% CI, 40.1-47.4%] for any form of IPV victimization, with no statistically significant difference observed between genders (44.9% females, 41.8% males). Specifically, sexual IPV was reported by 6.9% (7.8% females, 5.4% males) of participants, physical IPV by 22.4% (22.9% females, 21.5% males), and psychological IPV by 42.4% (44.2% females, 39.3% males). **Associated Factors** The factors significantly associated with IPV victimisation were: sub-county (representing ecological factors), poverty, use of alcohol, and physical and sexual war torture experiences. The mental health problems associated with IPV victimisation were probable problem alcohol drinking, attempted suicide and probable major depressive disorder.
Uganda	Logie et al., 2019	333 women	Girls and young women with a mean age of 19.3 years.	Cross-sectional survey with forcibly displaced adolescent girls and young women aged 16–24 from five informal settlement (slum) communities across Kampala using peer network sampling. Young adult violence (YAV; experienced at age 16 or above; sexual, physical, emotional violence) and recent (past 12-month) IPV (physical, sexual, control	**Prevalence of IPV** 85.8% of participants who were in an intimate relationship in the last 12 months reported experiencing IPV (physical violence: 27%; sexual violence: 48.5%). Among the participants who reported recent IPV, 45.5% reported one type of IPV and 54.5% reported IPV polyvictimization. **Associated Factors** Recent IPV polyvictimization in adjusted analyses was associated with owning/using a mobile phone and depressive symptoms.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				violence) were evaluated. Descriptive statistics were conducted, followed by multinomial logistic regression analyses to explore social ecological factors associated with experiencing YAV and YAV polyvictimization, and IPV and IPV polyvictimization.	Participants with higher sexual relationship power had lower odds of recent IPV polyvictimization.
Uganda	Mootz et al., 2019	605 women	Girls and women, whose ages ranged from 13 to 49 years (M = 29.88). The majority were partnered at the time of the survey (92.8%), and almost all (98.6%) had been partnered in their lifetime. The number of children women had ranged from 0 to 13 years of age, with the average number of children around four. Almost 15% had received no education with nearly 60% identifying as being unable to read or write. Women reported they were primarily	The study utilized quantitative data from the Ethiopian Demographic and Health Surveys (EDHS) 2016, focusing on intimate partner violence (IPV). A multistage sampling strategy was employed, including the purposive selection of three districts in Teso and the random selection of eight villages within each subcounty. A minimum of 25 participants were surveyed in each village. IPV data were gathered using a modified version of the Survey of Women's Health and Life Experiences (WHO, 2005), while exposure to political violence was assessed using the Exposure to Political Violence Inventory (Clark et al., 2010), covering various forms of	**Associated Factors** The study found significant associations between intimate partner violence (IPV), exposure to armed conflict, and depressive symptoms. Women exposed to both IPV and armed conflict reported significantly higher depressive symptoms compared to those with no exposure (mean differente [MΔ] = 5.21, $p < .001$), those with IPV-only exposure (MΔ = 4.40, $p < .001$), and those exposed only to armed conflict (MΔ = 2.20, $p < .01$). Significant differences in depressive symptoms were also observed between those with no exposure and armed conflict only (MΔ = 3.00, $p < .05$), but not between no exposure and IPV-only (MΔ = 0.88, $p = .88$). No significant difference was found between IPV-only and armed conflict-only groups (MΔ = 2.19, $p = .06$). Both IPV and armed conflict exposure were significant predictors of depressive symptoms (IPV: $\beta = 2.08$, $t = 3.77$, $p < .001$; armed conflict: $\beta = 1.80$, $t = 3.77$, $p < .05$), while familial exposure to

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			Anglican (46%) and Catholic (45.4%)	conflict exposure. The analysis highlighted key findings, including a 46% reduction in physical violence among younger women compared to older ones, and significant associations between traditional religion and increased sexual violence, as well as between partner education and reduced sexual violence. Factors such as television watching, smoking, pregnancy, attitudes toward wife beating, and decision-making autonomy were also linked to varying levels of IPV.	conflict was not significantly related to depressive symptoms ($\beta = 0.66$, $t = 1.10$, $p = .27$).
Uganda	Nakitto et al., 2023[3,4]	5,642 women	Married women between 15 to 35 and above years. 77.7% were living in rural areas, a half were married and the other half cohabiting, 59.4% had primary level, and 20.6% had poorer wealth index.	Drawing upon the dataset from the 2016 Uganda Demographic and Health Survey (UDHS), this study employed a cross-sectional approach to investigate the predictors of intimate partner emotional violence (IPEV). Employing logistic regression modeling, the research sought to discern the factors associated with IPEV using STATA software for analysis.	**Prevalence of IPV** 38% experienced intimate partner emotional violence (IPEV). **Associated Factors** Factors associated with increased odds of IPEV included witnessing parental violence (OR = 1.37, CI = 0.59–0.92) and having a partner who exhibited controlling behavior (OR = 4.26, CI = 3.29–5.52). Conversely, higher education level (OR = 0.51, CI = 0.26–1.00) was linked to decreased odds of experiencing IPEV. Further analysis indicated that women aged 35 years and above, married, with no education, and whose husbands consumed alcohol and frequently became intoxicated were more susceptible to

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					IPEV. Notably, women with partners exhibiting controlling behaviors and alcohol abuse were approximately four times more likely to experience IPEV (OR= 4.24, 95% CI= 2.85-6.31, p= <.001 and OR= 4.32, 95% CI= 3.33-5.60, p= <.001, respectively).
Uganda	Ogbonnaya et al., 2022[1]	2,830 (males and females)	1182 were adolescents ages 13-19, and 1648 were young adults aged 20-24. For the adolescents the mean age was 17.1 years (SD = 1.7), 51.9% were women, 18% were married or cohabitanting. For the young adults the mean age was 21.9 years (SD = 1.4), 58.0% were women, 55.6% were married or cohabitanting.	The Violence Against Children Survey (VACS) is a cross-sectional, nationally representative household survey involving young people aged 13 to 24 years living in Uganda. Data were collected between September and November 2015 through face-to-face interviews using electronic netbooks with CSPro software. The survey data were analyzed using descriptive statistics stratified by age and gender. Logistic regression models were performed with age-stratified samples and gender tested as a potential moderator.	**Prevalence of IPV ever** All: 19.5% physical, 15.6% sexual, Adolescents: 12.3% physical, 16.9% sexual, 25.9% any IPV. Young adults: 24.7% physical, 14.6% sexual, 33.9% any IPV. **Associated Factors** IPV correlates across both age groups included being widowed, divorced, or separated (adolescents: aOR = 4.6, 95% CI: 1.6–13.5; young adults: aOR = 5.2, 95% CI: 2.5–10.8), being female (adolescents: aOR = 3.9, 95% CI: 2.2–6.8; young adults: aOR = 3.0, 95% CI: 2.1–4.4), witnessing parental IPV (adolescents: aOR = 1.8, 95% CI: 1.1–3.0; young adults: aOR = 1.7, 95% CI: 1.2–2.6), and poorer mental health levels (adolescents: aOR = 1.1, 95% CI: 1.04–1.1; young adults: aOR = 1.1, 95% CI: 1.1–1.1).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Saile et al., 2013	235 women and 235 men	Married or cohabiting couples where both partners had been interviewed as primary guardians of a child. Women´s mean age was 36.29 (SD = 8.83) with a 20-75 range. Men´s mean age was 42.26 (SD = 10.52) with a 23-88 range.	This cross-sectional epidemiological survey, conducted in 2010, involved 2nd-grade students and their male and female guardians from nine heavily war-affected communities in Northern Uganda. The study utilized structured interviews and standardized questionnaires to assess the past-year prevalence and levels of emotional, physical, and sexual partner violence experienced by female partners. The Composite Abuse Scale was used for women's interviews, excluding the harassment subscale due to contextual irrelevance. The analysis aimed to describe partner abuse experienced by women over the past year and identify predictor variables based on frequency ratings, mean scores, and standard deviations. Spearman's rank correlations were employed to examine bivariate associations between risk factors in male and female partners and the overall level of partner violence experienced by women.	**Last 12 months prevalence of IPV** 86% women reported at least one type of abusive behaviour experienced from their partners; 72% women reported at least one incident of physical or sexual abuse; 80% women were exposed to at least one act of verbal/psychological abuse; 71% reported physical abuse; 52% experienced isolation and 23% of women were affected by rape or attempted rape in the past year. **Associated factors of last 12 months IPV** The strongest predictor of female experience of ongoing partner violence was women's previous exposure to war related traumatic events ($b = .24$, $p < .01$). Women's previous war-related exposure predicted all types of partner violence experienced by women except sexual abuse. Men's self-reported level of alcohol-related problems emerged as a risk factor for psychological ($b = .16$, $p < .02$) and physical partner violence ($b = .17$, $p < .01$) experienced by women. Maltreatment experiences in women's childhood were relevant for the prediction of psychological abuse ($b = .16$, $p = .02$) and sexual abuse experienced by women ($b = .16$, $p = .02$). Re-experiencing symptom severity in women predicted women's experience of physical partner violence ($b = .15$, $p < .02$) and isolation ($b = .17$, $p < .01$). Long-term abduction emerged as a risk factor in relation to isolation ($b = .16$, $p = .02$) and sexual

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					violence experienced by female partners (b = .18, p = .01).
Uganda	Schember et al., 2021	496 women	Women. 42% were aged 30 years or older, 76% had a primary or no education, and 79% experienced food insecurity.	Whole-population, cross-sectional study including women permanent residents in 8 villages of Rwampara District, southwestern Uganda, who reported having a primary partner in the past 12 months. Surveyed participants to assess their exposure to 12 different forms of verbal, physical, and/or sexual IPV, and whether they had ever been tested for HIV. Three separate modified Poisson regression models were used, clustering by village, to estimate the association between each type of IPV and ever testing for HIV, adjusting for categorical age, completion of more than primary education, and any food insecurity measured by the nine-item Household Food Insecurity Access Scale.	**Prevalence of IPV** 60% reported verbal IPV, 16% reported physical IPV, and 26% reported sexual IPV. **Associated Factors** Never having been tested for HIV was positively associated with physical IPV (adjusted risk ratio [ARR]: 1.61, 95% confidence interval [CI]: 1.02-2.56) and negatively associated with verbal IPV (ARR: 0.67, 95% CI: 0.44-0.99), but not sexual IPV (ARR: 1.05, 95% CI: 0.51-2.12).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Sileo et al., 2015	300 women and men	132 males and 168 female living in one of three rural fishing communities in Wakiso District, Uganda	Cross-sectional interviewer-assisted questionnaire. Participants provided written informed consent and all study procedures were approved by IRBs in Uganda and the U.S. Measures included sociodemographics, HIV testing history, sexual and alcohol use behavior, history of physical, sexual, and emotional abuse, depression (CES-D), and alcohol use disorders (AUDIT). The main outcome of interest was HIV status.	**Associated Factors** Compared to those with no history of sexual abuse, participants reporting having ever experienced sexual abuse from a partner in the past were more likely to be HIV positive (OR 1.71, CI 1.05-2.79).
Uganda	Ssanyu et al., 2022[1,3]	470 women and 253 men	Men (n=253, 65%) and women (n=470, 35%) aged 18 years and older who reported experiencing at least one form of Sexual and Gender-Based Violence (SGBV), majority were married (80.6% and 78.7% respectively). Also included men and women aged 15 to 17 years if they were married, had children or were pregnant.	The study, conducted as a cross-sectional analysis, focused on survivors of sexual and gender-based violence (SGBV) across eight villages. data was derived from a baseline survey within a larger experimental framework. SGBV incidents encompassed physical, emotional, sexual, or socio-economic violence inflicted by intimate partners. Analysis employed modified Poisson regression to explore the data and draw conclusions.	**Prevalence of IPV** 31.9% reported sexual and gender-based violence (SGBV) by an intimate partner. Emotional violence was reported by 85.1% of women and 85.8% of men, physical violence by 46.4% of women and 23.3% of men, and sexual violence by 34.5% of women and 19.0% of men. **Associated Factors** Reporting was notably lower among survivors aged 45 years and older (43% lower, p=0.003), those with education beyond primary school (41% lower, p=0.005), and those financially dependent on partners (37% lower, p=0.001). Female survivors were 63% more likely to report (p=0.001), while separated/widowed survivors were 185%

