

**PREVALENCE AND FACTORS ASSOCIATED WITH INTIMATE PARTNER
VIOLENCE AMONG MAKERERE UNIVERSITY STUDENTS IN KAMPALA-
UGANDA**

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**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK AND
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DECLARATION

I Sarah Sadia Amule Andrew do hereby declare that this dissertation titled “Prevalence and Factors Associated with Intimate Partner Violence among Makerere University Students in Kampala-Uganda” is my original work and has not been submitted for any award in any institution of learning. All sources used in the study have been acknowledged.

Signature: 

Date: 2/09/2025

APPROVAL

This is to certify that this study has been under my supervision.

.....
Barbara Dubois

Supervisor

Signature:
[Signature]

Date:
2/9/25

DEDICATION

I dedicate this research project to;

My family whose unwavering support has guided me through this journey.

The survivors of Intimate Partner Violence, whose strength and resilience inspire this work and to advocates and support workers who tirelessly fight for the rights and safety of those affected by Intimate Partner Violence. May this work contribute to a deeper understanding and a more compassionate response to this critical issue.

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ABSTRACT

Intimate partner violence (IPV) among university students is a critical public health and well-being issue. This study examined the prevalence and forms of IPV (physical, emotional/psychological, and sexual), the socio-cultural, economic, and psychological factors contributing to IPV, and the perceived effects of IPV on physical, mental, and academic well-being. Focusing on CHUSS students and incorporating key informants for triangulation, the study employed a cross-sectional, quantitative design with qualitative interviews, using stratified random sampling to recruit 138 students and relevant campus stakeholders. Data was collected via self-administered questionnaires and structured interviews, capturing demographics.

Key findings indicate that emotional or psychological IPV is the most prevalent form among Makerere University CHUSS students, with physical and sexual IPV occurring less frequently but often co-occurring. This pattern aligns with international evidence that non-physical violence is common and can predict or accompany other forms of IPV. The drivers of IPV emerge from a multifactorial interplay: socio-cultural factors such as enduring gender norms and normalization of violence; economic stressors including financial strain and dependence; and psychological factors like mental health challenges, substance use, low self-esteem, and aggression.

Perceived effects of IPV on students' well-being reveal substantial mental health impacts, including sleep disturbances, anxiety, depression, and PTSD, with physical health effects being less prominent but still relevant. IPV also undermines academic engagement, concentration, and progression, underscoring the university's role in screening, supportive services, and academic accommodations. The findings highlight gaps in awareness and access to campus IPV resources, suggesting a need for clearer information, stronger referral pathways, and broader campus-wide prevention and response efforts. The study advocates for comprehensive, campus-based strategies that tackle emotional abuse alongside physical/sexual IPV, address socio-cultural and economic determinants, and strengthen mental health, counseling, and academic support while improving resource visibility and accessibility for Makerere students.

CHAPTER 1

INTRODUCTION

This research explores the prevalence and factors associated with intimate partner violence (IPV) among Makerere university students in Kampala, Uganda. This chapter offers an overview of the study, beginning with contextual background information, followed by the research problem, objectives, significance, scope, and key definitions. It aims to provide a clear understanding of the importance and scope of the research, framing the subsequent investigation.

1.1. Background of study

Worldwide, IPV remains a widespread concern, with an estimated 30% of women having experienced physical or sexual violence by an intimate partner at some point in their lives (Sardinha et al., 2022). These figures are frequently underreported due to stigma, fear, and social norms that silence victims. For example, a recent report indicated that intimate partners are responsible for approximately 38% to 50% of female homicide cases globally, underlining the severity of IPV as a cause of gender-based violence (Loinaz et al., 2018).

IPV's health consequences extend beyond immediate injuries to include chronic physical conditions, mental health disorders such as depression and anxiety, reproductive health issues, and increased risk of HIV/AIDS, especially in specific contexts where violence suppresses safe sexual practices (Pate & Simonič, 2021). The COVID-19 pandemic has further exacerbated IPV rates due to lockdowns, economic stress, and reduced access to support services (Arenas-Arroyo et al., 2021).

