Article

Partner Characteristics as a Risk Factor for Gender-Based Violence Among Sub-Saharan African Women: A Cross-Sectional Study

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Abstract

This study examined how partner characteristics contribute to gender-based violence (GBV) risk among women in Sub-Saharan Africa. Guided by two research questions—how partner characteristics influence GBV, and which characteristics are the strongest predictors—we tested four hypotheses regarding partner education, age difference, alcohol use, and controlling behaviours. Using nationally representative Demographic and Health Survey data from 25 Sub-Saharan African countries (2012–2022), we conducted descriptive, bivariate, and multivariate logistic regression analyses of 122,477 ever-married women aged 15–49. Findings revealed that partner characteristics significantly predicted GBV. Women with partners who had no education experienced higher GBV rates (31.6%) compared to those with partners who attained tertiary education (5.7%). Age differences of six years or more were associated with higher GBV prevalence (39.9%). Controlling behaviour emerged as the strongest predictor, with 87.7% of women with controlling partners reporting GBV. Alcohol use and frequency of drunkenness also strongly increased the odds of violence; women whose partners were often drunk had 6.75 times higher odds of emotional violence. These results confirmed the hypotheses and underscore the central role of partner characteristics in shaping GBV risks. Policy and programmatic interventions should address male alcohol misuse, promote gender-equitable attitudes, and expand women's access to education. Targeting partner-level risk factors is essential for reducing GBV and advancing progress toward the Sustainable Development Goals in Sub-Saharan Africa.

Keywords: gender-based violence; partner characteristics; demographic factors; Sub-Saharan Africa; sustainable development goals

1. Introduction

Gender-based violence (GBV) is deeply rooted in unequal gender relations and entrenched social norms that perpetuate imbalanced power dynamics between men and women (Fulu et al. 2013). These norms often position men as dominant providers and women as submissive caregivers (DeShong 2015). Such roles create environments where women, especially those from low socioeconomic, marginalized backgrounds and with limited education, face heightened risks of GBV (UNFPA 2009). The social and cultural expectations around male control and female submission further exacerbate this vulnerability, particularly in intimate partner relationships, making intimate partner violence a pervasive public health and rights challenge (Dahlberg and Krug 2022). This study, focusing on

partner characteristics as a risk factor for GBV among Sub-Saharan African women, aligns with evidence showing that certain partner behaviors and traits significantly contribute to violence in these relationships. Although IPV is a form of GBV, in this study, GBV and intimate partner violence (IPV) were used interchangeably operationally.

Globally, GBV is recognized as both a public health crisis and a serious human rights violation, with its impact particularly severe in Sub-Saharan Africa (SSA) (Palermo et al. 2014; Garcia-Moreno et al. 2006). Women in SSA are disproportionately affected, especially in regions where low socioeconomic status and limited access to education heighten their vulnerability (Abrahams et al. 2006). A 2020 systematic review found that the prevalence of intimate partner violence (IPV) in SSA reached 44%, one of the highest globally (Muluneh et al. 2020). Despite this alarming statistic, many cases of GBV go unreported, undocumented, and unaccounted for in national statistics (Commission for Gender Equality 2024). This gap in reliable data undermines efforts to develop and implement effective policies, programs, and interventions. Without proper documentation, it remains difficult to understand the full scope of the issue and create tailored responses that address the complex drivers of violence.

GBV manifests in multiple forms, including physical, sexual, and emotional violence, all of which carry significant consequences for women's social, economic, physical, and mental health (Humphreys and Thiara 2003; Procentese et al. 2019). Physical violence involves the intentional use of force, leading to injury or harm; sexual violence refers to coercion into non-consensual sexual acts; and emotional violence includes threats and actions that cause trauma, erode self-esteem, or damage a person's identity (WHO 2022; UNICEF 2017). In Sub-Saharan Africa, the dynamics of GBV are further complicated by societal norms around gender roles, economic dependency, and a lack of education, creating an environment that allows violence to flourish.

Partner characteristics, such as control, jealousy, substance abuse, and patriarchal attitudes, are critical risk factors that contribute to the prevalence of GBV. The 2013 WHO report revealed that nearly one-third of women globally aged 15 and older have experienced physical or sexual violence, with the highest prevalence found in Africa (WHO 2013). In SSA, partner behaviors that reinforce rigid gender norms and economic control increase the likelihood of violence, making it difficult for women to escape abusive relationships. Moreover, the barriers to reporting incidents, such as fear of stigma, retaliation, or financial dependency, further silence survivors and limit their access to support (Abrahams et al. 2006).

The consequences of GBV extend beyond individual victims, impeding societal progress and perpetuating gender inequality (Griggs et al. 2013). GBV is a violation of human rights and a major barrier to achieving gender equality, which is essential for the advancement of the Sustainable Development Goals (SDGs), particularly SDG 5 (gender equality) and SDG 3 (good health and well-being). Addressing GBV requires reliable data, increased awareness, and targeted interventions that consider partner-related factors. International legal frameworks, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979) and the 1993 UN Declaration on the Elimination of Violence against Women, affirm women's rights to live free from violence. However, without proper documentation and reporting, it remains challenging to create comprehensive and effective responses.

In addition to quantitative evidence, qualitative research has also highlighted the interplay between controlling behaviors, masculinity, and alcohol use in perpetuating intimate partner violence. For example, Peralta and Tuttle (2013) demonstrate how threats to masculinity, particularly in the context of alcohol use, can drive men's controlling behaviors and increase the risk of violence. This qualitative perspective underscores the

socio-cultural dimensions of partner-level risk factors and complements the quantitative focus of the present study.