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					more likely than never-married individuals (p=0.006).
Uganda	Waila et al., 2022[4]	2,858 men	Men from 15 regions in Uganda, between 15-54 years. 91.4% were married or cohabiting, and 78% were living in rural areas.	The study utilized data from the 2016 Ugandan Demographic and Health Survey (DHS). Participants were selected from households across all 15 regions in Uganda using a two-stage sampling design. The analysis focused on men who were in a heterosexual union or separated/divorced. Univariate and multivariable logistic regression analyses were conducted to identify associations between selected demographic variables and male exposure to all forms of intimate partner violence (IPV) combined, as well as psychological violence, physical violence, and sexual violence. The study was designed as a cross-sectional	**Prevalence of IPV** 43.6% of men had experienced any form of intimate partner violence (IPV) during their lifetime, with 30.5% experiencing it within the last 12 months. Among the three types of violence, 35.9% and 24.8% reported having experienced psychological violence, 20.2% and 11.9% reported physical violence, and 8.2% and 5.7% reported sexual violence within their lifetime and the last 12 months, respectively. **Associated Factors** The key factors associated with all forms of IPV were being afraid of their wife/partner most of the time (OR = 5.10, 95% CI 2.91, 8.96) controlling behaviour of the intimate partner (OR = 3.80, 95% CI 2.84, 5.07), bi-directional violence against the partner (OR = 3.20, 95% CI 2.49, 4.12), alcohol consumption by the intimate partner (OR = 1.85, 95% CI 1.40, 2.45).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				study, and logistic regression was employed to analyze male exposure to all forms of IPV.	
Uganda	Wandera et al., 2015	1,307 women	Women in a union in Uganda, aged 15-35 years and above, principally from de central region (28%), married (55.3%), 1-4 parity (50%), primary education level (60.1%), and middle wealth index (20.1%).	The study utilized data from the 2011 Uganda Demographic and Health Survey, conducting a cross-sectional nationally representative survey through a stratified two-stage cluster sampling design. It investigated factors associated with intimate partner sexual violence (IPSV), defined as any sexual violence experienced from a current partner in the 12 months preceding the survey. Analysis included chi-squared tests and multivariable logistic regressions to identify associations.	**Prevalence of IPV** 27% of women reported experiencing intimate partner sexual violence (IPSV). **Associated Factors** The risk of IPSV was significantly higher among women whose partners were jealous if they talked with other men (OR=1.81; 95% CI 1.22-2.68; p<.001), accused them of unfaithfulness (OR=1.50; 95% CI 1.03-2.19; p<.05), did not permit them to meet with female friends (OR=1.63; 95% CI 1.11-2.67; p<.05), or frequently got drunk (OR=1.80; 95% CI 1.15-2.81). Additionally, women who were sometimes (OR=1.78; 95% CI 1.21-2.60) or often (OR=1.56; 95% CI 1.04-2.40) afraid of their partners, and those whose partners limited their contact with family (OR=1.72; 95% CI 1.11-2.26; p<.05), were more likely to report IPSV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Zegenhagen et al., 2019[3]	908 men and women	2011 Uganda DHS data. No more information given.	This study conducted a secondary analysis of the 2011 Uganda Demographic and Health Survey (DHS) data to examine the relationship between women's decision-making power in the household and their experience of physical intimate partner violence (IPV). Data collection occurred between June and December 2011, with re-coded data available in 2012. The analysis used household, women's, and men's DHS questionnaires, with the primary focus on the couples' dataset to compare decision-making views between spouses. The dependent variable was past-year physical violence, constructed using men's reported perpetration of domestic violence. Six independent variables were included, reflecting both men's and women's perspectives on household decision-making.	**Prevalence of IPV** Physical IPV: 15.30% within past 12 months in both comined. **Associated Factors** There is a 5.9 percentage point reduction in the probability of IPV for decisions on large household purchases and a 9.1 percentage point reduction for decisions on husband's earnings where decisions are made jointly compared to husband's alone making decisions. Women making decisions alone for a) large household purchases was statistically significantly associated with an 11.7 percentage point lower probability of experiencing IPV and b) husband's earnings was statistically significantly associated with a 15.8 percentage point lower probability of experiencing IPV, compared to husband's alone making decisions, where husband's reported decisions-making. Men's fathers beating their mothers is associated with an 11.8–13.0 percentage point increase in the probability of IPV compared to men whose fathers did not beat their mothers. Women's agreement that wife beating is justified in three domains is associated with an increased probability of IPV compared to those who state it is never justified, as is primary school being women's highest level of education compared to no education.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Abramsky, Devries, Michau, Nakuti, Musuya, Kiss et al., 2016[1]	600 women and 768 men in the intervention group. 530 women and 634 men in the control group	600 women and 768 men in the intervention group. 530 women and 634 men in the control group, ages 18-49. No more information provided.	Two cross-sectional surveys were conducted in community settings: one at baseline before intervention and another four years later. Initially, a stratified random sample of 64 community activist enumeration areas (EAs) was selected, with 35 households per EA surveyed. Follow-up included all 96 EAs, with 35 households each surveyed. The analysis, performed separately for women and men, used cluster-level intention-to-treat analysis to evaluate SASA!'s impact on physical intimate partner violence (IPV) experience and perpetration. Modified Poisson regression models assessed the role of community, relationship, and individual factors in the intervention's effects.	**Prevalence of IPV** **Women's past year experience of physical IPV:** Intervention: 25%; Control: 21%. **Men's past year perpetration of IPV:** Intervention: 31%; Control: 31%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Abramsky, Devries, Michau, Nakuti, Musuya, Kyegombe et al., 2016	1,583 in baseline (717 women and 866 men). 2,532 in follow-up (1130 women and 1,402 men)	Ever-partnered women aged 18–49 with a mean age of 28 years. 65% had above primary education, 45% did no earn money, 69% are currently married/cohabiting, 19% of were in a polygamous marriage, and 27% have no children.	A pair-matched cluster randomised controlled trial was conducted in 8 communities (4 intervention, 4 control) in Kampala, Uganda, from 2007 to 2012. Cross-sectional surveys were administered to community members aged 18–49 at baseline (n=1583) and 4 years post-intervention (n=2532). The study assessed outcomes related to women's past year experiences of physical and sexual intimate partner violence (IPV), emotional aggression, controlling behaviors, and fear of partner. An adjusted cluster-level intention-to-treat analysis was used to compare outcomes between intervention and control communities at follow-up.	**Physical and sexual IPV at baseline** Intervention: 25%; Control: 16%. **Emotional IPV at baseline** Intervention: 31%; Control: 38%: **Controlling Behaviour at baseline** Intervention: 70%; Control: 70%:
Uganda	Kadengye et al., 2019[3]	2,056 women and 1,730 men	1705 ever married women aged 15–49 years. 1211 ever married men aged 15–54 years.	We analyzed data from the 2011 Uganda Demographic and Health Survey (UDHS), a nationally representative household survey that employed a two-stage stratified sampling design. Stratification separated the 10 statistical regions into urban and rural areas. The first stage selected	**Prevalence of IPV in ever-married women (Aged 15-49)** Any IPV: 57.5%; Emotional IPV: 41.3%; Physical IPV: 41.3%; Sexual IPV: 26.8%. **Associated Factors** Older age, former union status, rural residence, having many children, no formal education, and lower wealth index are associated with higher IPV prevalence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				405 enumeration areas or clusters (119 urban and 286 rural), while the second stage involved systematic sampling of 30 households per cluster. To estimate the prevalence of intimate partner violence (IPV), information was gathered from ever-married female respondents using the domestic violence module.	
Uganda	Maxwell et al., 2018	7,923 women	Consenting adults aged 15–49 years. No more information was provided.	Using seven waves of data from the Rakai Community Cohort Study in Rakai, Uganda, inverse probability of treatment-weighted marginal structural models (MSMs) were applied to estimate the relative risk of current contraceptive use. This analysis compared women exposed to emotional, physical, and/or sexual intimate partner violence (IPV) during the year prior to interview with those who were not exposed. The study aimed to determine the effect of prior year IPV on women's current contraceptive use at the following visit.	**Prevalence of IPV** Any IPV: 29%; Emotional IPV: 24%; Physical IPV: 18%; Sexual IPV: 14%. **Associated Factors** Women who experienced any form of prior year IPV were 20% less likely to use condoms at last sex than women who had not (95% CI: 0.12, 0.26). We did not find evidence that IPV affects current use of modern contraception (RR: 0.99; 95% CI: 0.95, 1.03); however, current use of a partner-dependent method was 27% lower among women who reported any form of prior-year IPV compared to women who had not (95% CI: 0.20, 0.33). Women who experienced prior-year IPV were less likely to use condoms and other forms of contraception that required negotiation with their male partners and more likely to use contraception that they could hide from their male partners.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Mootz et al., 2018	605 women	Married women aged 13 to 49.	The study surveyed women randomly selected through multistage sampling across three districts in Northeastern Uganda in 2016. Data from currently partnered women (n = 558) were analyzed using Mplus 7.4 to estimate a moderated structural equation model. The model explored indirect pathways between armed conflict and intimate partner violence, evaluating the strength of relationships between latent factors and assessing the goodness-of-fit of the proposed model with the population data.	**Lifetime prevalence of IPV** Psychological Violence: 65.3%; Physical Violence: 59.9%; Any Form of Violence: 71.9%. **Past year prevalence of IPV** Psychological Violence: 50.9%; Physical Violence: 43.8%; Any Form of Violence: 56.2%. **Associated Factors** Male partner alcohol misuse is associated with intimate partner violence.

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Uganda	Sabri et al., 2019[1]	14,464 (7,933 females and 6,531 males)	6531 sexually active men and 7933 sexually active women aged 15-49 years. 23% of the participants were living with HIV (women 25.6% vs. men 19.5%).	This study utilized cross-sectional data from sexually active men and women participating in the Rakai Community Cohort Study, a population-based open cohort of individuals aged 15–49 years. Multilevel modified Poisson regression models were employed, incorporating random intercepts for community and household levels. Factors associated with intimate partner violence (IPV), HIV, and sexually transmitted infections (STIs) were assessed separately for men and women across fishing, trading, and agrarian communities.	**Physical or sexual IPV in the past year (perpetration for men and victimization for women)** Fishing Communities: 17.5% Men, 33.4% Women; Trading Communities: 9.16% Men, 17.9% Women; Agrarian Communities: 9.40% Men, 17.1% Women. **Associated Factors** Fishing Communities: Women who were younger, HIV positive, reported a recent STI, had multiple sex partners, or had a partner who used alcohol before sex were more likely to experience IPV. Trading Communities: Women who were married with monogamous marital status but had a partner with multiple sexual relationships, had two or more partners outside the trading community, or had an STI were more likely to be victimized by IPV. Agrarian Communities: Women from middle-income households and those with multiple sex partners were more likely to be victimized by IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Tusiime et al., 2015	416 women	Pregnant females with a mean age of 21.2. 52.6 % were carrying their first pregnancy, 35.6% were Catholics, 81.3% attained post primary education, and 80.3 %, were married.	In a cross-sectional study, four hundred and sixteen (416) consenting pregnant females aged 15–24 years attending antenatal clinics in Lubaga division Kampala district in Uganda were enrolled using systematic sampling. Quantitative and qualitative data on sexual coercion were collected by female interviewers. Adjusted Prevalence Proportion Ratios (Adj. PPRs) of unwanted pregnancy and associated 95 % confidence intervals were estimated by generalized linear models with log link function and Poisson family distribution using robust variance estimator. Quantitative data were analyzed using Stata version 10.0, while qualitative data were analyzed using manifest content analysis.	**Prevalence of Sexual Coercion** Prevalence of sexual coercion was 24 %. **Associated Factors** Prevalence of sexual coercion was higher among those who had non consensual sexual debut (29.0 %) compared with those who had consensual sexual debut (22.6 %).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda	Valentine et al., 2019	8,592 women	Married or partnered women. 229 with disabilities and 8293 without disabilities. Mean age of 34.4 years for women with disabilities and 29.4 years for women without disabilities.	Cross-sectional data from the 2011 and 2016 Uganda Demographic and Health Surveys (UDHS) were used to study married and/or partnered women aged 15–49 who provided information on lifetime intimate partner violence (N = 8,592). Univariate and multivariate logistic regression models examined the relationships between disability, IPV, and indicators of maternal and child health.	**Prevalence of IPV** Experience of any IPV: With disability: 63.5%; Without disability: 54.7%. Experience of any physical spousal violence: With disability: 48.9%; Without disability: 38.5%. Experience of any spousal sexual violence: With disability: 34.6%; Without disability: 22.4%. Experience of any emotional spousal violence: With disability: 51.2%; Without disability: 39.0%. **Associated Factors** Compared to women without disabilities, women with disabilities were more likely to experience lifetime physical violence (odds ratio (OR) 1.4, $p < 0.01$), sexual violence (OR = 1.7, $p < 0.01$), and emotional abuse (1.4, $p < 0.01$).
Uganda	Wagman et al., 2015[1]	11,448 men and women.	Men and women, aged 15-35 years. Muslim and Christian were their reported religions. No more information was given.	This study used pre-existing clusters from a previous family planning trial, with four intervention clusters receiving standard HIV services along with a community-level mobilization intervention to alter IPV-related attitudes, social norms, and behaviors, and a screening and brief intervention for safe HIV disclosure and risk reduction (Safe Homes and Respect for Everyone [SHARE] Project). In	**Past-Year IPV in Women** Emotional: Control (25%), Intervention (25%). Physical: Control (18%), Intervention (17%). Sexual: Control (16%), Intervention (13%). Forced Sex: Control (14%), Intervention (12%). **Past-Year IPV in Men** Emotional: Control (30%), Intervention (29%). Physical: Control (12%), Intervention (11%). Sexual: Control (6%), Intervention (4%). Forced Sex: Control (4%), Intervention (3%).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				contrast, seven control clusters received only standard HIV services. Baseline and two follow-up surveys were conducted to measure self-reported IPV (emotional, physical, and sexual) and HIV incidence, with the primary endpoints being IPV experience and perpetration, and laboratory-based HIV diagnosis in the study population.	
Zambia	Hampanda, 2016	320 women	HIV positive, postpartum mothers. Mean age of 29 years. 70% of women had completed primary education, 14% had completed secondary education. All were currently married or living with a man.	A cross-sectional survey was conducted at a large public health clinic in Lusaka, Zambia, from April to August 2014, targeting HIV-positive postpartum women. Quantitative data were gathered through face-to-face interviews using a pretested questionnaire, which included closed-ended questions on self-reported PMTCT adherence and gender power dynamics within their sexual relationships. The study aimed to explore the relationship between intimate partner violence and non-adherence to prevention of mother-to-child transmission (PMTCT) during and after pregnancy.	**Prevalence of IPV** Physical/Sexual IPV: 57%; Emotional Violence: 40%; Physical Violence: 32%; Sexual Violence: 34%; At least one form of violence: 61%; All form of IPV; 10%. **Associated Factors** Women who experienced IPV had a 74% reduced odds of adhering to drug protocols during pregnancy ($p<0.05$) and postpartum adherence was reduced by 89% ($p<0.01$). There was a 91% reduced odds of adherence to giving the infant prophylaxis ($p<0.001$). Women who experienced sexual violence in their current relationship had a 68% reduced odds of adhering to drug protocols during pregnancy ($p<0.05$), an 83% reduced odds of taking single-dose Nevirapine (sdNVP) during labor/delivery ($p<0.05$), a 74% reduced odds of adherence during the postpartum period ($p<0.01$), and a 66%

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					reduced odds of giving the infant prophylaxis ($p<0.01$).
Zambia	Munro-Kramer et al., 2018	2,381 women	Postpartum women who were living in rural areas in Zambia. Mean age was 26.1 years (SD= 7), 87.9% were married, and 43.8% had completed primary.	This secondary analysis utilized baseline data from an impact evaluation of a maternity waiting home intervention in rural Zambia. A quantitative household survey was conducted over a six-week period, spanning from mid-April to late May 2016, across 40 rural health facility catchment areas among postpartum women. This cross-sectional quantitative study focused on examining the association between various factors and intimate partner violence (IPV) using binary logistic regression analysis.	**Prevalence of IPV** Rates revealed that 8.1% of respondents reported experiencing any type of physical intimate partner violence (IPV) in the preceding two weeks, while 5.3% had encountered severe physical IPV, involving incidents such as being kicked, dragged, beaten, or choked by a husband or partner. **Associated Factors** Risk factors associated with experiencing severe physical IPV included being a female head of household, which was linked to an increased likelihood (adjusted odds ratio [aOR] 2.64, 95% confidence interval [CI] 1.70–4.10, $p < .001$). Additionally, women with high depression scores faced elevated risks of both any physical IPV (aOR 17.1, 95% CI 8.44–34.9, $p < .001$) and severe

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					physical IPV (aOR 15.4, 95% CI 5.17–45.9, p < .001).
Zambia	Phiri et al., 2023[3]	7,358 women	Ever-married women in Zambia aged 15-49 years, 58% lived in rural areas, 50.5% with primary level, 40% poor wealth status and almost the same percent rich (40.7%), 61.8% were working, and 35.8% were living with two or three children.	The study utilized data from the 2018 Zambia Demographic and Health Survey to investigate IPV, particularly focusing on physical violence. Two-level multilevel binary logistic regression models were employed to analyze the association between individual and contextual factors and the experience of spousal violence.	**Prevalence of IPV** The prevalence of spousal physical violence against women was 21.1% [95% CI: 19.8-22.5]. **Associated Factors** Women aged 15-19 [aOR= 2.36, 95%CI= 1.34-4.41] and 20-24 [aOR= 2.11, 95%CI= 1.38-3.22], who did not own mobile phones [aOR= 1.36, 95%CI= 1.10-1.69], and had low decision-making autonomy [aOR= 1.24, 95%CI= 1.01-1.54] were more likely to experience spousal physical violence. Furthermore, communities with a low proportion of women with decision-making power [aOR= 1.66, 95%CI= 1.26-2.19] were more likely to experience spousal physical violence. Women whose partners drank alcohol [aOR= 2.81, 95%CI= 2.30-3.45] and exhibited jealous behaviors [aOR= 2.38, 95%CI= 1.88-3.21] were also more likely to experience spousal physical violence. Among demographics, those most affected were