Young women, particularly those in university settings, are especially vulnerable. Emerging evidence demonstrates that IPV significantly disrupts their educational trajectories leading to poor academic performance, increased absenteeism, and higher dropout rates. Psychological impacts such as trauma, anxiety, and depression are common, affecting their overall well-being and future prospects (Ivbijaro et al., 2020).

In high-income countries, studies reveal concerning prevalence rates: in the United States, approximately 20% of female undergraduates report having been sexually assaulted, with underreporting likely masking the true extent of the problem (Schwarz et al., 2017). A survey in Finland found that 42% of university students had experienced physical assault, with rates varying across countries from 15.2% of women in Poland experiencing gender-based violence to 34.3% among women and 28.4% among men in some low- and middle-income countries like Chile (List, 2017).

Regionally, IPV is most prevalent in Africa, with a South African study reporting that 27.5% of men admitted to perpetrating violence, while 19% of women had been victims at some point (Kandemiri, 2020). In Uganda, IPV is a notable concern, with 65% of women reporting experiencing at least one form of IPV physical, emotional, or sexual (Ghose & Yaya, 2019). Factors contributing to IPV include cultural acceptance of violence, patriarchy, bride price practices, and alcohol abuse (Arenas-Arroyo et al., 2021).

Within Uganda, IPV is often compounded by societal norms that regard domestic violence as a private matter, and many victims fear social stigma or reprisal (Nakalyowa-Luggya et al., 2022). In Kampala, Migadde (2022) reported that emotional violence was the most common, followed by sexual violence affecting about 47.5% of respondents. Physical violence was less reported but remains a serious concern. The study emphasized that IPV among students not only impacts individual health but also undermines academic achievement and social development, highlighting the need for further focused research.

The United Nations (UN) defines violence against women as any act resulting in or likely to result in physical or mental harm, including threats, coercion, or deprivation of liberty, whether committed in public or private (Chinkin & Gormley, 2023). IPV exemplifies gender-based violence that significantly hampers women's rights and well-being. Victims often experience long-lasting health consequences, including depression, post-traumatic stress disorder (PTSD), substance abuse, and increased susceptibility to sexually transmitted infections, including HIV (Sefatsa, 2016). Moreover, marginalized groups, such as sexual and gender minorities, face even higher risks due to societal discrimination.

Despite the global and regional evidence, data specifically from university settings in many low- and middle-income countries, including Uganda, remain limited. Understanding the extent of IPV and its determinants in this context is imperative for developing effective preventive strategies and support systems tailored to students' needs.

1.2. Problem statement

Intimate partner violence (IPV) remains a widespread social and public health issue affecting millions globally, with university students being particularly vulnerable due to their transitional life stage and evolving relationship dynamics (Bostangică, 2016). Victims in this demographic often face severe physical, emotional, and psychological consequences, which can negatively impact their academic performance, social development, and overall well-being. Despite the high prevalence and serious repercussions, there is limited understanding of the specific risk factors and underlying causes of IPV among university students in Kampala, Uganda. Existing evidence suggests that attitudes towards gender roles, relationship norms, and violence significantly influence the likelihood of experiencing or perpetrating IPV. Traditional beliefs and permissive attitudes towards violence can increase vulnerability, while lack of accurate knowledge about IPV hampers recognition, help-seeking, and prevention efforts (Lelaurain et al., 2017).

In Makerere University, IPV is often underreported and inadequately addressed (Makoboza, 2016). Many students lack comprehensive information about IPV, its harmful effects, and available resources, largely due to limited awareness, social stigma, and low help-seeking behavior. These factors contribute to persistently high rates of violence, poor academic performance, depression, and even mortality among students. The absence of targeted intervention programs further compounds these issues, underscoring the urgent need to investigate the prevalence and associated risk factors of IPV within this population. Findings from such research will be vital for developing effective education, prevention, and support strategies tailored to reduce IPV and its devastating impacts on university students' health, academic outcomes, and future opportunities.