This study highlights the urgent need for research and interventions that focus on partner-related factors as a means of mitigating GBV. It seeks to answer the question: How do partner characteristics such as consumption and controlling behaviour influence the likelihood of physical, sexual, and emotional violence in intimate relationships? By addressing these factors, stakeholders can better protect Sub-Saharan African women, promote their safety, and contribute to their empowerment and equality.

Alcohol consumption by intimate partners is a well-recognized and extensively documented risk factor for intimate partner violence (IPV) and other forms of gender-based violence (GBV). While most of the evidence originates from high-income countries (HICs) (Abbey et al. 2014; Leonard and Quigley 2017), an emerging body of research from low- and middle-income countries (LMICs) similarly identifies partner alcohol use as a significant correlate of IPV (Kishor and Bradley 2012; Ezard 2014; Wagman et al. 2018). However, this literature is limited in several ways: many studies rely on non-representative samples or focus on specific subgroups, making generalisation to broader populations challenging; and the measurement of both IPV and alcohol use varies considerably across contexts, hindering comparability across studies.

In Sub-Saharan Africa (SSA), multiple studies have consistently demonstrated that women whose partners consume alcohol—particularly those who engage in frequent or heavy drinking—face higher risks of both physical and sexual violence (Yaya and Ghose 2019; Muluneh et al. 2021). Alcohol consumption can fuel conflict, impair judgment, and lower inhibitions, thereby increasing the likelihood and severity of violent incidents (Foran and O'Leary 2008). Notably, the association between partner alcohol use and IPV appears especially pronounced in contexts of recurrent drunkenness, where both the frequency and intensity of violence escalate. Despite this evidence, few multi-country analyses in SSA have examined alcohol use alongside other partner-level characteristics, leaving an important gap in understanding the interplay of risk factors. Addressing these gaps is critical for informing prevention strategies that consider both behavioural and socio-cultural dimensions of alcohol-related IPV. The study, therefore, seeks to examine any association between partner characteristics and the prevalence of GBV among women in Sub-Saharan Africa.

2. Methods

2.1. Data Source and Design

This study employed a cross-sectional analysis of Demographic and Health Survey (DHS) data gathered from 25 Sub-Saharan African countries. These countries include Angola, Benin, Burundi, Cameroon, Chad, Comoros, Democratic Republic of Congo, Gabon, The Gambia, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. These studies were conducted between 2012 and 2022. The DHS, conducted in over 80 countries, primarily low and middle-income nations, collects nationally representative data using standardized and comparable questions addressing various social and health issues. Specifically focusing on ever-married women aged 15–49 who participated in the domestic violence and other relevant modules, this study utilized the most recent and comprehensive dataset for analysis. The datasets used for this research are accessible at https://dhsprogram.com/data/available-datasets.cfm, accessed on 31 August 2024. Data was collected using a stratified two-stage cluster sampling design. In the first stage, enumeration areas were selected from national census frames. In the second stage, households were systematically selected. Eligible women aged 15–49 were interviewed face-to-face by trained female interviewers using standardized DHS questionnaires. The domestic

violence module was administered only in private settings to ensure confidentiality and safety, with no other household members present during sensitive questions.

2.2. Study Variables

The study had two major variables: outcome (dependent variables) and explanatory (independent variables). The dependent variable was GBV measured in terms of physical, emotional, and sexual violence. To ascertain the occurrence of physical violence, respondents were asked if their partner ever hit, slapped, kicked, or initiated anything to harm them physically. While emotional violence was ascertained by being threatened, humiliated, or insulted by the partner, sexual violence was measured as being forced to have intercourse without the respondents' will or consent.

The explanatory (independent) variable in the study was partner characteristics. Partner characteristics were measured in terms of the partner's educational attainment, age difference, partner controlling behaviour, alcohol consumption, and frequency of drunkenness.

Partner's Educational Attainment was measured in terms of:

- No education
- Primary education
- Secondary education, and
- Tertiary education.

Age Difference was measured based on the following categories:

- Wife being older,
- Husband older by 0–5 years,
- Husband older by 6 years or more, and
- Husband's age unknown.

Drunkenness Frequency was measured as:

- Never,
- Sometimes, and
- Often.

Partner's Controlling Behaviors were assessed using the following questions:

- Does your partner prohibit you from meeting female friends?
- Does your partner limit your contact with your family?
- Does your partner insist on knowing where you are at all times?
- Is your partner jealous if you talk with other men?
- Does your partner frequently accuse you of being unfaithful?

If a respondent answered "Yes" to any of these Partner's Controlling Behaviors questions, the presence of controlling behavior was implied. If the respondent answered "No" to all the questions, it indicated the absence of controlling behavior.

Partner's Alcohol Consumption was assessed with this question: "Does your partner drink alcohol?" This was coded as "Yes" or "No." Then, respondents who answered "Yes" were asked about the frequency of alcohol consumption, categorized as follows: never becomes drunk; sometimes; and often.