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					younger women, urban residents, individuals with primary education, those in poor wealth status, non-working women, and those lacking decision autonomy. Furthermore, women whose partners had multiple wives, accused them of infidelity, or consumed alcohol had the highest rates of spousal physical violence.
Zimbabwe	Bengesai & Khan, 2021[3]	2,847 women	Women married or in some form of sexual union between 15-49 years, 58.7% were living in rural areas, and 64.2% had secondary education level.	In a cross-sectional, nationally representative study of health and demographic indicators, data was collected from approximately 11,000 households in Zimbabwe using a two-stage cluster sampling design, which was stratified by region and urban or rural residence. The study focused on women aged 15-49 years who were married or in some form of sexual union, among whom 58.7% resided in rural areas and 64.2% had attained a secondary education level. The sampling	**Prevalence of IPV** 44.6% of women aged 15–49 experienced intimate partner violence (IPV), with 30.4% reporting emotional violence, 29.7% reporting physical violence, and 10.5% reporting sexual violence. **Associated Factors** Among the risks identified, women with low autonomy (aOR=1.5, 95% CI=1.1-12.0, p<.005), low economic decision-making power (aOR=1.7, 95% CI=1.3-2.2, p<.005), tolerant attitudes (aOR=1.4, 95% CI=1.2-1.7, p<.005), and aged between 25-34 (aOR=1.5, 95% CI=1.2-1.8, p<.005) exhibited higher odds of experiencing any type of IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				strategy utilized information from the 2012 Zimbabwe Population Census.	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Zimbabwe	Fidan & Bui, 2016[3]	4,411 women	The age of the women in the sample ranged from 15-49 years with a mean of 29.7 years. 68.80% of the women lived in rural areas, 63.70% had secondary education or higher. 41.6% were classified as poor.	This study utilized data from the 2010-11 Zimbabwe Demographic and Health Survey (ZDHS), conducted by the Zimbabwe National Statistics Agency from September 2010 to March 2011. Women aged 15-49 and men aged 15-54 in sampled households were eligible for individual interviews. A sub-sample of one eligible woman per household was randomly selected for additional questions on domestic violence. Factorial analysis identified three forms of intimate partner violence (IPV): physical violence (measured by seven acts such as slapping, hitting, and threatening with weapons), sexual violence (measured by forced unwanted sex and other unwanted sexual acts), and emotional violence (measured by humiliation, threats, and insults). Each form of IPV was coded as a dichotomous variable (0 = no, 1 = yes).	**Prevalence of IPV** Among women surveyed, 27.1% reported physical violence, 24.4% emotional violence, and 14% sexual violence by their partners. **Associated Factors** Among women who have secondary education or higher, the likelihood of reporting physical violence is 34% lower ($b = -0.41$, $t = -3.71$, $p < .001$, OR = 0.66) and the likelihood of reporting sexual violence is 26% lower ($b = -0.31$, $t = 12.15$, $p < .05$, OR = 0.74) than that among women who have less than secondary education. As women's wealth increases by one level, the likelihood of reporting physical violence decreases by 10% ($b = -0.11$, $t = -2.64$, $p < .01$, OR = 0.90) and the likelihood of reporting emotional violence decreases by 9% ($b = -0.09$, $t = -2.21$, $p < .05$, OR = 0.91). Among employed women, the likelihood of reporting physical violence is 42% higher ($b = 0.35$, $t = 4.32$, $p < .01$, OR = 1.42), the likelihood of reporting sexual violence is 47% higher ($b = 0.39$, $t = 4.08$, $p < .001$, OR = 1.47) and the likelihood of reporting emotional violence is 35% higher ($b = 0.30$, $t = 3.8$, $p <.001$, OR = 1.35) than that among their unemployed counterparts. As the number of women's decision making increases by 1, the likelihood of reporting physical violence decreases by 23% ($b = -0.26$, $t = -4.11$, $p = <$ .01, OR = 0.77), the likelihood of reporting sexual violence decreases by 29% ($b = -0.34$,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					t = −4.00, p < .001, OR = 0.71), and the likelihood of reporting emotional violence decreases by 36% (b = −0.46, t = −7.00, p < .001, OR = 0.64). As the number of husband's patriarchal behaviors reported by women participants increases by 1, the likelihood of reporting physical violence increases by 70% (b = 0.53, t = 18.7, p < .01, OR = 1.70), the likelihood of reporting sexual violence increases by 62% (b = 0.48, t = 16.42, p <.001, OR = 1.62), and the likelihood of reporting emotional violence increases by 91% (b = 0.65, t = 19.17, p < .001, OR = 1.91). The likelihood of reporting physical violence among women who justify wife beating is 35% higher than among women who do not justify wife beating (b = 0.30, t = 3.57, p < .001, OR = 1.35).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Zimbabwe	Shamu, Zarowsky et al., 2016	842 women	Postnatally women attended in six postnatal clinics in Harare, Zimbabwe, majority had between 15-25 years (44%), and 88.1% were married.	The study employed a cross-sectional design to examine intimate partner violence (IPV) during pregnancy, post-natal depression (PND), and suicide risk. IPV was assessed using an adapted WHO questionnaire, while PND was evaluated using the Centre for Epidemiological Studies - Depression scale. Additionally, suicide risk was determined through three specific questions. Logistic regression analysis was utilized to explore the relationship between mental health indicators and IPV.	**Prevalence of IPV** 65.4% of participants experienced some form of violence. Specifically, 47% reported emotional violence, 18% reported physical violence, and 40% reported sexual violence. When considering all types of violence together, 65.4% of pregnant women reported experiencing one or more events, with 48.2% reporting physical and/or sexual violence, 47% reporting emotional violence, and 39.8% reporting sexual violence. **Associated Factors** Although individual forms of severe IPV were associated with postnatal depression (PND), stronger associations were found between PND and severe emotional IPV or severe combined forms of IPV. Suicidal ideation was associated with emotional IPV. Other forms of IPV, except when combined with emotional IPV, were not individually associated with suicidal ideation.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Zimbawe	Mukamana et al., 2020[3]	13,409 women	Married or cohabiting women aged 15-49 years. From the three samples of surveys (2005/2006, 2010/2011 and 2015), most women cohabited (46.55%, 47.12% and 50.77% respectively), living in rural area (48.14%, 42.64% and 43.43%), were employed (51.87%, 44.99% and 46.35%), with more than three children, poorest or poorer and without education.	The study utilized multiple logistic regression and hierarchical modeling techniques to investigate the correlations between demographic factors, socioeconomic status (SES), media exposure, and IPV against women. Data from the 2005/2006, 2010/2011, and 2015 Zimbabwe Demographic and Health Surveys (ZDHS) were analyzed, focusing on IPV across physical, sexual, and emotional domains. Multiple logistic regressions were employed to assess the relationships between demographic characteristics, SES, media exposure, and IPV.	**Prevalence of IPV** The prevalence of IPV showed a fluctuating trend, declining from 45.2% in 2005 to 40.9% in 2010, before increasing to 43.1% in 2015. Physical and emotional violence exhibited similar patterns in 2005 and 2015, with physical violence rates ranging from 28.7% to 29.5%, and emotional violence rates from 30% to 29.6%. Conversely, sexual violence decreased during the same period, declining from 13.2% to 10.6%. **Associated Factors** Older women (40+ years) were less likely to experience IPV (aOR = 0.68; 95% CI = 0.55–0.83) compared to younger women (15–19) years. Marital status is strongly associated with IPV, whereby cohabiting women had higher odds of reporting IPV (aOR = 1.32; 95% CI = 1.12–1.57) compared to married women. Women who had more children (e.g. 3–4) were more likely to experience IPV (aOR = 1.61; 95% CI = 1.35–1.92) compared to their counterparts without children. Women with no religious affiliation had a higher likelihood of reporting IPV (aOR = 1.24; 95% CI = 1.09–1.41) compared to Christians. Women living in the rural areas were about 10% more likely to be report IPV (aOR = 1.10; 95% CI = 1.02–1.18) compared to their counterparts in the urban areas. Richer women had lower odds of reporting IPV (aOR = 0.62; 95% CI = 0.53–0.72) compared to the poorest. We also observed a

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					strong association between employment status and IPV, with women who were employed being about 50% more likely to report IPV (aOR = 1.51; 95% CI = 1.40–1.63) compared to those not employed.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Benin, Burkina Faso, Burundi, Cameroon, Chad, Congo DR, Gabon, Comoros, Cote D'lvoire, Ethiopia, Gambia, Kenya, Malawi, Mali, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbawe.	Ahinkorah, 2021a	60563 adolescent girls and young women	A total of 60,563 adolescent girls and young women from 25 African countries. No more information given.	Data for this study were obtained from the Demographic and Health Surveys (DHS) of 25 countries in sub-Saharan Africa (SSA), which employed a cross-sectional study design. DHS is a nationally representative survey that gather data on a number of health indicators including intimate partner violence and pregnancy termination across low-and middle-income countries (LMICs).	**Prevalence of IPV** The prevalence of intimate partner violence among adolescent girls and young women in the 25 countries in sub-Saharan Africa was 19%. **Associated Factors** The odds of pregnancy termination was higher among adolescent girls and young women who had ever experienced intimate partner violence, compared to those who had never experienced intimate partner violence [COR = 1.60, 95% CI = 1.51–1.71].

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Benin, Burkina Faso, Burundi, Ivory Coast, Cameroon, Chad, Comoros, DR Congo, Ethiopia, Gabon, Kenya, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, Togo, Uganda, Tanzania, Zambia, Zimbabwe	Bachwenkizi et al., 2023	131,939 women	Mean age 31.4, and 28.2% were unemployed. 36.3% had no education, 35.6% had primary schooling, 24.7% had secondary schooling. 34.2% were from rural areas and 65.8% from urban areas.	A population-based study used data collected from Demographic and Health Surveys (DHS) between 2008 and 2020 across 26 Sub-Saharan African countries to investigate the associations between round-trip time to water sources and intimate partner violence (IPV). The primary outcomes, all self-reported, were derived from DHS questionnaires focusing on physical violence. IPV was categorized into two groups: severe IPV, which included acts such as being kicked, strangled, threatened with a knife or gun, or otherwise harmed; and less severe IPV, which included being pushed, having arms twisted, or hair pulled. Multivariable logistic regression analyses were conducted using both crude and adjusted models. Additionally, sensitivity analyses, stratification, and country-specific analyses were performed to assess how these factors contribute to the associations between round-trip time to water sources and IPV.	**Prevalence of IPV** 11.2% of women experienced severe violence; 28.9% of women experienced less severe violence. **Associated Factors** A 30-minute increase in round-trip fetching time was associated with an increase in severe IPV, with a crude odds ratio (OR) of 1.06 (95% CI: 1.05–1.07) across all 26 countries. Positive associations were observed between round-trip time to basic access to water sources and severe IPV, with an OR of 1.08 (95% CI: 1.05–1.10). After adjusting for covariates, the association between round-trip time to water sources and severe IPV remained significant with an adjusted OR of 1.03 (95% CI: 1.01–1.05).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Benin, Burundi, Cameroon, Chad, Comoros, DR Congo, Ethiopia, Gabon, Gambia, Kenya, Liberia, Mali, Malawi, Nigeria, Namibia, Rwanda, Sierra Leone, Togo, Tanzania, Uganda, Zambia, Zimbabwe	Aboagye et al., 2023	96,782 women	Women who ware currently married or cohabiting. 67.8% were working. 64.2% were from rural areas. 19.3% were in the poores wealth index	Cross-sectional analysis using data from the Demographic and Health Surveys (DHS) in 23 countries across sub-Saharan Africa. This study focused on countries that included information on the DHS domestic violence modules. The variables of interest were the past-year experiences of physical, emotional, and sexual violence. The primary explanatory variable examined in this study was exposure to interparental violence (IP). Multivariable multinomial logistic regression was employed to analyze the association between exposure to interparental violence and the experience of intimate partner violence (IPV). The data spanned from 2012 to 2020, encompassing multiple waves of the Demographic and Health Survey.	**Prevalence of IPV** Rates of intimate partner violence (IPV) varied across the 23 countries analyzed, with physical violence reported by 19.4%, emotional violence by 24.3%, and sexual violence by 9.6% of respondents. The highest prevalence of physical and emotional violence was observed in Sierra Leone, with rates of 39.0% each, while Burundi reported the highest prevalence of sexual violence at 20.3%. **Associated Factors** There were higher prevalence rates of physical, emotional, and sexual violence among those who had witnessed interparental violence compared to those who had not. Specifically, physical violence was more prevalent among women who had experienced interparental violence (30.0% vs. 15.7%), as was emotional violence (33.9% vs. 21.0%) and sexual violence (15.7% vs. 7.6%). Logistic regression analysis revealed that exposure to interparental violence was significantly associated with increased odds of experiencing physical (aOR=2.17, 95% CI=2.07-2.28, p=.001), emotional (aOR=1.87, 95% CI=1.78-1.96, p=.001), and sexual violence (aOR=2.02, 95% CI=1.90-2.15, p=.001).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Benin, Burundi, Cameroon, Comoros, Chad, DR Congo, Ethiopia, Gambia, Gabon, Kenya, Leone, Rwanda, Malawi, Mali, Mozambique, Namibia, Nigeria, Sierra Tanzania, Togo, Uganda, Zambia, Zimbabwe	Aboagye et al., 2021	100,182 women	Married and cohabiting women between 1-49 years from 23 countries of sub-Saharan Africa.	The study conducted a cross-sectional analysis utilizing data from the Demographic and Health Survey (DHS) spanning 2010 to 2019 from 23 countries in Sub-Saharan Africa (SSA). Its primary aim was to investigate whether a supportive attitude towards intimate partner violence (IPV) is correlated with the past-year experience of IPV among women in sexual unions. Bivariate and multivariable binary logistic regression analyses were employed to assess this association. The results of the regression analyses were presented in tabular form, showcasing both crude odds ratios (cOR) and adjusted odds ratios (aOR) along with their corresponding 95% confidence intervals (CIs).	**Prevalence of IPV** In the 23 countries analyzed, 32.3% of women reported experiencing intimate partner violence (IPV) within the last year, with Sierra Leone recording the highest prevalence (51.1%) and Comoros the lowest (7.4%). The prevalence of PV, EV, SV, and IPV were significantly higher among women who had a supportive attitude towards PV (24.2%), EV (27.6%), SV (12.6%), and IPV (38.8%) than those who rejected them (14.6%, 20.6%, 6.6%, and 26.9%, respectively). **Associated Factors** Women who had a supportive attitude towards IPV were more likely to experience IPV compared to those who rejected IPV (cOR = 1.72, 95% CI = 1.64–1.79)

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Benin, Burundi, DR Congo, Cameroon, Ethiopia, Gabon, Kenya, Liberia, Mali, Malawi, Nigeria, Namibia, Rwanda, Sierra Leone, Chad, Togo, Tanzania, Uganda, Zambia, Zimbawe	Aboagye, Ahinkorah et al., 2022[3,4]	89,229 women	Currently married and cohabiting women aged 15–49 years.	This study used cross-sectional survey data from the Demographic and Health Surveys (DHS) of 89,229 women aged 15 to 49 in sexual unions across 21 sub-Saharan African countries, with datasets ranging from 2012 to 2020. The analysis focused on past-year experiences of physical, emotional, and sexual violence, measured using questions derived from a modified version of the Conflict Tactics (CT) scale. The primary explanatory variable was partner alcohol consumption, assessed by asking, "Does (did) your (last) (husband/partner) drink alcohol?"	**Prevalence of IPV** Physical Violence: 19.7%; Emotional Violence: 25.0%; Sexual Violence: 9.7%. **Regional Variations** Sierra Leone: Highest rates for both physical (39.0%) and emotional violence (39.0%); Togo: Lowest rate for physical violence (9.9%); Chad: Lowest rate for emotional violence (14.1%); Nigeria: Lowest rate for sexual violence (4.3%); Burundi: Highest rate for sexual violence (20.3%). **Associated Factors** Partner Alcohol Consumption: Pooled prevalence of 36.3%; Physical Violence (PV) With Alcohol: 29.7%; PV Without Alcohol: 14.0%; Adjusted Odds Ratio (aOR) = 2.37; Emotional Violence (EM) With Alcohol: 34.2%; EM Without Alcohol: 19.8%; aOR = 1.96; Sexual Violence (SV) With Alcohol: 14.6%; SV Without Alcohol: 6.9%; aOR = 2.03. Covariates that were significantly related to all IPV: younger women, women with primary education, women cohabiting (vs. married), no exposure to television, no exposure to newspaper/magazine, younger partners age, partner with primary education, justifying wife-beatings, exposure to inter-parental violence, presence of partner controlling behavior, lower wealth index, and rural residence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Burkina Faso, Benin, Burundi, Congo DR, Cameroon, Cote d´ivoire, Ethiopia, Gabon, Gambia, Kenya, Comoros, Mali, Malawi, Nigeria, Namibia, Rwanda, Sierra Leone, South Africa, Chad, Togo, Tanzania, Uganda, Zambia, Zimbabwe	Arthur-Holmes et al., 2023	129,149 women	Ever married, currently married or cohabiting women between 15-49 years. 36.2% had no education, 60.9% had three or more parity, 20.4% were poorest, and 64.2% were living in rural areas.	The study utilized data from the Demographic and Health Surveys (DHSs) conducted in 25 countries in Sub-Saharan Africa (SSA), employing a cross-sectional study design. The primary aim was to examine the association between Intimate Partner Violence (IPV) and pregnancy termination. Bivariable and multivariable binary logistic regression models were employed to analyze this association. Data from the DHSs of each country were used to assess the associations of variables specific to that country. By utilizing these methods, the study aimed to provide insights into the relationship between IPV and pregnancy termination across a diverse range of countries in SSA.	**Prevalence of IPV** There was an overall IPV of 40.8%. Sierra Leone had the highest prevalence of IPV at 60.6%, while Comoros had the lowest at 10.5%. **Associated Factors** The odds of pregnancy termination was higher among women who had experienced IPV [cOR = 1.57, 95% CI = 1.52–1.61] compared to those who had never experienced IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Burkina Faso, Benin, Burundi, DR Congo, Cote d´Ivoire, Cameroon, Ethiopia, Gabon, Gambia, Kenya, Comoros, Liberia, Mali, Malawi, Mozambique, Nigeria, Namibia, Rwanda, Sierra Leone, Chad, Togo, Uganda, Zambia, Zimbabwe	Seidu et al., 2021	129,938 women	Women ever been in a sexual relationship. No more information given.	This cross-sectional study utilized pooled data from the Demographic and Health Survey (DHS) across 25 sub-Saharan African countries, focusing on datasets collected between 2010 and 2020. The analysis employed a structured questionnaire covering domestic violence, sexual and reproductive health, maternal and child health, and men's health. Data were gathered using a two-stage cluster sampling method. The main outcome variable was marital disruption, derived from respondents' current marital status. The key explanatory variable, intimate partner violence (IPV), was created from indices of physical, emotional, and sexual violence based on questions adapted from the conflict tactics scale. Prevalence of IPV and marital disruption was determined using frequency and percentages, and multilevel binary logistic regression was applied to analyze individual	**Overall Prevalence of IPV** 29.3% physical IPV; 28% emotional IPV; 11.5% sexual IPV. 50.0% is the highest prevalence of physical IPV was in Sierra Leone; 5.7% is the lowest prevalence of physical IPV was in Comoros. 5.7% is the highest prevalence emotional IPV was in Sierra Leone (45.9%); 7.9% is the lowest prevalence was in Comoros. 25.5% is the highest prevalence of sexual violence was in Burundi; 1.8% is the lowest prevalence was in Comoros. **Associated Factors** The average prevalence of marital disruption was 7.7%. This ranged from 1.3% in Burkina Faso to 20.2% in Mozambique. Women who had experienced physical violence were more likely to experience marital disruptions compared to those who never experienced physical violence [aOR = 1.42, 95% CI = 1.35–1.50]. Women who had ever experienced emotional violence were more likely to experience marital disruption compared to those who had never experienced emotional violence [aOR = 1.86, 95% CI = 1.76–1.96]. Women who had ever experienced sexual violence were more likely to experience marital disruption compared to those who had never experienced sexual violence [aOR = 1.29, 95% CI = 1.21–1.37].

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				and contextual factors associated with marital disruption across four models.	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Burkina Faso, Cameroon, Chad, DR Congo Malawi, Kenya, Ethiopia, Zambia, Burundi, Tanzania, Uganda, Mozambique, Comoros, Zimbawe, Namibia, Rwanda, South Africa, Mali, Senegal, Sierra Leone, Nigeria, Togo, + 5 others	Wado et al., 2021[3]	26,544 women	Married or cohabiting adolescent girls aged 15–19 years and young women aged 20–24 years.	Data from the most recent Demographic and Health Surveys (DHS) conducted in 27 sub-Saharan African countries after 2010 were analyzed. The study focused on married or cohabiting adolescents and young women (AYW) aged 15–24 years. It compared inequalities in physical or sexual intimate partner violence (IPV) based on place of residence, education, and wealth. Additionally, the analysis examined IPV variations in relation to AYW's beliefs about gender-based violence (GBV) and the association of country-level gender inequality with IPV prevalence.	**Prevalence of IPV** Across 27 sub-Saharan African countries, the median prevalence of physical or sexual IPV among adolescents and young women (AYW) aged 15–24 years was 25.2%. The proportion reporting IPV ranged from 6.5% in Comoros to 43.3% in Gabon. Physical IPV prevalence varied from 5.2% in Comoros to 38.8% in Gabon, while sexual IPV ranged from 1.5% in Burkina Faso to 23.9% in DRC Congo. The highest IPV rates were observed in Central Africa (39.8%), followed by Southern Africa (28.4%). **Associated Factors** The correlation between physical and sexual IPV was r = 0.66. IPV prevalence was higher among AYW from rural areas, with lower education, and from poorer wealth quintiles. AYW who approved of wife beating reported higher IPV rates compared to those who disapproved. IPV reporting showed weak correlations with the Gender Inequality Index and other societal variables, but moderate positive correlations with adult alcohol consumption (r = 0.48) and negative attitudes towards gender-based violence (GBV) (r = 0.38).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Cameroon, Chad, Congo DR, Gabon, Burkina Faso, Cote D´Ivoire, Gambia, Mali, Nigeria, Sierra Leone, Togo, Burundi, Comoros, Ethiopia, Kenya, Mozambique, Rwanda, Uganda, Malawi, Namibia, South Africa, Zambia, Zimbawe	Aboagye, Dadzie et al., 2022[3]	99,769 women	Ever married, currently married and cohabiting women who completed information on IPV and sexual autonomy; 21.4% were aged 25–29 years; 37.1% had no education; 78.2% were married; 66.8% were exposed to mass media; 66.8% were currently working; 20.3% belonged to the poorer wealth quintile; 64.2% were residing in rural areas. A cross-sectional study was conducted using data from the Demographic and Health Surveys across 24 sub-Saharan African countries, spanning 2010 to 2019.	Inclusion criteria were datasets published during this period containing information on domestic violence modules and sexual autonomy. The study employed bivariable and multivariable binary logistic regression analyses to explore the association between sexual autonomy and intimate partner violence (IPV), which was the dependent variable derived from physical, emotional, and sexual violence variables. IPV data were obtained from a modified Conflict Tactics Scale within the domestic violence module. Sexual autonomy was the main explanatory variable, defined as an index based on responses to questions about the ability of married/cohabiting women to refuse sex and to request condom use. Respondents who answered "Yes" to at least one question were considered to have sexual autonomy, while those who answered "No" to both were classified as lacking sexual autonomy.	**Prevalence of IPV** The pooled prevalence of intimate partner violence (IPV) across 24 sub-Saharan African countries was 38.5%. Country-specific IPV rates varied, with the highest prevalence recorded in Sierra Leone at 60.6% and the lowest in Comoros at 9.8%. **Associated Factors** Sierra Leone reported the highest levels of physical (50.8%) and emotional violence (44.1%) among women with sexual autonomy, while Congo DR had the highest sexual violence rate (24.0%) among women with sexual autonomy. Sexual autonomy prevalence overall was 73%, ranging from 97.8% in Namibia to 38.1% in Mali. The odds of experiencing IPV were higher among women with sexual autonomy, with an adjusted odds ratio of 1.28 (95% CI: 1.21–1.35). Sexual autonomy was significantly associated with IPV in 13 countries, including Angola, Cameroon, and Nigeria.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Angola, Cameroon, Chad, DR Congo, Gabon, Burkina Faso, Cote D´Ivoire, Gambia, Ghana, Liberia, Mali, Nigeria, Senegal, Sierra Leone, Togo, Burundi, Comoros, Eswatini, Ethiopia, Kenya, Mozambique, Rwanda, Uganda, Malawi, Namibia, Sao Tome and Principe, South Africa, Tanzania, Zambia, Zimbawe	Kuchukhidze et al., 2023	280,259 women	Ever-partnered women aged 15–64 years from 30 sub-Saharan countries. No more information given	This is a retrospective pooled analysis of data from nationally representative, cross-sectional surveys with information on physical or sexual IPV (or both) and HIV testing, from Jan 1, 2000, to Dec 31, 2020. Relevant surveys were identified from data catalogues and previous large-scale reviews, and included the Demographic and Health Survey, the AIDS Indicator Survey, the Population-based HIV Impact Assessment, and the South Africa National HIV Prevalence, Incidence, Behavior and Communication Survey.	**Prevalence of IPV** 21.2% pf women had experienced physical or sexual IPV in the past year. **Associated Factors** The prevalence ratio for recent HIV infection among women who had experienced past-year physical or sexual IPV, versus those who had not, was 3·51 (95% CI 1·64–7·51; n=19179). Women living with HIV who had experienced physical or sexual IPV in the past year were less likely to achieve viral load suppression than those who had not experienced past-year IPV (Prevalence ratio, 0·85 [0·79–0·91], n=5627).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Benin, Burundi, Egypt, Kenya, South Africa	Yusuf et al., 2019	5,424,242 women	Women. 50% were 30 years of age or older with over half of them residing in rural areas. 60% had achieved at least secondary level of education. Unemployment rate was more than 50%, and 1 in 5 of the women were placed within the poorest or poorer wealth index bracket.	A multi-country cross-sectional study was conducted using data on women of reproductive age (15-49 years) from the Demographic and Health Surveys across five African regions. The exposure variable was intimate partner violence (IPV), and the outcome variable was reproductive literacy, which includes modern contraception knowledge and usage. Survey log-binomial regression models were used to generate prevalence ratios, estimating the association between IPV and knowledge and usage of modern contraception.	**Prevalence of IPV** Overall IPV prevalence in Africa was 30.8% with notable regional differences (41.3% in Benin, 50.6% in Burundi, 30.1% in Egypt, 46.9% in Kenya, 23.2% in South Africa) **Associated Factors** The level of knowledge of contraception was 84% greater among African women who were victims of IPV compared to their counterparts who were not victims of IPV ($p < 0.0001$). IPV was not associated with actual usage of modern contraception ($p = 0.21$). Markers of IPV were more pronounced in younger women, rural residents, women of low socioeconomic status and those with copious knowledge but poor usage of modern contraception.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Cameroon, Congo DR, Gabon, Ghana, Kenya, Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe	Kotsadam et al., 2017	142,749 women	The sample was obtained from african mines, from 17 Sub-Saharan countries over the period 1999-2013. No more information given.	Survey data on domestic violence attitudes as well as experiences and other background factors for women from the Demographic and Health Surveys.	**Prevalence of IPV during the Last Year** 21% reported less severe violence; 3% reported severe violence; 9% reported sexual violence; 32% reported any violence. **Associated Factors** Mining is associated with increased DV in areas with higher general acceptance of such abuse.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Cameroon, Congo DR, Cote d´Ivoire, Gabon, Ghana, Kenya, Liberia, Malawi, Mali, Mozanbique, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, Tanzania, Uganda, Zambia, Zimbawe,	Cools & Kotsadam, 2017[3]	202,442 women	This study analized two groups. Group 1 is based on the 21 surveys conducted in Sub-Saharan Africa (SSA) that include the domestic violence module. The sample consists of 156,929 women aged 15–49 over the years 2003–13 from 19 different countries. Group 2 contains information on 45,513 women from 19 couples' questionnaires in 15 countries containing the domestic violence module and the time period consists of nine years during 2003–13. The average age was 30 years, most had a partner and children, 30–40% were Muslim, about 20% were Christian, and about 30% lived in urban areas. The men in the	Data from the Demographic and Health Surveys (DHS) were utilized in both samples. The DHS offer standardized surveys across years and countries at both the individual and household (couple) levels. Since the 1990s, the DHS have included questions on attitudes toward wife-beating and, later, a standardized module on respondents' experiences of abuse. The surveys provide extensive information on individuals' background characteristics.	**Prevalence of IPV per Group** **Group 1:** Past Year: Less severe violence: 22%; Severe violence: 3%; Sexual violence: 9%; Any abuse: 25% Ever: Less severe violence: 28%; Severe violence: 10%; Sexual violence: 11%; Any abuse: 32% **Group 2:** Past Year: Less severe violence: 21%; Severe violence: 4%; Sexual violence: 9%; Any abuse: 25% Ever: Less severe violence: 26%; Severe violence: 9%; Sexual violence: 9%; Any abuse: 30% **Associated Factors** The correlation between acceptance of wife-beating among women and their experience with being beaten is strongly positive. Women with elementary or secondary education are significantly more likely to have been abused during the last year than are the women without formal education. A woman's employment during the last 12 months is associated with a higher risk of having been abused during the same period ($p < 0.01$). These correlations are suggestive of a violence backlash. The education of the male partner shows a similar pattern: He is more likely to be abusive if he has elementary education compared to no formal education, and only if he has post-secondary education is he (significantly) less likely to be abusive.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			couples sample are on average older than their wives and have more children than their wives.		