While DHS includes a category for "Husband age unknown," this was retained in the analysis because such responses may reflect meaningful social or cultural contexts rather than random missingness. Not knowing a partner's age can arise from limited communication, infrequent contact (e.g., migration, polygamy), or cultural norms that discourage disclosure of age, especially when the age gap is socially sensitive or the union is informal. In some cases, age information may be withheld to maintain privacy or due to unequal power dynamics, making the category potentially informative in its own right (Yaya and Ghose 2019; Greene et al. 2017).

2.3. Research Questions and Hypothesis

This study was guided by the following research questions:

1. How do partner characteristics such as educational attainment, age difference, alcohol consumption, and controlling behaviours influence women's likelihood of experiencing GBV in Sub-Saharan Africa?
2. Which specific partner characteristics are the strongest predictors of physical, sexual, and emotional violence among women in Sub-Saharan Africa?

It was hypothesized that:

H1. *Women whose partners have lower educational attainment are more likely to experience GBV.*

H2. *Larger age differences between partners, especially when the male partner is significantly older, are associated with a higher likelihood of GBV.*

H3. *Women with partners who consume alcohol, particularly those who are often drunk, are more likely to report GBV.*

H4. *Women with partners exhibiting controlling behaviours have higher odds of experiencing emotional, physical, and sexual violence.*

2.4. Inclusion Criteria

Studies conducted between 2012 and 2022 were included in the analysis.

2.5. Study Analysis

The study was analyzed at descriptive and inferential levels using the Statistical Package for Social Sciences (SPSS). Frequency and percentages were used to present GBV across the various demographic categories. This provided a clear understanding of the demographic and socioeconomic background of the respondents. The Pearson chi-square was used to test for variables' statistical significance. To explore relationships between GBV and partner characteristics, frequencies, percentages, and Pearson chi-square tests were used to have an overview and test for statistically significant relationships among the variables. This bivariate analysis helped identify patterns of association between GBV and key variables, such as the partner's educational attainment, age difference between partners, frequency of drunkenness, and controlling behaviors.

Finally, the multivariate logistic regression analyses were conducted to establish the strength and direction of the associations between partner characteristics and the three specific types of violence, physical, emotional, and sexual, as well as GBV as an aggregate variable. This regression analysis provided more robust results and enabled the identification of independent predictors of GBV. The logistic regression models also provided odds ratios (ORs), indicating the likelihood of experiencing each form of GBV based on various partner-related characteristics.

2.6. Ethical Considerations

The ethical considerations for this study were addressed and approved by the Ethics Committee of ICF Macro International, Inc., Calverton, Maryland, as well as by the National Ethics Committee of each participating country. Although the dataset used for this research is publicly available, formal permission to access and use the dataset was obtained. Detailed information regarding the dataset, ethical approvals, and adherence to ethical standards can be found at: http://goo.gl/ny8T6X, accessed on 31 August 2024.

3. Results

3.1. Respondents' Demographic Characteristics by GBV

Table 1 below shows the distribution of demographic variables and their relationship with GBV among women in Sub-Saharan Africa. Key variables such as age, residence, educational attainment, media exposure, wealth index, parity (number of children), and the presence of co-wives all showed significant associations with GBV. The *p*-values across the variables indicate that these relationships are statistically significant (*p*-value = 0.000 for all variables). Age plays a crucial role in determining the likelihood of GBV, with women in the 25–29 and 30–34 age groups showing the highest prevalence rates (22.56% and 20.35%, respectively). This is in stark contrast to younger women aged 15–19, who report a much lower prevalence of GBV (4.79%). Residence also significantly influences GBV exposure, with rural women experiencing a much higher prevalence of GBV (67%) compared to their urban counterparts (33%).

Table 1. Respondents' Demographics by Gender Based Violence.

Variable	Weighted N	Weighted %	GBV	*p*-Value
Age Group				0.000
15–19	6956	5.68	4.79	
20–24	21,231	17.33	17.03	
25–29	27,618	22.55	22.56	
30–34	24,440	19.95	20.35	
35–39	19,348	15.80	16.16	
40–44	13,392	10.93	11.08	
45–49	9492	7.75	8.04	
Residence				0.000
Urban	45,755	37.36	33.0	
Rural	76,722	62.64	67.0	
Educational Attainment				0.000
No education	33,556	27.40	28.16	
Primary	46,292	37.80	41.53	
Secondary	35,418	28.92	26.83	
Tertiary	7211	5.89	3.48	
Media Exposure				0.000
Not Exposed	104,616	85.42	88.96	
Exposed	17,861	14.58	11.04	
Wealth Index				0.000
Poorest	24,282	19.83	24.00	
Poorer	24,400	19.92	21.38	
Middle	24,370	19.90	20.70	
Richer	25,297	20.65	19.22	
Richest	24,128	19.70	14.70	
Parity				0.000
None	7366	6.01	4.22	
1–4	79,681	65.06	63.17	
5+	35,430	28.93	32.61	

Educational attainment shows a clear protective effect against GBV, with women who have attained tertiary education reporting the lowest prevalence (3.48%). In contrast, those with low education, categorized as no education and primary education, were most affected (41.53% and 28.16% respectively). Media exposure was another important factor, as women who were not regularly exposed to media were significantly affected by GBV (88.96%) compared to those who were exposed (11.04%). This suggests that media can play a transformative role in disseminating information about women's rights and available support systems, making it a vital tool in efforts to combat GBV.

The wealth index presents an inverse relationship between economic status and GBV prevalence. Women in the poorest quintile report the highest rates of GBV (24%), while those in the richest quintile report the lowest (14.7%). This suggests that economic vulnerability may exacerbate women's risk of GBV, as financial dependency and stress can increase tensions and power imbalances in relationships. Parity (number of children) was another significant variable, with women who have five or more children reporting higher rates of GBV (32.61%) than those with no children (4.22%). This pattern could be attributed to the additional financial and emotional pressures that come with larger families, potentially leading to increased conflict and violence.

3.2. Partner Characteristics and GBV

Table 2 presents an analysis of partner characteristics and their relationship with GBV among women. The findings reveal that several key factors, including partner's educational attainment, age difference, controlling behavior, and alcohol consumption, were significantly associated with the occurrence of GBV. Firstly, the partner's educational attainment demonstrates a clear trend in GBV. Women whose partners had no education experienced a higher rate of violence at 31.59%, while those with partners who had primary education reported a similarly high rate of 33.73%. However, as partner education increased, the prevalence of GBV decreased significantly, with only 5.71% of women whose partners had a tertiary education reporting GBV. This suggests that higher levels of education among male partners are associated with a reduced likelihood of GBV, potentially due to increased awareness and understanding of gender equality and non-violent relationship dynamics.

Age difference between partners also played a crucial role in GBV prevalence. The highest rates of GBV (39.97%) occurred among women whose partners were six years or older. In contrast, women with partners who were closer in age (0–5 years) experienced slightly lower rates of GBV at 36.55%. Interestingly, women who were older than their partners reported the lowest rate of violence (4.32%). This indicates that significant age gaps in relationships may lead to power imbalances that increase the risk of violence, while relationships in which women hold more relative power (e.g., when older) tend to experience lower levels of GBV.

Controlling behavior by partners emerged as one of the most significant predictors of GBV. Women with controlling partners reported a staggering 87.67% prevalence of GBV, compared to only 12.33% among women whose partners are not controlling. This stark difference highlights the critical link between emotional manipulation, possessive behaviors, and violence in intimate relationships. It underscores the need for interventions that target not only physical violence but also psychological control and emotional abuse.

Alcohol consumption was another key factor associated with GBV. Women whose partners consumed alcohol reported higher rates of GBV (50.56%) compared to those whose partners did not drink (49.44%). The frequency of drunkenness further amplified this risk, with women whose partners "often" become drunk experiencing the highest rates of GBV (36.38%). This reinforces the well-established link between alcohol abuse and

increased violent behavior, suggesting that substance abuse interventions are crucial in addressing GBV.

Table 2. Distribution of Gender-based Violence by Partners' Characteristics.

Variable	Weighted N	Weighted %	GBV	*p*-Value
Partner's Educational Attainment				0.000
No education	34,920	28.51	31.59	
Primary	39,481	32.24	33.73	
Secondary	37,339	30.49	28.97	
Tertiary	10,737	8.77	5.71	
Age Difference				0.000
Wife Older	5176	4.23	4.32	
0–5 years	45,969	37.53	36.55	
6 years and over	51,406	41.97	39.97	
Husband age Unknown	19,926	16.27	19.15	
Partners Controlling Behaviour				0.000
Controlling	86,484	70.61	87.67	
Not Controlling	35,993	29.39	12.33	
Alcohol Consumption				0.000
No	77,664	63.41	49.44	
Yes	44,813	36.59	50.56	
Drunkenness Frequency				0.000
Never	6236	13.92	8.87	
Often	12,499	27.89	36.38	
Sometimes	26,078	58.19	54.75	

3.3. Partner Characteristics and Emotional Violence Among Women in SSA

GBV was disaggregated further. Table 3 presents the occurrence of emotional violence in relation to various partner characteristics among respondents. The findings indicate a significant relationship between a partner's educational attainment and the occurrence of emotional violence, with higher rates observed among individuals whose partners had no education (33.41%) and primary education (32.54%), compared to those with secondary (28.25%) or tertiary education (5.80%). This suggests that lower educational levels may be linked to a greater prevalence of emotional violence. Age difference also played a critical role; emotional violence was reported by 39.46% of respondents where the partner was six years older, while the figure decreased to 34.23% for partners with a minor age difference (0–5 years). Additionally, respondents whose partners had unknown ages reported emotional violence at a higher rate of 22.17%. The presence of controlling behavior from partners significantly correlated with emotional violence, as 89.82% of those experiencing controlling behaviors also reported emotional violence. Conversely, only 10.18% of those not subjected to controlling behaviors experienced emotional violence. Alcohol consumption was also found to be a significant factor; 51.57% of respondents who reported their partners consumed alcohol experienced emotional violence, compared to 48.43% of those whose partners did not consume alcohol. The frequency of drunkenness also showed a strong correlation with emotional violence, with 39.79% of respondents

whose partners drank often reporting such violence, compared to 8.49% for those whose partners never drank.

Table 3. Percentage Distribution of Emotional Violence and Partner Characteristics.