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Cameroon, Cote d'Ivoire, Gabon, Egypt, Ghana, Kenya, Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Tanzania, Uganda, Zambia, Zimbabwe, Azerbaijan, Moldova, Ukraine, Cambodia, India, Nepal, Philippines, Timor Leste, Colombia, Dominican Republic, Haiti, Honduras.	Peterman et al., 2015[2]	548,106 women	Data come from ever married women ages of 15-49 years in nationally representative Demographic and Health Surveys in 30 countries collected from 2005 to 2014 in Africa, Asia, Eastern Europe, and Latin America and the Caribbean.	Data for the main analysis were obtained from nationally representative Demographic and Health Surveys (DHS) conducted between 2005 and 2014, involving ever-married women aged 15 to 49 years. The analysis included data from 30 DHS surveys: Seventeen DHS from sub-Saharan Africa [Burkina Faso (2010), Cameroon (2011), Cote d'Ivoire (2011-2012), Gabon (2012), Ghana (2008), Kenya (2008-2009), Liberia (2007), Malawi (2010), Mali (2006), Mozambique (2011), Nigeria (2008), Rwanda (2005), Sao Tome and Principe (2008-2009), Tanzania (2010), Uganda (2011), Zambia (2007), Zimbabwe (2010-2011); four from North Africa/West Asia and Europe: Azerbaijan (2006), Egypt (2014), Moldova (2005), Ukraine (2007); five from South and Southeast Asia: Cambodia (2005), India (2005e2006), Nepal (2011), Philippines (2008) and Timor Leste (2009-2010); and four from Latin America and the	**Prevalence of Ever Experienced Sexual or Physical IPV** Overall (African countries): 33.5% (95% CI: 33.2-33.9). Ever Experienced Physical IPV: 33.5% (95% CI: 33.2-33.9). Burkina Faso: 11.5%; Cameroon: 47.8%; Côte d'Ivoire: 25.9%; Gabon: 48.6%; Ghana: 22.9%; Kenya: 39.3%; Liberia: 38.6%; Malawi: 29.3%; Mali: 21.5%; Mozambique: 33.1%; Nigeria: 18.4%; Rwanda: 37.4%; São Tomé and Príncipe: 27.3%; Tanzania: 42.1%; Uganda: 49.8%; Zambia: 49.7%; Zimbabwe: 35.2%; Egypt: 25.6%. **Comparing Regions** Global (30 countries): 29.0%; Sub-Saharan Africa: 33.5%; North Africa-West Asia-Europe: 18.7%; South and Southeast Asia: 25.4%; Latin America and the Caribbean: 23.5%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				Caribbean: Colombia (2010), Dominican Republic (2007), Haiti (2012), and Honduras (2011-2012)]. Data from the most recent round available was included for each country which collected data on IPV, using standardized modules, typically administered to one randomly selected everpartnered woman aged 15e49 years in every second household. These modules use an adapted Conflict Tactics Scales, with some variation across countries.	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Chad, Cote d'Ivore, Ghana, Kenya, Liberia, Mali, Malawi, Nigeria, Rwanda, Sao Paolo and Principe, Tanzania, Togo, Zambia, and Zimbabwe	Stöckl et al., 2021[3]	70,993 women and men	Females between 15-49 years and their partners between 15-59 years from 15 sub-Saharan African countries. 41% were poorer, both had primary education (41% and 39% respectively), were working (63% and 92%), and 72% living in rural areas.	The study employed couples' data from the Demographic and Health Surveys spanning 2001 to 2015 across various countries, utilizing probabilistic samples derived from multi-stage cluster sampling. data was stratified by rural and urban areas within different regions. The research investigated the association between physical and sexual intimate partner violence (IPV) and economic empowerment factors while comparing urban and rural locations as well as different age groups. Multivariate logistic regression was employed to analyze the variables.	**Prevalence of IPV** The study revealed a lifetime prevalence of intimate partner violence (IPV) of 30% (10% sexual violence and 27% physical violence) among all women surveyed, with 20% reporting experiencing IPV (9% sexual violence and 20% physical violence) within the last 12 months. **Associated Factors** Women's and men's higher levels of education and increased household wealth were associated with a decrease in IPV, and women's employment, especially if only the woman worked, and women earning more than her partner were associated with an increase in IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Chad, Ethiopia, Gambia, Ghana, Ivory Coast, Kenya, Malawi, Mali, Nigeria, Togo, Zambia	Howard & Gibson, 2023	25,577 women	There were 25,577 women from 103 ethnic groups from 12 countries. No more information given.	The study used Demographic Health Survey (DHS) datasets from 12 sub-Saharan African countries, including approximately 3,000 men and 10,000 women per country. An optional IPV module was utilized, with datasets from 18 surveys undertaken since 2017, of which 12 were suitable due to matched IPV data for both husbands and wives. Multilevel multivariate logistic regression models were applied to examine the association between women's experiences of physical and sexual IPV and various independent variables. These models address hierarchical data structures by partitioning behavioral variance at different levels.	**Prevalence of IPV** A total 15.9% women reported physical IPV (ranging from 7.7 to 24.8% by country) in the past year and 8.5% reported sexual IPV (ranging from 1.3 to 16.7% by country); overall, 4.4% reported both. Malawi was the only country in which the prevalence of sexual IPV was higher than physical IPV (16.7% compared with 15.7%). Some 55.6% of women who experienced sexual IPV also experienced physical IPV, whereas 29.7% of thise who experienced physical IPV also experienced sexual IPV. **Associated Factors** Men who drank alcohol, lived in urban areas, agreed with more IPV justifications and who were exposed to IPV in childhood, had higher odds of perpetrating physical IPV. Men’s age was associated with physical IPV (with younger men at higher risk), and men in the poorest and richest households were least likely to perpetrate physical IPV. Religion was a significant factor, and physical IPV was more likely for couples in which either the husband or wife had more than one marriage. Men who perpetrated sexual IPV were at much higher odds of perpetrating physical IPV. The husband’s use of alcohol, and the number of IPV justifications agreed with, both increased the odds of sexual IPV. Household wealth had a different association with physical IPV, and only women in the richest households had significantly lower

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					odds of experiencing sexual IPV. Men who had perpetrated physical IPV had higher odds of perpetrating sexual IPV. Men who were jealous when their wife talked to another man, accused their wife of unfaithfulness and insisted on knowing where their wife was at all times had significantly higher odds of perpetrating both physical IPV and sexual IPV. Physical IPV was most strongly associated with accusations of unfaithfulness, whereas sexual IPV was more strongly associated with insisting on knowing where his wife was at all times. Compared with one sexual partner, the risk of physical IPV increased with each extra sexual partner. The woman's number of sexual partners was the only variable significantly associated with sexual IPV, and women who had had four or more lifetime sexual partners were at significantly higher risk. The risk of physical IPV was higher in marriages where the husband had more living children than their wife, was polygamous and had had extramarital sex within the past year. Men with more living children than their wives were shown to be more likely to perpetrate sexual IPV.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Cote d'Ivoire, Gabon, Kenya, Liberia, Mali, Malawi, Rwanda, Zambia, Zimbabwe	Durevall & Lindskog, 2015a[4]	39,000 women	Women, 15–49 years of age. No more information given	This study analyzed cross-sectional data from 12 Demographic and Health Surveys across ten sub-Saharan African countries, focusing on women aged 15–49. Odds ratios were estimated using logistic regression, both with and without controls for demographic and socioeconomic factors and survey-region fixed effects. Exposure to intimate partner violence (IPV) was assessed through binary indicators of physical, sexual, and emotional violence, as well as male controlling behavior and their combinations. Information on IPV was collected from one randomly selected woman per household, with no other household members aware of the interview. Married or cohabiting women reported experiences of IPV by their current husband or partner, while formerly married or cohabiting women reported experiences with their most recent husband or partner.	**Prevalence of IPV** 39% of women report having been exposed to some form of intimate partner violence (from 26% in Burkina Faso to 63% in Zambia); 29% experienced physical violence; 23% experienced emotional violence; 12% experienced sexual violence; 22% experienced controlling behaviour **Associated Factors** The prevalence of HIV infection is 14–16% in the women who report intimate partner violence. Physical violence, emotional violence, and controlling behaviour as individual factors are associated with an increased risk of HIV, whereas sexual violence is insignificant in the samples of ever-married and married women but significant in the sample of women in their first marriage.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Burkina Faso, Cote d'Ivoire, Gabon, Kenya, Liberia, Mali, Malawi, Rwanda, Zambia, Zimbabwe	Durevall & Lindskog, 2015b	26,000 women	Women aged 15–49. No mor information was provided.	This study utilized 12 Demographic and Health Surveys (DHS) from 10 countries (Burkina Faso, Côte d'Ivoire, Gabon, Kenya, Liberia, Malawi [2], Mali, Rwanda, Zambia, and Zimbabwe [2]) that include a comprehensive domestic violence module linked to women's HIV status. The data on intimate partner violence (IPV) and HIV were collected during a brief period, though not necessarily on the same day, with interviewers potentially visiting each household up to four times to complete the interviews. The violence module, a modified and abbreviated version of the Conflict Tactics Scale, includes questions classified as physical, emotional, or sexual violence. The study investigated the relationship between IPV and HIV among married and cohabiting women in sub-Saharan Africa.	**Prevalence of IPV by country:** Burkina Faso (2010): Physical 10.7%, Emotional 9.3%, Sexual 1.3% Côte d'Ivoire (2011–12): Physical 24.5%, Emotional 17.5%, Sexual 4.8% Gabon (2011): Physical 46.4%, Emotional 33.8%, Sexual 14.1% Kenya (2008): Physical 36.4%, Emotional 28.5%, Sexual 14.1% Liberia (2006): Physical 36.7%, Emotional 36.5%, Sexual 9.4% Malawi (2004): Physical 20.2%, Emotional 12.5%, Sexual 13.3% Malawi (2010): Physical 21.6%, Emotional 25.8%, Sexual 16.6% Mali (2007): Physical 17.7%, Emotional 10.3%, Sexual 3.7% Rwanda (2005): Physical 34.2%, Emotional 12.8%, Sexual 14.0% Zambia (2007): Physical 46.0%, Emotional 25.0%, Sexual 16.6% Zimbabwe (2005–06): Physical 30.3%, Emotional 31.0%, Sexual 13.8% Zimbabwe (2010–11): Physical 28.4%, Emotional 25.3%, Sexual 14.7% **Associated Factors with IPV:** Physical violence: 15% increase in the probability of being HIV positive. Emotional violence: 20% increase in the probability of being HIV positive. About one-third of married women report having experienced physical violence from their partners, with exceptions being Burkina Faso (10.7%), Mali

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					(17.7%), and Zambia (46%). Emotional violence ranges from 9.3% in Burkina Faso to 36% in Liberia. Sexual violence is less common, ranging from 1.3% in Burkina Faso to 16.6% in Zambia. Physical and emotional violence are associated with higher HIV rates among exposed women in both generalized epidemic and high-prevalence regions.
Burkina Faso, DR Congo, Ghana, Mozambique, Malawi, Tanzania, Uganda, Rwanda, Zimbabwe	Anderson, 2021	500,000 women	Women residing in separate marital property regimes in Sub-Saharan Africa, aged 15–49 years. 74% are or have been in a partnership.	The study utilized individual-level self-reported data from the Demographic Health Surveys (DHS), focusing on the most recent surveys conducted between 2012 and 2018, during which intimate partner violence (IPV) information was available. Data from the	**Associated Factors** Women who justified IPV reported higher levels of IPV compared with women who didn't justify IPV, where less severe IPV was reported 33% vs 21%, more severe IPV 12% vs 8%, sexual IPV 14% vs 8% and any IPV 38% vs 24% respectively. The findings show that more equitable marital property rights could both reduce the incidence of IPV and

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				Demographic and Health Survey was analyzed, and regression analysis was employed to examine the association between residing in a country with a separate marital property regime and IPV. This method allowed for an investigation into the potential relationship between legal frameworks regarding marital property and the prevalence of IPV.	also increase women's own condemnation of the violence.
Burkina Faso, Ethiopia, Kenya, Nigeria, Gambia, Ivory Coast,	Howard & Gibson, 2022[4]	33,170 women	Sociodemographic information was not reported, the authors refer the readers to the following weg page for the information: https://www.dhsprogram.com/	The study utilized data from the Demographic and Health Survey (DHS) Program from Burkina Faso 2010, Ethiopia 2008, The Gambia 2013, Ivory Coast 2012, Kenya 2014, and Nigeria 2013. It aimed to investigate the association between female genital cutting (FGC) and experiences of intimate partner violence (IPV). Multivariate logistic regression models were employed to analyze the relationship between variables.	**Prevalence of IPV** 12.3% of women had experienced physical or sexual IPV in the last 12 months. **Associated Factors** Female genital cutting (FGC) was not significantly associated with IPV experience (OR=1.10, 95% CI=0.99-1.21, p=0.067). However, wealth was found to be a protective factor, significantly reducing the risk of IPV, particularly in the richest households (OR 0.74, 95%CI 0.63–0.87, p < .000). On the other hand, women whose husbands consumed alcohol and those in polygamous marriages faced a significantly higher risk of experiencing IPV (OR 2.10, 95%CI 1.09-1.32, p=0.004 and OR 1.20, 95%CI 1.09–1.32, p < .000 respectively). Childhood exposure to IPV and experiencing more spousal controlling behaviors also significantly increased the odds of

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					experiencing IPV (OR 2.10, 95%CI 1.92–2.30, p < .000 and OR 1.70, 95%CI 1.66–1.75, p < .000 respectively).
Burundi, Ethiopia, Kenya, Tanzania, Ugana, Rwanda	Kiwuwa-Muyingo & Kadengye, 2022	33,646 women	Women from Uganda (n= 7536), Kenya (n= 4519), Tanzania (n= 7597), Ethiopia (n= 4720), Burundi (n= 7366) and Rwanda (n= 1902). 85.9% were in union, 14.1% were formerly in union, and 15.0% had been in more than one union prior to the survey. The majority were living in rural areas, and 17% were adolescent girls and young women aged 15–24 years.	The study analyzed data from the Demographic and Health Survey (DHS) conducted between 2014 and 2016 in six East African countries: Uganda, Kenya, Tanzania, Rwanda, Burundi, and Ethiopia. Each of these surveys included a comparable domestic violence module and was nationally representative. The research aimed to compare the prevalence and correlations of intimate partner violence (IPV) across these countries and to identify factors associated with different forms of IPV experienced in the previous 12 months. Multilevel logistic	**Prevalence of IPV** The prevalence of any intimate partner violence (IPV) in six East African countries ranged from 26.7% in Ethiopia to 39.3% in Uganda. Specifically, Uganda also had the highest prevalence of emotional IPV at 29.3%, while Burundi had the lowest at 16.5%. Physical IPV was most prevalent in Tanzania at 26.6%, with Rwanda having the lowest at 17.4%. The highest rates of sexual IPV were observed in Burundi at 18.4%, with the lowest rates shared by Rwanda and Ethiopia at 8.3%. Severe physical IPV was notably higher in Tanzania at 12%, compared to Burundi's lower rate of 6.3%. In terms of coexistence of different forms of IPV, 15.6% to 19.0% of women reported experiencing all three forms of IPV. The prevalence of both physical and emotional IPV was highest in

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				regression was used to assess the associations.	Tanzania at 49.1%, both emotional and sexual IPV was most common in Uganda at 28.0%, and both physical and sexual IPV was most prevalent in Burundi at 26.2%. Higher proportions of women reported experiencing two of the three forms compared to all three forms. **Associated Factors** Women whose partners got drunk often were found to be up to nine times more likely to experience IPV compared to those whose partners did not drink. Younger women and those with larger families were at an increased risk of experiencing IPV
Burundi, Kenya, Rwanda, Tanzania, Uganda.	Memiah, Cook et al., 2021	13,165 women	The distribution by country: Burundi (1,788 adolescent women), Kenya (4,787 adolescent women), Rwanda (567 adolescent women), Tanzania (2,644 adolescent women), and Uganda (3,379 adolescent women). The adolescent women were aged between 15-24 years (95.4%).	A secondary analysis of data from the most recent Demographic and Health Surveys (DHS) was conducted for adolescent women aged 15–24 years in five East African countries: Burundi (2016-2017), Kenya (2014), Tanzania (2017), Uganda (2016), and Rwanda (2015). The DHS is a cross-sectional, household-based, nationally representative study conducted by ICF Macro/MEASURE DHS on	**Prevalence of IPV** The prevalence of ever experiencing IPV was 45.1%. **Associated Factors** A higher proportion of women who reported experiencing IPV had their first sexual encounter when they were less than 18 years of age ($p<0.001$). The adjusted odds ratio (aOR) of experiencing IPV increased almost two times for women who were aged 18-24 years (aOR: 1.7; CI: 1.3-2.3), almost four times (aOR 3.8; CI: 1.7-8.3) for those who had two or more children, and two-fold for women who had ever terminated a pregnancy

Country	Authors	N	Sample Characteristics	Methods and Design	Results
			Almost half (53.8%) were single (never in union). A higher majority had primary level education (61.8%). Most of the respondents resided in rural areas (77.3%).	behalf of national ministries of health with financial support from USAID. IPV was measured as a composite of emotional, physical, and sexual violence. The analysis included sociodemographic, income, maternal, sexual, knowledge, behavioral, and partner-related variables.	compared to those who had not (aOR 2.2; CI: 1.0-4.9). There was a higher odds (aOR: 1.5 (1.0-2.3)) of experiencing IPV if the respondent believed their husband/spouse´s abuse was justified.
Cambodia, Kenya, Malawi, Tanzania	Stark et al., 2019[1,2]	13,873 men and women	Males and females aged 13-24 years. In Kenya, 1456 males and 1227 females. In Malawi, 1131 males and 1028 females. In Tanzania, 1771 males and 1968 females. In Cambodia, 1,255 males and 1,121 females. In Haiti, 1,459 males and 1,457 females.	Incidences of past-year violence victimization were estimated by sex across two-year age bands (13–24 years) using Violence Against Children Survey datasets from Cambodia, Haiti, Kenya, Malawi, and Tanzania. Analyses were conducted separately for each country. The presence of an association with age and each type of violence was identified using logistic regressions separately by sex. Sex was then added to the models as an interaction term and adjusted Wald tests were used to assess differences between males and females in age effects.	**Prevalence of IPV** IPV was reported by 6.6% males and 8.7% females in Kenya, 1.8% males and 12.6% females in Malawi, 8.6% males and 8.4% females in Tanzania, 0.8% males and 2.7% females in Cambodia. **Associated Factors** Risk of IPV increased with age for both sexes in all countries.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Cameroon, Chad, Cote d´ivoire, DR Congo, Gabon, Gambia, Kenya, Comoros, Mali, Malawi, Mozambique, Nigeria, Namibia, Rwanda, Sierra Leone, Togo, Zambia, Zimbabwe	Ahinkorah et al., 2018[3]	84,484 women	Women of reproductive age (15–49 years).	The study utilized pooled data from the most recent Demographic and Health Surveys (DHS) conducted between January 1, 2010, and December 3, 2016, across 18 countries in Sub-Saharan Africa, focusing on women aged 15–49 (N = 84,486). Both univariate and multivariate logistic regression models were employed to explore the relationship between explanatory variables and the outcome variable.	**Prevalence of IPV** Sexual IPV: 9.6%; Emotional IPV: 24.5%; Physical IPV: 26.4%; Any Sexual, Emotional, or Physical IPV: 37.0%. **Associated Factors** Women's decision-making capacity showed that women with decision-making capacity were more likely to experience IPV compared to those who had no decision-making capacity [AOR = 1.35; CI = 1.35–1.48]. The odds of experiencing IPV was low among women 15–19 years compared to women in other age groups, with women aged 20–24 years having the highest odds of ever experienced IPV [AOR = 1.41; CI = 1.32–1.51]. Women who belong to other religious groups and Christians were more likely to report IPV compared to those who were Muslims [AOR = 1.73; CI = 1.65–1.82] and [AOR = 1.87; CI = 1.72–2.02] respectively. Women who have partners with no education [AOR = 1.11; CI = 1.03–1.20], those whose partners had primary education [AOR = 1.34; CI = 1.25–1.44] and those whose partners had secondary education [AOR = 1.22; CI = 1.15–1.30] were more likely to IPV compared to those whose partners had higher education. The odds of experiencing IPV were high among women who were employed compared to those who were unemployed [AOR = 1.33; CI = 1.28–1.37]. The likelihood of the occurrence of IPV was also high among women who were cohabiting compared to

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					those who were married [AOR = 1.16; CI = 1.10–1.21]. Women with no education [AOR = 1.37; CI = 1.24–1.51], those with primary education [AOR = 1.65; CI = 1.50–1.82] and those with secondary education [AOR = 1.50; CI = 1.37–1.64] were more likely to experience IPV compared to those with higher education. Finally, women with poorest wealth status [AOR = 1.28; CI = 1.20–1.37], those with poorer wealth status [AOR = 1.24; CI = 1.17–1.32], those with middle wealth status [AOR = 1.27; CI = 1.20–1.34] and those with richer wealth status [AOR = 1.11; CI = 1.06–1.17] were more likely to IPV compared to women with richest wealth status.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Cameroon, Congo DR, Cote d'Ivoire, Namibia, Rwanda, Sierra Leone, Togo, Zambia	McClintock et al., 2021[4]	37,115 women	Women with mean aged of 31.55 years (SD= 8.27), 22.57% were poorest, 73.69% married, 63.33% were living in rural areas, 73.03% had primary education, and 42.53% were agriculture/self-employed.	Data from the Demographic Health Survey's (DHS) domestic violence module, completed by women aged 15 to 49 years across eight countries in sub-Saharan Africa (Cameroon, Democratic Republic of the Congo [DRC], Côte d'Ivoire, Namibia, Rwanda, Sierra Leone, Togo, and Zambia) between 2011 and 2015. The DHS questionnaire assessed instances of lifetime physical, emotional, and sexual violence, categorized as ever versus never experienced. Controlling behavior was measured using a revised Conflict Tactics Scale. To examine the association between controlling behavior and intimate partner violence (IPV), multivariate logistic regression analyses were conducted. The data analyzed encompassed surveys conducted in Cameroon (2011), Democratic Republic of the Congo (2013), Namibia (2013), Rwanda (2014), Sierra Leone (2013), Togo (2013), Zambia	**Prevalence of IPV** 45.60% of participants reported experiencing any form of IPV (physical, sexual, and/or emotional violence) in their lifetime. Specifically, the lifetime prevalence rates were 35.63% for physical violence, 28.90% for emotional violence, and 13.38% for sexual violence. Of those affected, 21.09% experienced only one type of IPV, while 24.49% experienced two or three types. **Associated Factors** Women who reported controlling behavior by a partner more likely to have experienced lifetime physical (adjusted odds ratio [AOR] = 3.57, 95% confidence interval [CI] = [3.31, 3.85], sexual (AOR = 3.98, CI = [3.47, 4.57]) or emotional (AOR = 3.52, CI = [3.22, 3.85]) violence than women who did not report controlling behavior. Women who reported controlling behavior also more likely to have experienced one (AOR = 2.57, CI = [2.36, 2.81]) or two/three types (AOR = 5.34, CI = [4.80, 5.94]) of violence. Women divorced or separated, who were agriculturally active or self-employed, or who had an STI were at increased risk of all outcomes (any form of IPV, physical IPV, emotional IPV, sexual IPV, one type of IPV, and two/three types of IPV). Women who were in older age categories were more likely to report any form of violence, one type of IPV, two/three types of IPV, and physical or emotional IPV, although not sexual IPV, in comparison with

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				(2013), and Côte d'Ivoire (2011).	the youngest age group (15-19 years old). Living in an urban setting increased the likelihood of experiencing physical IPV (AOR = 1.19, CI = [1.07, 1.31]) and two/three types of IPV (AOR = 1.21, CI = [1.07, 1.37]). Women who reported their current or former partner had a secondary education less likely to report any IPV (AOR = 0.69, CI = [0.59, 0.81]), physical IPV (AOR = 0.72, CI = [0.61, 0.85]), emotional IPV (AOR = 0.69, CI = [0.58, 0.82]), one type of IPV (AOR = 0.73, CI = [0.60, 0.88]), and two/three types of IPV (AOR = 0.65, CI = [0.53, 0.79]) in comparison with women who reported their partner had a primary education. Women indicating that their partner was employed in any type of occupation were less likely to report physical IPV in comparison with women who reported their partner was unemployed (professional /technical AOR = 0.67, CI = [0.51, 0.87]; clerical/sales/manual AOR = 0.76, CI = [0.59, 0.98]; agriculture/ self-employed AOR = 0.82, CI = [0.64, 1.05]). Women reporting that their partner was employed in professional/technical occupations were less likely to report any form of IPV (AOR = 0.75, CI = [0.57, 0.98]) or two/three types of IPV (AOR = 0.71, CI = [0.52, 0.98]).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Cameroon, Ivory Coast, Madagascar, Mauritius, Namibia, Nigeria, South Africa, and Tunisia, Barbados, Grenada, Jamaica, Colombia, Venezuela, China, India, Indonesia, Kyrgyzstan, Laos, Philippines, Singapore, Thailand, Turkey.	Pengpid & Peltzer, 2016[1,2]	16,979 men and women	There were countries from 3 continents and sample characteristics are not analyzed by continent. The mean age was 21.8 years (SD = 3.5), 49.3% male and 50.7% female.	This cross-sectional study was part of a larger investigation of a range of health behaviours in university students, and was conducted with a network of researchers in participating countries. The country selection was a convenient sample, with targeting a large spread of countries in Africa, Asia and the Americas. The questionnaire utilized for data collection was developed in English, then translated and back-translated into languages (Arabic, Bahasa, Chinese, Filipino, French, Lao, Thai, Turkish) of the participating countries. In each study country, undergraduate students were surveyed in classrooms selected through a stratified random sample procedure (one university department randomly selected from each faculty as a primary sampling unit, and for each selected department randomly ordered undergraduate courses). Informed consent was obtained from participating students, and the study was conducted in 2013. Participation rates were	**Prevalence of IPV (lifetime)** **Lifetime IPV prevalence rates in men and women:** Cameroon 47.9%, Ivory Coast 20.3%, Madagascar 15.2%, Mauritius 7.4%, Namibia 19.2%, Nigeria 17.6%, South Africa 18.3%, Tunisia 7.5%, Barbados 13.9%, Grenada 22.6%, Jamaica 21.3%, Colombia 6.9%, Venezuela 6.2%, China 4.2%, India 12.1%, Indonesia 1.6%, Kyrgyzstan 45.4%, Laos 1.8%, Philippines 17.9%, Singapore 6.7%, Thailand 9.9%, Turkey 5.7%. **Lifetime IPV prevalence rates in men:** Cameroon 45.9%, Ivory Coast 11.4%, Madagascar 14.7%, Mauritius 8.3%, Namibia 17.7%, Nigeria 19.2%, South Africa 18.1%, Tunisia 8.7%, Barbados 9.8%, Grenada 20.0%, Jamaica 16.0%, Colombia 4.0%, Venezuela 5.9%, China 6.5%, India 16.0%, Indonesia 1.6%, Kyrgyzstan 42.2%, Laos 0.0%, Philippines 21.4%, Singapore 6.4%, Thailand 13.9%, Turkey 4.4%. **Lifetime IPV prevalence rates in women:** Cameroon 51.5%, Ivory Coast 30.2%, Madagascar 15.9%, Mauritius 6.7%, Namibia 21.5%, Nigeria 15.1%, South Africa 18.5%, Tunisia 6.4%, Barbados 19.6%, Grenada 23.5%, Jamaica 23.0%, Colombia 9.4%, Venezuela 6.5%, China 3.1%, India 2.9%, Indonesia 1.6%, Kyrgyzstan 54.7%, Laos 3.4%, Philippines 15.4%, Singapore 6.4%, Thailand 6.6%, Turkey 9.6%. **Lifetime physical violence prevalence rates in men:** Cameroon 43.2%, Ivory Coast 3.8%,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				in most countries more than 90%.	Madagascar 11.5%, Mauritius 6.7%, Namibia 6.2%, Nigeria 11.9%, South Africa 11.1%, Tunisia 2.9%, Barbados 7.2%, Grenada 16.8%, Jamaica 8.4%, Colombia 3.4%, Venezuela 3.0%, China 4.3%, India 13.6%, Indonesia 1.6%, Kyrgyzstan 37.9%, Laos 0.0%, Philippines 3.6%, Singapore 5.5%, Thailand 7.4%, Turkey 3.1%. **Lifetime physical violence prevalence rates in women:** Cameroon 48.5%, Ivory Coast 12.7%, Madagascar 6.3%, Mauritius 4.0%, Namibia 7.4%, Nigeria 6.6%, South Africa 14.3%, Tunisia 1.3%, Barbados 12.4%, Grenada 15.5%, Jamaica 8.6%, Colombia 7.5%, Venezuela 4.1%, China 2.1%, India 2.9%, Indonesia 0.8%, Kyrgyzstan 54.7%, Laos 0.7%, Philippines 5.1%, Singapore 3.8%, Thailand 3.3%, Turkey 7.7%. **Lifetime sexual violence prevalence rates in men:** Cameroon 22.7%, Ivory Coast 8.9%, Madagascar 5.3%, Mauritius 5.0%, Namibia 15.0%, Nigeria 11.7%, South Africa 12.5%, Tunisia 7.2%, Barbados 5.1%, Grenada 9.5%, Jamaica 12.2%, Colombia 1.2%, Venezuela 3.5%, China 2.2%, India 8.6%, Indonesia 0.0%, Kyrgyzstan 23.5%, Laos 0.0%, Philippines 17.9%, Singapore 5.5%, Thailand 12.3%, Turkey 3.1%. **Lifetime sexual violence prevalence rates in women:** Cameroon 18.8%, Ivory Coast 26.8%, Madagascar 11.1%, Mauritius 5.3%, Namibia 15.0%, Nigeria 14.8%, South Africa 9.8%, Tunisia 7.5%, Barbados 14.9%,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					Grenada 16.1%, Jamaica 18.8%, Colombia 2.7%, Venezuela 4.6%, China 2.1%, India 2.9%, Indonesia 0.8%, Kyrgyzstan 15.8%, Laos 3.4%, Philippines 15.4%, Singapore 7.5%, Thailand 3.3%, Turkey 3.8%. **Associated Factors** Among both men and women, sociodemographic factors (senior study year, living in a low or lower middle income country) and risk factors (history of childhood physical and sexual abuse, made someone pregnant or had been pregnant, having had two or more sexual partners in the past 12 months, current tobacco use and having PTSD symptoms) were associated with physical and/or sexual violence victimization.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Cameroon, Sierra Leone	Oyediran et al., 2023	5,777 men	Men from Cameroon (n= 2832) with mean age of 38 years, and Sierra Leone (n= 2945) with mean age of 37.7 years. 40.3% from Cameroon had primary and 58.9% from Sierra Leone had no education and 57.1% and 69.3% respectively were living in rural areas. 21% of the men in Cameroon and 80% of those in Sierra Leone were Muslims, and 71% of men in Cameroon, and 19% of those in Sierra Leone were Christians.	This cross-sectional study analyzed data from the Demographic and Health Surveys conducted in Cameroon in 2011 and Sierra Leone in 2013 to examine the prevalence and predictors of intimate partner violence (IPV) victimization among married or cohabiting men aged 15 to 59 years. Logistic regression analysis was utilized to investigate the factors associated with physical, psychological, and sexual IPV victimization, with a specific focus on differentiating the factors related to IPV in each country.	**Prevalence of IPV** The following rates were reported for the past 12 months: In Cameroon, 26.5% of men experienced psychological violence, 24.4% reported physical victimization, and 2.3% reported sexual victimization. In Sierra Leone, the rates were 23.4% for psychological violence, 14.9% for physical violence, and 2.7% for sexual violence victimization. **Associated Factors** The odds of men reporting psychological victimization are significantly higher for men with secondary education (AOR = 2.00, p = .002) and post-secondary education (AOR = 2.16, p = .012) than for men with no education. Men in a polygamous union are 1.41 times more likely to report psychological victimization as compared with men in a monogamous union (AOR = 1.40, p < .05). Unlike the results for Cameroon, education was not significantly associated with Sierra Leonean men's risk of experiencing psychological violence. Like Cameroon men, ethnicity, childhood exposure to violence, supportive attitudes toward wife-battery, and wife's alcohol consumption were significantly associated with men's risk of experiencing psychological IPV in Sierra Leone. Men in the household on the fourth quintile of the wealth index are less likely to report experiencing physical violence (AOR = 0.52,