Variable	Weighted N	Weighted %	Emotional Violence	*p*-Value
Partner's Educational Attainment				0.000
No education	34,920	28.51	33.41	
Primary	39,481	32.24	32.54	
Secondary	37,339	30.49	28.25	
Tertiary	10,737	8.77	5.80	
Age Difference				0.000
Wife Older	5176	4.23	4.14	
0–5 years	45,969	37.53	34.23	
6 years and over	51,406	41.97	39.46	
Husband age Unknown	19,926	16.27	22.17	
Partners Controlling Behaviour				0.000
Controlling	86,484	70.61	89.82	
Not Controlling	35,993	29.39	10.18	
Alcohol Consumption				0.000
No	77,664	63.41	48.43	
Yes	44,813	36.59	51.57	
Drunkenness Frequency				0.000
Never	6236	13.92	8.49	
Often	12,499	27.89	39.79	
Sometimes	26,078	58.19	51.72	

3.4. Partner Characteristics and Physical Violence Among Women in SSA

The data presented in Table 4 illustrates the relationship between various partner characteristics and physical violence occurrence among women. A significant relationship exists between a partner's educational attainment and the experience of physical violence. Women whose partners had no formal education reported the highest rates of physical violence (31.97%), followed closely by those with primary education (34.21%). In contrast, only 4.93% of those with tertiary education reported experiencing physical violence. This trend highlights how education may serve as a protective factor against physical violence, suggesting that lower educational levels are associated with higher risks of abuse. Age difference also appears to play a critical role in the occurrence of physical violence. Respondents whose partners were six years or older reported physical violence at a rate of 39.54%, while those with partners aged 0–5 years experienced it at a slightly lower rate of 37.31%. Interestingly, the data shows that respondents with partners whose ages are unknown reported physical violence at a higher rate of 18.82%. This indicates that significant age disparities within a partnership may contribute to increased vulnerability to physical violence, emphasizing the need for further exploration of the dynamics at play in these relationships.

Table 4. Percentage Distribution of Physical Violence and Partner Characteristics.

Variable	Weighted N	Weighted %	Physical Violence	*p*-Value
Partner's Educational Attainment				0.000
No education	34,920	28.51	31.97	
Primary	39,481	32.24	34.21	
Secondary	37,339	30.49	28.89	
Tertiary	10,737	8.77	4.93	
Age Difference				0.000
Wife Older	5176	4.23	4.32	
0–5 years	45,969	37.53	37.31	
6 years and over	51,406	41.97	39.54	
Husband age Unknown	19,926	16.27	18.82	
Partners Controlling Behaviour				0.000
Controlling	86,484	70.61	89.59	
Not Controlling	35,993	29.39	10.41	
Alcohol Consumption				0.000
No	77,664	63.41	45.30	
Yes	44,813	36.59	54.70	
Drunkenness Frequency				0.000
Never	6236	13.92	7.11	
Often	12,499	27.89	40.26	
Sometimes	26,078	58.19	52.63	

The presence of controlling behaviors from partners is strongly linked to physical violence, as an overwhelming majority (89.59%) of respondents experiencing physical violence reported controlling behaviors, while only 10.41% of those not subjected to controlling behaviors reported physical violence. This relationship underscores the significance of partner dynamics in understanding and addressing physical violence. Additionally, alcohol consumption emerged as a critical factor, with 54.70% of respondents whose partners consumed alcohol reporting physical violence, compared to 45.30% of those whose partners abstained. Frequency of drunkenness also showed a notable relationship, with 40.26% of respondents whose partners drank often experiencing physical violence, while 7.11% reported violence when their partners never drank.

3.5. Partner Characteristics and Sexual Violence Among Women in SSA

The data presented in Table 5 highlights the relationship between various partner characteristics and the experience of sexual violence among women in SSA. A significant correlation emerged regarding the educational attainment of partners and the likelihood of experiencing sexual violence. Individuals whose partners had no formal education reported the highest prevalence of sexual violence (33.22%), followed by those with primary education (36.16%). Conversely, only 4.16% of individuals with tertiary education reported experiencing sexual violence. This trend suggests that lower educational attainment is

associated with higher instances of sexual violence, indicating that education may play a protective role in reducing vulnerability to such violence.

Table 5. Percentage Distribution of Sexual Violence and Partner Characteristics.

Variable	Weighted N	Weighted %	Sexual Violence	*p*-Value
Partner's Educational Attainment				0.000
No education	34,920	28.51	33.22	
Primary	39,481	32.24	36.16	
Secondary	37,339	30.49	26.46	
Tertiary	10,737	8.77	4.16	
Age Difference				0.000
Wife Older	5176	4.23	4.38	
0–5 years	45,969	37.53	37.34	
6 years and over	51,406	41.97	37.40	
Husband age Unknown	19,926	16.27	20.88	
Partners Controlling Behaviour				0.000
Controlling	86,484	70.61	91.73	
Not Controlling	35,993	29.39	8.27	
Alcohol Consumption				0.000
No	77,664	63.41	43.08	
Yes	44,813	36.59	56.92	
Drunkenness Frequency				0.000
Never	6236	13.92	6.84	
Often	12,499	27.89	44.60	
Sometimes	26,078	58.19	48.56	

The presence of controlling behavior is strongly linked to sexual violence, with a staggering 91.73% of individuals experiencing sexual violence reporting controlling behaviors from their partners. In stark contrast, only 8.27% of those who did not experience sexual violence reported such controlling behaviors. This significant difference underscores the role of controlling behaviors as a crucial risk factor for sexual violence, suggesting that interventions targeting such behaviors could be vital in preventing violence. Alcohol consumption also presents a critical association with sexual violence. Among those whose partners consumed alcohol, 56.92% reported experiencing sexual violence, while only 43.08% of those with non-drinking partners reported such violence. Additionally, the frequency of drunkenness revealed a noteworthy relationship, where 44.60% of respondents whose partners drank often reported sexual violence, compared to only 6.84% among those whose partners never drank. This indicates that both alcohol consumption and the frequency of drunkenness are significant risk factors for sexual violence, pointing to the need for targeted interventions addressing substance abuse as part of a broader strategy to mitigate sexual violence.

3.6. Logistic Regression of GBV by Partners' Characteristics

The logistic regression analysis is presented in Table 6 below. The results revealed significant insights into how educational attainment, age difference, empowerment, controlling behavior, alcohol consumption, and frequency of drunkenness contributed to the likelihood of experiencing different types of GBV. The results showed a clear inverse relationship between educational attainment and the likelihood of experiencing GBV across all forms of GBV. Individuals whose partners had primary, secondary, and tertiary education levels have significantly lower odds of experiencing violence compared to those with no education. For instance, the odds of experiencing emotional violence decreased from 0.91 for primary education to 0.69 for tertiary education, indicating that higher education in partners is associated with lower vulnerability to GBV among women. The age difference between partners showed mixed results. While being in a relationship with a partner who is six years or more older than the wife is associated with lower odds of physical and sexual violence (0.93 and 0.87, respectively), those with an unknown husband's age significantly increase the odds of experiencing emotional violence (1.84) and other forms of violence as well.

Table 6. Logistic Regression of GBV by Partners' Characteristics.

Variables	GBV	Emotional Violence	Physical Violence	Sexual Violence
		Partner's Education		
No Education	RC	RC	RC	RC
Primary	0.91 ** [0.88–0.95]	0.91 ** [0.87–0.94]	0.87 ** [0.84–0.91]	0.89 ** [0.85–0.94]
Secondary	0.86 ** [0.83–0.90]	0.86 ** [0.83–0.90]	0.85 ** [0.81–0.88]	0.76 ** [0.72–0.80]
Tertiary	0.69 ** [0.64–0.73]	0.72 ** [0.68–0.77]	0.64 ** [0.59–0.68]	0.59 ** [0.53–0.65]
		Age Difference		
Wife Older	RC	RC	RC	RC
0–5 years	1.00 [0.94–1.06]	0.99 [0.93–1.06]	1.04 [0.97–1.11]	0.99 [0.90–1.08]
6 years or more	0.93 ** [0.87–0.99]	1.01 [0.94–1.08]	0.93 ** [0.87–1.00]	0.87 ** [0.80–0.96]
Husband's Age is Unknown	1.42 ** [1.33–1.53]	1.84 ** [1.71–1.98]	1.25 ** [1.61–1.34]	1.31 ** [1.19–1.45]
		Empowerment		
Not Empowered	RC	RC	RC	RC
Empowered	1.03 [1.00–1.06]	0.99 [0.95–1.03]	1.01 [0.97–1.05]	1.13 ** [1.07–1.19]
		Partner Controlling Behaviour		
Not Controlling	RC	RC	RC	RC
Controlling	3.98 ** [3.84–4.11]	4.38 ** [4.21–4.56]	3.65 ** [3.51–3.80]	3.80 ** [3.57–4.05]
		Alcohol		
No	RC	RC	RC	RC
Yes	1.56 ** [1.52–1.61]	1.36 ** [1.32–1.40]	1.74 ** [1.69–1.79]	1.52 ** [1.46–1.58]
	0.09 ** [0.08–0.11]	0.05 ** [0.04–0.06]	0.06 ** [0.05–0.07]	0.02 ** [0.01–0.03]
		Frequency of Partner Being Drunk		
Never	RC	RC	RC	RC
Often	6.75 ** [6.46–7.06]	5.26 ** [5.06–5.47]	6.90 ** [6.63–7.18]	4.78 ** [4.57–5.00]
Sometimes	2.54 ** [2.47–2.61]	2.06 ** [1.20–2.11]	2.55 ** [2.48–2.63]	2.09 ** [2.00–2.18]
Constant	0.51 ** [0.51–0.52]	0.31 ** [0.31–0.32]	0.28 ** [0.28–0.29]	0.09 ** [0.09–0.09]

** significant at the 1% level ($p < 0.01$).

The impact of controlling behavior is profound, with individuals in controlling relationships exhibiting drastically increased odds of experiencing GBV across all types. The odds ratios (3.98 for emotional violence, 4.38 for physical violence, and 3.80 for sexual violence) emphasize the significant role that controlling behaviors play in perpetuating GBV. Women whose partners consumed alcohol had higher odds of experiencing all forms of GBV, with the odds reaching 1.56 for emotional violence and 1.74 for physical violence. This suggests that alcohol may exacerbate tensions within relationships and contribute to GBV. The frequency with which a partner is drunk also correlates strongly with GBV. Those whose partners were often drunk had extremely high odds of experiencing violence, particularly emotional violence (6.75). Even occasional drunkenness significantly increased the risk of experiencing GBV. The results provide strong support for most of the study's hypotheses. H1 was supported, as lower partner educational attainment was consistently associated with higher odds of GBV across all forms. H2 received partial support: descriptive results showed higher GBV prevalence among women with partners six or more years older, but logistic regression yielded mixed findings, with some protective effects at greater age differences and heightened risk when the husband's age was unknown. H3 was supported, as partner alcohol use and frequency of drunkenness were significantly associated with increased odds of GBV. H4 was strongly supported, with controlling behaviours emerging as the most powerful predictor of emotional, physical, and sexual violence.