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					p = .032) compared with those in the first wealth quintile. Also, men who are rural dwellers were less likely (AOR = 0.59, p = .003) to report experiencing physical IPV in the past l2 months compared to those residing in the urban areas. childhood exposure to violence, attitudes toward wife-battery, and wife's consumption of alcohol were significantly related to experiencing physical violence for men residing in Sierra Leone and Cameroon. However, education, religion, household wealth, and place of residence are significantly related to IPV victimization in Cameroon, yet in Sierra Leone, age and type of union are significantly related to victimization.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Cameroun, Kenya, Mozambique, Nigeria, Zambia, Zimbabwe	Bamiwuye & Odimegwu, 2014	39,326 women	Ever-married women age 15-49. The mean ages of ever married women in the six countries ranged from 30.7 to 32.0 years.	The study uses data from recent DHS surveys in Cameroon (3,691), Kenya (4,336), Mozambique (5,610), Nigeria (16,763), Zambia (3,010), and Zimbabwe (5,016), focusing on ever-married women who participated in the Domestic Violence Module. Bivariate analysis and Binary Logistic Regression Analysis are employed to examine the relationship between household poverty-wealth and spousal violence, while controlling for confounding variables. The Domestic Violence Module gathers detailed information on violence by spouses or partners using a modified Conflict Tactics Scale (CTS), with spousal violence measured across three dimensions: physical, sexual, and emotional violence.	**Overall Prevalence of IPV** Cameroun: 57.6%; Zambia: 53.9%; Mozambique: 45.5%; Kenya: 45.3%; Zimbabwe: 43.4%; Nigeria: 30.5%. **Prevalence of Physical IPV** Zambia: 46.5%; Cameroun: 44.8%; Kenya: 37%; Mozambique: 31.5%; Zimbabwe: 28.8%; Nigeria: 17.5%. **Prevalence of Emotional IPV** Cameroun: 41.9%; Mozambique: 33.8%; Kenya: 29.5%; Zimbabwe: 26.5%; Zambia: 25.6%; Nigeria: 23.6%. **Prevalence of Sexual IPV** Zambia: 16.7%; Cameroun: 16%; Zimbabwe: 15.5%; Kenya: 14.4%; Mozambique: 7.8%; Nigeria: 3.9%. **Associated Factors** In Zambia and Mozambique, experience of violence is significantly higher among women from non-poor (rich) households than those from other households (poor and middle). For Zimbabwe and Kenya, women from poor households are more likely to have ever experienced spousal violence than those from non-poor households. In the remaining two countries- Nigeria and Cameroun, women from the middle class are more likely to have ever suffered abuse from husband/partner than those from the poor and rich households. **Severity of Spousal Physical Violence** Cameroun (14.1%); Zimbabwe (10.5%);

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					Nigeria (8.7%); Highest among middle-class women. Zambia (16.4%); Mozambique (13.1%); Highest among rich households. Kenya (13.1%): Highest among poor households.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Chad, Benin, Mali, Nigeria, Uganda, Cameroon, Mozambique, Tanzania, Angola, Malawi, Zambia, Zimbabwe, Ethiopia, Burundi, Rwanda, South Africa	Ahinkorah, 2021b	56,804 women	Married women. The proportion of women in polygamous marriages in the 16 countries was 20.2%, ranging from as high as 40% in Chad to as low as 1.6% in South Africa. No more information given.	This cross-sectional study utilized pooled data from the Demographic and Health Surveys (DHS) of 16 sub-Saharan African countries to investigate the association between polygyny and intimate partner violence (IPV). The study focused on datasets obtained between 2015 and 2018, incorporating domestic violence modules with questions based on a modified version of the Conflict Tactics Scale. IPV was measured using sexual, emotional, and physical violence variables, specifically examining experiences within the past 12 months to avoid biases related to lifetime IPV. Polygyny was defined as the number of additional wives of a partner. The analysis was restricted to currently married women to explore the relationship between current marital structure and IPV. Pearson's chi-square tests were used to assess the association between polygyny and different types of IPV, and both bivariate and multivariable binary logistic regression models were	**Prevalence of IPV** The overall prevalence of IPV in the last 12 months was 30.7%, with rates varying from 44% in Uganda to 12.7% in South Africa. Women in polygamous marriages had a higher prevalence of IPV (35.6%) compared to those in monogamous marriages (29.4%). Specifically, the prevalence of physical violence was highest in polygamous marriages at 18.8%, and emotional violence was also more frequent among women with polygamous partners (28.5%) compared to those in monogamous marriages (21.4%). **Associated Factors** The odds of experiencing IPV were significantly higher among women in polygamous marriages in countries like Angola, Burundi, Ethiopia, Uganda, Malawi, Mozambique, Zambia, and Zimbabwe. Conversely, women in polygamous marriages in Cameroon and Nigeria reported lower odds of IPV. These associations persisted after adjusting for factors such as education, place of residence, wealth, media exposure, and justification of violence.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				employed to evaluate the effect of polygyny on IPV, presenting results as crude and adjusted odds ratios with 95% confidence intervals.	

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Democratic Republic of Congo, Ivory Coast, Namibia, Rwanda, Sierra Leone, Togo, Zambia	McClintock et al., 2022[3,4]	29,444 women	Women with a mean age of 31.62 years (SD=8.19). 44.03% were considered poor or poorest, 73.06% had completed a primary education or less, and 43.64% were agricultural workers or self-employed. 73.06% were married and 94.62% did not have a history of a sexually transmitted infection. 64.66% were living in a rural setting. 54.17% of the partners had completed a primary education or less (54.17%), and were agricultural workers or self-employed (59.93%).	Data for this study were gathered from Demographic and Health Surveys (DHS) conducted in seven sub-Saharan African countries between 2011 and 2015: Democratic Republic of the Congo, Côte d'Ivoire, Namibia, Rwanda, Sierra Leone, Togo, and Zambia. DHS are cross-sectional surveys administered by the United States Agency for International Development (USAID) in collaboration with agencies within the specific counties. These nationally representative surveys were used to gather data through a two-step, stratified cluster sample design.	**Prevalence of IPV** 65.88% reported experiencing no physical violence, 22.08% reported experiencing less severe physical violence (LSV), and 12.03% reported experiencing acts of severe physical violence (SV). The Democratic Republic of the Congo reported 32.88% LSV and 12.85% SV; Ivory Coast had 19.43% LSV and 5.15% SV; Namibia, 10.95% LSV and 13.66% SV; Rwanda, 17.78% LSV and 13.64% SV; Sierra Leone, 19.76% LSV and 22.71% SV; Togo, 14.93% LSV and 6.51% SV; and Zambia, 24.39% LSV and 13.80% SV. **Associated Factors** Factors influencing the reporting of violence included controlling behavior by a spouse or partner, which significantly increased the likelihood of both LSV (AOR 3.02, CI 2.63-3.47) and SV (AOR 4.27, CI 3.32-5.49). Demographic factors such as older age, urban residency, and recent sexually transmitted infections also correlated with higher reports of violence. Conversely, women who were married, had higher wealth status, and partners in professional/technical roles reported less violence. Education played a protective role; women and their partners with at least secondary education were less likely to report violence. Employment in clerical, sales, manual labor, or agriculture increased reports of LSV compared to unemployed women.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Ghana, and South Sudan	Poix et al., 2022	2,359 women	1282 women from Ghana and 1077 women from South Sudan ages 18 to 60.	Quantitative descriptive cross-sectional study including women who reported having a husband or partner living in Ghana, Pakistan, or South Sudan. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines were used as a reference for preparing and writing this study.	**Prevalence of IPV** 39.0% of IPV in Ghana and 70.6% in Sudan. **Associated Factors** Women with more developed social networks were at higher risks of experiencing intimate partner violence (adjusted odds ratio = 1.104, 95% confidence interval = 1.062–1.148, P < 0.001).
Ghana, South Africa, Rwanda	Ramsoomar et al., 2023[1]	7,021 men and 4,525 women	Men with mean age of 33.1 (SD= 11.4) and women with mean age of 31.3 (SD= 8.4) from South Africa, Ghana and Rwanda. The majority were married (44.7% and 55.8% respectively), living together with their partners (60.8% and 75.1%), and with secondary level or above (66.1% and 47.5%).	In a comprehensive analysis, baseline data from five violence prevention studies were pooled, each featuring comparable measures of intimate partner violence (IPV), non-partner sexual violence (NPSV), depression, post-traumatic stress disorder (PTSD), and alcohol use. The study aimed to explore the associations between mental health indicators and IPV/NPSV perpetration among men and experiences among women. Using mixed-effects logistic regression models adjusted for age and alcohol use, the analysis investigated depression symptomatology and its correlations with IPV and	**Prevalence of IPV** In the past year, approximately 29% of men reported perpetrating IPV, while among women, 31% reported experiencing IPV victimization. **Associated Factors** Women with depression symptoms were more likely to experience IPV (aOR=2.53, 95%CI=2.18-2.94) compared to women without depression symptoms, while men with depression and PTSD symptoms were more likely to perpetrate physical violence (aOR=2.13, 95% CI=1.58-2.87 and aOR=1.87, 95% CI=1.44-2.43 respectively) than men without those symptoms.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				NPSV, utilizing data from the Centre for Epidemiological Studies-Depression and the Harvard Trauma Scale for PTSD, alongside insights from the WHO Women's Health and Domestic Violence survey data. Meta-analysis and mixed-effects logistic regression models were employed to examine the relationships between mental health indicators and violence.	
Ghana, South Sudan, Pakistan.	Duvvury et al., 2022[1,2]	2,017 women and men	Women (n= 391) and men (n= 414) from Ghana, Pakistan (women= 268 and men= 264) and South Sudan (women= 323 and men= 357), between 18-65 years and majority had bachelor's degree or higher, and between 1.4% to 11.2% did not complete primary school.	The methods employed in this study involved the development and evaluation of a scale to measure lost days of labor productivity, attributed to tardiness, absenteeism, and presenteeism potentially stemming from intimate partner violence (IPV). Fourteen items were developed and tested within the context of employees from 306 private companies in Ghana, Pakistan, and South Sudan. Descriptive statistics, confirmatory factor analysis (CFA), heterotrait–monotrait matrix analysis, and reliability coefficients were utilized to	**Prevalence of IPV** Rates for IPV experienced in women and perpetrated by men were reported In Ghana, 26.6% of female workers experienced IPV and 23.2% of male workers perpetrated IPV. In South Sudan, these rates were 34.6% for women and 37.6% for men, while in Pakistan, 14.8% of women and 4.5% of men. **Associated Factors** There were significant direct correlations between IPV and absenteeism, tardiness, and presenteeism, both by sex and country.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				assess the measurement properties and reliability of the scale scores. Data collection was conducted through anonymous self-report questionnaires administered to employees in the respective countries. The analyses included descriptive statistics to characterize the data and CFA to evaluate the reliability of the scale items.	
Kenya, Liberia, Malawi, Mali, Zambia, Zimbawe	Chin, 2013	26,705 male and female	9.15% where HIV positive, and the mean age of males was 38.38 (SD = 10.95, mean age of females was 30.68 (SD = 8.44). 19% reported polygamy, 26% lived in urban areas, and 58% of females worked.	DataThe data for this analysis come from the Demographic and Health Survey (DHS) – 2008 Kenya Demographic and Health Survey, 2007 Liberia Demographic and Health Survey, 2010 Malawi Demographic and Health Survey, 2006 Mali Demographic and Health Survey, 2007 Zambia Demographic and Health Survey, and 2010 Zimbabwe Demogaphic and Health Survey.	**Prevalence of IPV in the past 12 months** 21% reported emotional violence; 25% reported physical violence; 11% reported sexual violence. **Associated Factors** Evaluated at the sample mean, halving the HIV rate from 9.15% to 4.58% will reduce therate of physical violence by 8.6 percentage points, which is a 34% decline from the current average, and the sexual violence rate by 5.4 percentage points, which is a 49% decline.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Kenya, Nigeria and Mozambique	Fagbamigbe et al., 2020[3]	29,793 women	89.8% were currently married, 63.7% were from rural areas, 30.2% had primary education, and 31.2% were unemployed. 7.7%, 16.2%, 38.0% and 38.1% were aged 15-19, 20-24, 25-34 and 35-49 years, respectively.	This cross-sectional study utilized data from Demographic and Health Surveys conducted in Nigeria (2013), Kenya (2014), and Mozambique (2011), representing Western, Eastern, and Southern Africa respectively. The study aimed to analyze the timing of First Domestic Violence (FDV), defined as the interval between the date of marriage and the date of the first reported instance of domestic violence, with cases of no reported violence being censored at the survey date. A piloted, shortened version of the Conflict Tactics Scale was employed across all three surveys to identify women who had experienced domestic violence. Women who affirmed experiencing domestic violence were asked about the timing of their first encounter with violence. Survival analysis techniques were used to assess both the timing of FDV and the factors influencing it.	**Prevalence of IPV** 21.3% of women reported experiencing domestic violence after marriage, with prevalence rates varying by country: 15.4% in Nigeria, 39.0% in Kenya, and 31.0% in Mozambique. The median time to first domestic violence (FDV) was 3 years. **Associated Factors** Significant factors associated with FDV include a significantly higher risk in Kenya (adjusted hazard ratio (aHR) 1.934; 95% CI: 1.729-2.132) and Mozambique (aHR 1.156; 95% CI: 1.156-1.223) compared to Nigeria. Separated/divorced women had a higher risk of FDV across all countries (aHR 1.326; 95% CI: 1.237-1.801). Women with primary and secondary education had a higher risk of domestic violence than those with no education (aHR 1.414; 95% CI: 1.281-1.560 and aHR 1.258; 95% CI: 1.118-1.416, respectively). Risks of FDV were also higher among women whose husbands consume alcohol (aHR 2.135; 95% CI: 1.989-2.291) and those whose husbands are jealous when they speak with other men (aHR 2.407; 95% CI: 2.247-2.578). Specific prevalences included 27.9% among women older than their husbands in Nigeria, 37.0% among women with alcoholic husbands, and 19.5% among women whose husbands get jealous in Nigeria. In Kenya, domestic violence prevalence was 38.8% among respondents