4. Discussion of Findings

The findings of this study reveal several key partner-related factors contributing to the prevalence of GBV. The study's demographic insights offer critical implications for policy and intervention strategies. Women in their mid-20s to early 30s appear to be at higher risk, possibly due to factors such as the dynamics of marriage, family responsibilities, and economic pressures during this life stage. Moreover, the urban–rural disparity in GBV experiences highlights the unique challenges faced by rural women, including limited access to legal, healthcare, and support services, as well as cultural norms that perpetuate violence. Extending GBV prevention and response services to rural areas is crucial, as rural women are often more vulnerable due to their isolated environments and fewer resources. A previous study similarly found that women in rural settings are more predisposed to violence compared to their urban counterparts (Ruikar and Pratinidhi 2008).

The role of education emerges as a significant protective factor. Findings emphasize that higher education levels reduce women's vulnerability to GBV by empowering them both economically and socially. Educated women are more likely to be aware of their rights and have access to resources that can help them avoid or respond to violence. Partners. Thus, policies promoting education for women, from primary through tertiary levels, are essential to reducing GBV rates across Sub-Saharan Africa. Prior studies, such as those by Begum et al. (2015), corroborate these findings, noting that women with little or no educational experience are subjected to higher rates of GBV.

Media exposure also plays a pivotal role in GBV reduction. Campaigns that raise awareness about women's rights and inform communities about available resources can reach otherwise isolated women. Expanding media access in rural and impoverished areas should be a priority for GBV prevention efforts, as media can be an effective tool in informing and empowering vulnerable populations. The wealth index, reflecting economic vulnerability, is another strong predictor of GBV, with poorer women at higher risk. This underscores the need for economic empowerment initiatives that improve women's financial independence and reduce their reliance on abusive partners. Vocational training, financial literacy, and access to microcredit programs could be instrumental in mitigating this risk.

These findings align with research suggesting that lower socioeconomic status correlates with increased GBV risk (Yaya and Ghose 2019; Memiah et al. 2018; Ahinkorah et al. 2018).

The data reveal that partners' controlling behaviors are significantly associated with emotional violence. This calls for comprehensive community awareness campaigns to address and reduce these behaviors while promoting healthy relationship dynamics. Additionally, the correlation between alcohol consumption and emotional violence highlights the need for alcohol abuse prevention programs and support systems to mitigate risks associated with substance use. Educational programs promoting awareness of healthy relationships and gender equality, particularly among those with limited educational backgrounds, can also help address emotional violence. The findings on sexual violence and partner characteristics offer significant insights for interventions. Lower educational attainment is linked to higher prevalence of sexual violence, reinforcing education's role as a protective factor. Similarly, other studies have shown that the educational attainment of a woman's partner plays a significant role in her experience of GBV (Abebe Abate et al. 2016; Fidan and Bui 2016; Stöckl et al. 2010; Deyessa et al. 2010). Research indicates that couples where both partners have higher education levels are less likely to encounter GBV (Fidan and Bui 2016). Educational programs promoting awareness of healthy relationships, consent, and individual rights within intimate partnerships are crucial for reducing sexual violence. Furthermore, controlling behaviors and alcohol consumption are notable risk factors for sexual violence. Interventions should target these dynamics, offering counseling and support for individuals in controlling relationships and addressing alcohol misuse through public health initiatives.

The logistic regression analysis provides further insights into the multifaceted nature of GBV. Education emerges as a protective factor, with lower educational attainment correlating with higher odds of GBV (Yaya and Ghose 2019; Gebrezgi et al. 2017; Deyessa et al. 2010). The significant association between alcohol consumption and GBV highlights the importance of substance abuse interventions. Strategies to reduce alcohol misuse, alongside community campaigns about the link between alcohol and violence, are essential to lowering GBV rates. The frequent association between a partner's drunkenness and GBV risk further emphasizes the need to integrate alcohol education and intervention into GBV prevention strategies. These findings are supported by several studies that have linked partner characteristics, such as alcohol consumption, to higher rates of GBV (Sinha et al. 2012; Mahapatrao et al. 2012; Kamat et al. 2010). For instance, Begum et al. (2015) reported a 21-percentage-point difference in GBV prevalence between women whose partners consumed alcohol and those whose partners did not consume alcohol. Excessive alcohol consumption is associated with reduced self-control, contributing to increased GBV (Muluneh et al. 2021).

Finally, this study sought to answer two central research questions: (1) How do partner characteristics influence women's likelihood of experiencing GBV in Sub-Saharan Africa? and (2) Which characteristics are the strongest predictors of physical, sexual, and emotional violence? The findings confirm that partner education, age differences, alcohol use, and controlling behaviours are significant determinants of GBV. Of the four hypotheses, H1 (education), H3 (alcohol), and H4 (controlling behaviours) were fully supported, while H2 (age difference) was partially supported due to mixed regression effects. The partial support for H2 suggests that the relationship between age differences and GBV may be more complex than expected, influenced by cultural norms, reporting patterns, and contextual factors such as migration or polygamy. These results indicate that while most partner characteristics have direct and consistent effects on GBV risk, the role of age differences requires more nuanced interpretation. Our findings suggest that both large age gaps and

uncertainty around a partner's age can heighten vulnerability, underscoring the need for culturally sensitive analysis of relationship power dynamics.

As SaferSpaces (n.d.) suggests, GBV prevention strategies can be broadly categorized into response and prevention approaches. Response services include medical care, psychosocial assistance, and shelter, while prevention efforts aim to stop GBV before it occurs. The findings of this study advocate for a holistic approach that incorporates educational initiatives, interventions targeting controlling behaviors, and alcohol misuse prevention. By addressing these critical factors, stakeholders can work towards fostering healthier, safer relationships within Sub-Saharan African communities.

5. Conclusions

This study highlights the urgent need for various targeted approaches to address GBV in SSA. The findings underscore the complex interplay of socio-demographic factors and partner characteristics in the prevalence of GBV. Educational attainment, age disparities, controlling behaviors, and alcohol consumption are all significant contributors to violence within relationships. To effectively reduce GBV, it is essential to implement comprehensive interventions that target these specific risk factors. These efforts should be combined with broader initiatives aimed at promoting gender equality and challenging harmful societal norms that perpetuate violence. Expanding access to education, particularly for women in rural and underserved areas, is essential for long-term GBV prevention. Educational programs should not only focus on academic knowledge but also integrate awareness-raising initiatives around healthy relationships, women's rights, and support systems available to GBV survivors. These programs can help individuals recognize the signs of abuse and empower them with the knowledge to seek help.

6. Recommendations

Economic vulnerability significantly heightens the risk of GBV, as financial dependence often traps women in abusive relationships. Economic empowerment initiatives are therefore critical. Programs that provide vocational training, financial literacy, and access to microcredit can enhance women's financial independence, enabling them to make autonomous decisions and reducing their reliance on abusive partners. Such interventions would offer women the opportunity to break free from the cycle of violence by building their economic resilience. Addressing harmful behaviors, such as alcohol use and controlling tendencies within relationships, is another crucial intervention. Alcohol consumption has been identified as a key driver of violence in relationships, and programs focused on alcohol abuse prevention and rehabilitation should be integrated into broader GBV prevention efforts. Additionally, community awareness campaigns that emphasize the dangers of controlling behaviors can promote healthier relationship dynamics. Encouraging open dialogues about power imbalances and emotional abuse will contribute to reducing the prevalence of GBV in the long term.

Media campaigns can be powerful tools in spreading awareness about GBV and gender equality. These campaigns must reach remote and vulnerable populations to be effective. By expanding the reach of media awareness campaigns, particularly in rural areas, communities can become better informed about their rights, the dangers of GBV, and available resources. Increased media exposure also plays a role in shifting harmful cultural norms that perpetuate violence.

Emotional violence, which is often overlooked, requires targeted interventions. Programs designed to foster emotional resilience, build healthy relationship skills, and encourage open discussions on emotional abuse are essential. These efforts should be complemented by interventions that address the link between alcohol abuse and emotional

violence, ensuring individuals receive both the support and resources needed to navigate these issues. Rehabilitation and counseling services should be made accessible within communities to mitigate the impact of these behaviors.

Community engagement remains crucial in developing GBV prevention strategies that respect cultural contexts. Working with community leaders to challenge harmful traditional practices and promote gender-sensitive cultural norms can help dismantle the root causes of GBV. Tailoring interventions to reflect the specific cultural dynamics of each community will increase their effectiveness and ensure sustainable change.

Finally, ongoing research is essential to deepening our understanding of GBV, particularly in relation to partner characteristics and societal norms. Policymakers need to prioritize the continuous evaluation of interventions to adapt them as necessary, ensuring they are effectively addressing the evolving challenges surrounding GBV. This evidence-driven approach will support more comprehensive and impactful solutions to combat GBV in Sub-Saharan Africa.

6.1. Limitations of Study

This study has some limitations. First, its cross-sectional design precludes causal inferences between partner characteristics and gender-based violence (GBV). Second, the reliance on self-reported data may introduce recall and social desirability biases, with the sensitive nature of GBV likely leading to underreporting. Third, the analysis was restricted to ever-married women aged 15–49 who completed the domestic violence module, excluding never-married women and those outside this age range. Additionally, although the DHS uses standardized tools, cultural differences across the 25 countries and variations in survey years (2012–2022) may affect comparability. Finally, unmeasured factors such as partner mental health or childhood exposure to violence were not captured, which may confound the observed associations. However, the study's use of large, nationally representative, and methodologically robust DHS datasets across multiple countries strengthens the validity and generalizability of the findings. Importantly, it contributes to the literature by providing comparative, multi-country evidence on how specific partner characteristics—such as education, age differences, controlling behaviours, and alcohol use—are associated with different forms of GBV in Sub-Saharan Africa, offering valuable insights to guide targeted policy and intervention strategies.

6.2. Future Research Directions

Future research could build on this study in several ways. First, longitudinal studies are needed to establish causal relationships between partner characteristics and different forms of gender-based violence (GBV). Second, expanding the analysis to include never-married women, women beyond the reproductive age range, and men as respondents could provide a more comprehensive understanding of GBV dynamics. Third, integrating qualitative research could capture deeper insights into the socio-cultural contexts and lived experiences underlying the quantitative patterns observed. Fourth, exploring additional risk and protective factors—such as partner mental health, economic stress, exposure to violence in childhood, and community-level norms—would enrich the explanatory framework. Fifth, country-specific and subnational analyses could help identify localized drivers of GBV and inform tailored interventions. Finally, evaluating the effectiveness of policy, educational, and alcohol misuse interventions across different contexts would strengthen the evidence base for targeted prevention and response strategies in Sub-Saharan Africa.

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