Country	Authors	N	Sample Characteristics	Methods and Design	Results
					aged 25-34 years and 41.4% among those aged 35-49 years.
Malawi, Zambia, Zimbabwe	Bengesai & Khan, 2023	9,183 couples	Couples from Zimbabwe (n=2515), Malawi (n=2788) and Zambia (n=3880). Aged was 15-35 years and above, husbands were more educated (52.8%), both were working (49.5%), 59.61% living in rural areas, and 42.17% were poor.	The study design is cross-sectional, which precludes causal inferences. The study uses the most recent Demographic and Health Survey (DHS)42 cross-sectional data from Malawi (2015), Zambia (2018) and Zimbabwe (2015). The DHS collects data which are nationally representative on a range of population health indicators, including domestic violence. In general, the DHS	**Prevalence of IPV** Prevalence rates: 26.6% emotional violence, 29.4% physical violence, 13.1% sexual violence. **Associated Factors** When both partners endorsed wife beating, the risk of experiencing IPV was twice as likely after controlling for other couple-level and individual factors (OR=1.91, 95% CI 1.54–2.50, emotional violence; OR=2.42, 95% CI 1.96–3.00, physical violence; OR=1.97, 95% CI 1.47–2.61, sexual violence). The risk of IPV was also higher when the women alone endorsed IPV

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				surveys employ a stratified two-stage cluster sampling, selecting women based on urban or rural residence. The surveys also use uniform data collection instruments across countries, thus allowing for cross-country comparisons.	(OR=1.59, 95% CI 1.35–1.86, emotional violence; OR=1.85, 95% CI 1.59–2.15, physical violence; OR=1.83, 95% CI 1.51–2.22, sexual violence) than when the men alone were tolerant (OR=1.41, 95% CI 1.13–1.75, physical violence; OR=1.43, 95% CI 1.08–1.90, sexual violence).
Mali, Nigeria, Tanzania, Zambia, Nepal, Pakistan	Underwood et al., 2023[2,3]	23,895 women	Mali, n = 2,954; Nigeria, n = 8,061; Tanzania, n = 1,564; Zambia, n = 5,560; Nepal, n = 2,422; Pakistan, n = 3,334. Age range was 15-39. The percentage of the rural sample ranges from 57.5%-78.2% in the four countries. The percentage of women that are working ranges from 94.2% to 99.2%.	This study analyzed Demographic and Health Survey (DHS) couples' datasets from Mali, Nigeria, Nepal, Pakistan, Tanzania, and Zambia, collected in or after 2015, which included the DHS Domestic Violence Module for female respondents. Bivariate and multivariate logistic regression models were used to examine the associations between couple concordance on household decision-making or justification of violence (wife beating) and women's use of modern contraceptives or experiences of violence. The primary outcomes of interest were women's current use of a modern contraceptive method	**Prevalence of Any IPV:** Mali: 39.1%; Nigeria: 28.5%; Tanzania: 38.0%; Zambia: 36.7%; Nepal: 20.1%; Pakistan: 26.3%. **Associated Factors** Joint decision-making about large household purchases was significantly positively associated with reduced odds of IPV experience in Tanzania and Zambia. Across settings, women in couples where both justified violence had significantly increased odds of reporting IPV experience.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				(any vs. none) and experiences of any violence from a spouse or partner (any vs. none). The analyses were performed using Stata15 software.	
Mali, Uganda, Pakistan, Timor-Leste, and Haiti	Gupta et al., 2023[2]	22,984 women	Ever married or cohabiting women with 15 to 49 years old with complete information in domestic violence, and disability module of DHS survey.	In this investigation, a cross-sectional approach was employed, utilizing secondary data analysis derived from the Demographic and Health Surveys (DHS) spanning 90 low-income countries. The study sought to examine the correlation between disability and variables related to intimate partner violence (IPV), encompassing experiences of IPV within the last 12 months as well as lifetime occurrences. Multiple logistic regression was utilized to scrutinize this association. The research was conducted across countries classified as fragile or extremely fragile, including Haiti, Mali, Pakistan, Timor-Leste, and Uganda. These	**Prevalence of IPV** All: The prevalence of lifetime intimate partner violence IPV was 42.35%, with a past-year IPV prevalence of 31.43%. Mali: 48.87% lifetime IPV, 34.02% past year IPV. Uganda: 55.83% lifetime IPV, 39.36% past year IPV. Haiti: 34.00% lifetime IPV, 22.29% past year IPV. Pakistan: 32.95% lifetime IPV, 24.74% past year IPV. Timor-Leste: 40.09% lifetime IPV, 39.36% past year IPV. **Associated Factors** Women with disabilities exhibited a 1.4 times higher likelihood of reporting lifetime IPV compared to their counterparts without disabilities (OR 1.4; 95% CI 1.28, 1.54). This association remained significant even after adjustment (AOR 1.31; 95% CI 1.19, 1.44). Similarly, in the unadjusted model for past-

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				countries were chosen based on the availability of data concerning disability and the presence of a domestic violence module within the DHS dataset.	year IPV, women with disabilities had a 1.13 times higher likelihood of reporting past-year IPV compared to those without disabilities (OR 1.13; 95% CI 1.02, 1.24). After adjustment, this association remained significant (AOR 1.18; 95% CI 1.07, 1.30). Specifically, in Mali and Uganda, lifetime IPV was reported in 48.87% and 55.83% of cases, respectively, while past-year IPV prevalence stood at 34.02% and 39.36%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria and Tanzania	Meinhart et al., 2020[1]	2,437 men in Nigeria and 1,771 men Tanzania; 766 women in Nigeria and 1,968 women in Tanzania	The average sample age for both males and females, and in both countries, was approximately 18 years. Females in both countries were significantly more likely than males to be married or living with someone as if married (30.2% vs. 10.9% in Nigeria and 25.7% vs. 7.2% in Tanzania).	This study utilized publicly available data from the Violence Against Children Surveys (VACS) conducted in Tanzania (2009) and Nigeria (2014). The VACS, part of the Together for Girls partnership led by the U.S. Centers for Disease Control and Prevention, are cross-sectional household surveys that provide information on exposure to sexual, physical, and emotional violence among individuals aged 13-24. The questionnaires covered the circumstances surrounding violence, potential protective factors, consequences of violence, and attitudes related to gender inequity and intimate partner violence (IPV). The study specifically examined the associations between attitudinal acceptance of IPV and four independent variables: age, marital status, educational attainment, and recent experience of IPV. All variables were self-reported. Logistic regression analyses were conducted to estimate the odds of agreeing with scenarios in	**Prevalence of IPV** In Nigeria, 7.9% of women and 3.5% of men reported experiencing IPV in the last 12 months, while in Tanzania, 8.4% of women and 8.6% of men reported IPV in the same period. **Associated Factors** Females in both countries were more likely to agree with at least one IPV acceptance statement compared to males, with 37.7% of Nigerian women and 55.4% of Tanzanian women agreeing, versus 28.2% of Nigerian men and 49.2% of Tanzanian men. Being married was associated with higher IPV acceptance for females in both countries; married Nigerian females had 1.66 times ($p = .003$; 95% CI: 1.19-2.30) and married Tanzanian females had 1.56 times ($p = .035$; 95% CI: 1.03-2.37) greater odds of IPV acceptance compared to their unmarried counterparts. Nigerian males with secondary or tertiary schooling had lower odds of accepting IPV (aOR: 0.51; $p = .023$; 95% CI: 0.29-0.91 and aOR: 0.19; $p = .002$; 95% CI: 0.07-0.52, respectively). In Nigeria, being married and reporting IPV exposure in the last 12 months were both independently associated with IPV acceptance (aOR: 1.67; $p = .003$; 95% CI: 1.20-2.33 and aOR: 1.85; $p = .18$; 95% CI: 1.11-3.07). Females in Nigeria who were both married and experienced IPV were significantly more likely to accept IPV (aOR: 3.42; $p = .001$; 95% CI: 1.72-6.80)

Country	Authors	N	Sample Characteristics	Methods and Design	Results
				which it is deemed acceptable for a husband to beat his wife, and to assess how experiencing IPV in the prior 12 months influences these attitudes.	compared to unmarried females without IPV exposure. In summary, attitudinal acceptance of IPV was higher in Tanzania than in Nigeria, with significant associations found between marital status and IPV acceptance for females, and lower schooling associated with decreased acceptance for males in Nigeria.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigeria, South Africa, USA, India, China	Decker et al., 2014[2]	1,112 women	Ever partnered female adolescents ages 15-19.	A cross-sectional survey was conducted in 2013, involving female adolescents aged 15-19 years from five cities: Baltimore (USA), New Delhi (India), Ibadan (Nigeria), Johannesburg (South Africa), and Shanghai (China). Participants were recruited via respondent-driven sampling (RDS) from disadvantaged neighborhoods. The study aimed to describe the prevalence of past-year physical and sexual intimate partner violence (IPV), as well as lifetime and past-year non-partner sexual violence. IPV was assessed using abbreviated physical and sexual subscales of the Conflict Tactics Scale-2. Logistic regression models were employed to evaluate associations between gender-based violence (GBV) and variables such as substance use, sexual and reproductive health, mental health, and self-rated health.	**Prevalence of IPV in the Last 12 Months** **Ibadan, Nigeria:** Any IPV: 32.8%; Sexual IPV: 14.7%; Physical IPV: 25.9%; Both Physical and Sexual IPV: 7.9%. **Johannesburg, South Africa:** Any IPV: 36.6%; Sexual IPV: 18.3%; Physical IPV: 30.9%; Both Physical and Sexual IPV: 12.6% **Baltimore, USA:** Any IPV: 27.7%; Sexual IPV: 10.6%; Physical IPV: 24.3%; Both Physical and Sexual IPV: 7.1%. **New Delhi, India:** Any IPV: 19.4%; Sexual IPV: 7.2%; Physical IPV: 16.6%; Both Physical and Sexual IPV: 4.4%. **Shangai, China:** Any IPV: 10.2%; Sexual IPV: 1.8%; Physical IPV: 8.8%; Both Physical and Sexual IPV: <1.0 %. **Associated Factors with IPV in the Last 12 Months in Johannesburg** Past-Month Alcohol Consumption: AOR 3.42; 95% CI 2.05-5.69; Past-Month Binge Drinking: AOR 7.66; 95% CI 4.36-13.47; Lifetime Marijuana Use: AOR 4.66; 95% CI 2.21-9.85; Condom Nonuse at Last Sex: AOR 4.50; 95% CI 2.17-9.34; Multiple Past-Year Sex Partners: AOR 6.01; 95% CI 3.41-10.60; Pregnancy: AOR 1.70; 95% CI 1.03-2.80; Transactional Sex: AOR 23.32; 95% CI 18.96-28.69; Depressive Symptoms: AOR 3.05; 95% CI 2.10-4.44; Suicidal Ideation: AOR 2.64; 95% CI 1.85-3.76; Poor Self-Rated Health: AOR 6.19; 95% CI 3.01-12.74.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Nigreria, Tanzania	Izugbara, 2018	43,524 women	Women from Nigeria (n= 33385) and Tanzania (10139) between 15-49 years.	The study investigated the implications of spousal age gaps for Violence Against Women (VAW) in Tanzania and Nigeria, utilizing data from the 2010 Tanzania and 2008 Nigeria Demographic and Health Surveys (DHS) for women aged 15–49 years. It specifically focused on analyzing the relationship between VAW and spousal age-related contextual factors through univariate and multivariate statistical analyses. These analyses were conducted separately for each country to explore the associations comprehensively.	**Prevalence of IPV** In the Tanzania Demographic and Health Survey (TDHS), 44.0% of respondents reported experiencing Violence Against Women (VAW), while in the Nigeria Demographic and Health Survey (NDHS), 42.48% of respondents reported similar experiences. **Associated Factors** Spouses with an age difference greater than 15 years were more likely to report having experienced VAW compared to those of the reference group category (aOR 1.8, 95% CI 1.432–2.308). Female-headed households were less likely to report having experienced VAW compared to male-headed households (aOR 1.1, 95% CI 0.9537–1.505). Older women (45–49 years of age) were less likely to report having experienced VAW compared to those of the reference group category (15–29 years). Women living in rural areas were more likely to report having experienced VAW compared to their urban counterparts (aOR. 1.4, 95% CI 1.186–1.703).

Country	Authors	N	Sample Characteristics	Methods and Design	Results
South Africa and Rwanda	Dunkle et al., 2020	2,336 women	1659 women from Rwanda and 677 from South Africa. In Rwanda, the ages of most women were 20-29 (32%) and 30-39 (50.3%), only 22.8% had any education and all were married or living as married. In Sotuh Africa, the ages of most women were 20-24 (44.8%) and 25-35 (42.7%). 8.3% had primary education, 61.3% secondary but not completed, and 30.4 had secondary education. 18.2% reported being married or living together, 63.5% had a non-cohabiting boyfriend and 18.3% had no relationship.	This study assessed disability at baseline in three IPV prevention trials and conducted post-hoc analyses of intervention impacts at endline (22 or 24 months post-baseline). The analysis was stratified by disability status at baseline and included testing an interaction term for disability by intervention arm for three sets of outcomes: (1) past year experiences of physical, sexual, and severe IPV; (2) economic and livelihood outcomes; and (3) health, mental health, and substance use outcomes.	**Rwanda** **IPV prevalence among women without disabilities at baseline** Any physical IPV: Control 31.1%, Intervention 40.5%; Any sexual IPV: Control 35.8%, Intervention 41.4%.; Physical and/or sexual IPV >1 type or occurrence: Control 38.2%, Intervention 46.0%. **IPV prevalence among women with disabilities at baseline:** Any physical IPV: Control 39.1%, Intervention 49.1%; Any sexual IPV: Control 42.4%, Intervention 55.5%; Physical and/or sexual IPV >1 type or occurrence: Control 49.5%, Intervention 60.5%. **South Africa** **IPV prevalence among women without disabilities at baseline** Any physical IPV: Control 59.9 %, Intervention 56.6%; Any sexual IPV: Control 28.7%, Intervention 26.6%; Physical and/or sexual IPV >1 type or occurrence: Control 55.5%, Intervention 50.4%; **IPV prevalence among women with disabilities at baseline and endline:** Any physical IPV: Control 60.6%, Intervention 69.2%; Any sexual IPV: Control 36.4% , Intervention 38.5%; Physical and/or sexual IPV >1 type or occurrence: Control 59.1%, Intervention 64.6%.

Country	Authors	N	Sample Characteristics	Methods and Design	Results
Uganda, United States of America	Lyons et al., 2022[1,2]	480 men a women	Participants were from Uganda (n = 210) and the U.S. (n = 198). 47.62% were female in Uganda and 53.03 in the U.S. Mean age was 23 years (SD = 1.81) in Uganda, and in the U.S. 21.24 years (SD = 2.34). The largest groups for each contry in education was 49.28% of people with bachelor's degrees in Uganda and among U.S. respondents it was secondary or high school degrees with 41.33%.	In a cross-sectional survey, young adults aged 18 to 25 from Uganda and the United States completed a questionnaire assessing demographics, attitudes toward intimate partner violence (IPV), IPV victimization and perpetration, gender roles, discrepancy stress, and alcohol use. The survey included eight modules covering various topics. Statistical analyses, including chi-square tests and bivariable and multivariable logistic regression, were conducted separately for participants in each country. The multivariable logistic regression aimed to identify predictors of IPV perpetration.	**Prevalence of IPV** **Uganda vs. U.S. (by gender)** Rates of intimate partner violence (IPV) perpetration differed between the United States and Uganda, with 40.00% of females reporting perpetration in the USA compared to 14.00% in Uganda. Similarly, rates of victimization also varied, with 55.24% reported in the USA and 47.00% in Uganda. Among males, a higher percentage of those in the USA reported perpetration (58.06%) compared to Uganda (42.73%), while a greater proportion of U.S. males reported victimization (67.74%) compared to Ugandan males (51.82%).