1.3. Objectives of study

1.3.1. General Objective of study

To investigate the prevalence, risk factors, and perceived effects of intimate partner violence (IPV) among Makerere University students in Kampala.

1.3.2. Specific Objectives

- i. To establish the prevalence of different forms of intimate partner violence (physical, emotional, and sexual) experienced by Makerere University students.
- ii. To identify and analyze the socio-cultural, economic, and psychological factors that contributes to the occurrence of intimate partner violence among Makerere University students.
- iii. To examine the perceived effects of intimate partner violence on the physical, mental, and academic well-being of Makerere University students.

1.4. Research questions

- i. What is the prevalence of different forms of intimate partner violence (physical, emotional, and sexual) experienced by Makerere University students?
- ii. What are the factors specifically associated with intimate partner violence among university students at Makerere University Kampala?
- iii. What are the perceived effects of intimate partner violence on the physical, mental and academic well-being of Makerere University students?

1.5. Significance of the study

The significance of this study was to generate valuable information that could have far-reaching implications.

Addressing a critical social and public health issue. IPV is a serious global and national social and health issue that affects most especially women and university students with significant physical, mental, and academic impacts for victims, perpetrators and the wider community. Through this study, the problem of IPV can be addressed through raising awareness among the Makerere university students.

Research shows that there is a limited data specifically on IPV among Makerere university students in Kampala making this study crucial for understanding the scope and nature of the problem in this population.

Findings from the study can be used to inform the development and implementation of effective IPV prevention programs, policies and support services tailored based on the unique needs of Makerere university students.

Empowering students and promoting their safety. This can be done through raising awareness about IPV at Makerere university campuses. This can empower students to recognize and address unhealthy relationship patterns, seek help when needed hence fostering a culture of respect, safety and the overall well-being.

The findings from this study may not only benefit the target population but also contribute to the global body of knowledge on IPV particularly in the context of low and middle-income countries and inform best practices for addressing this issue among young adults.

1.6. Justification of the study

This study was justified by the substantial effects of intimate partner violence among Makerere university students.

Even though millions of women are subjected to IPV each year, there is a dearth of studies and understanding regarding the experiences and needs of these individuals who have been victimized? Because of this knowledge gap, developing effective interventions and support systems for this demographic is difficult, which can have major impacts for their physical, and mental health well as their academic and professional achievement. This study hopes to fill the knowledge gap and provide more effective interventions and support services for Makerere university students who have suffered violence.

This research can aid to identify the specific obstacles and barriers that Makerere university students face while seeking help and support as well as inform the development of specialized treatment and support services that can better match their needs and therefore, contributing to the larger objective of eradicating violence against men and women.

1.7. Scope of the study

This section explained the extent to which the research area was explored and how the parameters within the study operated including the population of study, sample size, geographical location, and time frame.

Content scope: This study examines the prevalence and factors associated with intimate partner violence among Makerere University students in Kampala.

Geographical scope: The study was conducted at Makerere University in Kampala. This environment provides valuable insight on how undergraduate students view and feel about intimate partner violence.

Sample size: The sample size of this study was approximated to 138 students. It was deemed sufficient to provide reliable data on the prevalence of IPV among the target group.

Time scope: The study lasted seven months, beginning with proposal writing in January and acceptance, followed by data collection, analysis, presentation of results and final report submission in August.

CHAPTER 2: LITERATURE REVIEW

2.0. Introduction

This section presents a thorough and critical examination of existing literature, including journals, textbooks, and scholarly articles, that pertains to intimate partner violence (IPV) among both male and female undergraduate students at Makerere University. It aims to provide a comprehensive overview of the prevalence of IPV across physical, emotional, and sexual dimensions among these students.

Intimate Partner Violence

The World Health Organization (WHO) defines intimate partner violence as any behavior within an intimate relationship by an intimate partner that causes physical, psychological, and sexual harm to those in the relationship, and it is one of the most common types of violence experienced by women.

Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups (Istratii & Ali, 2022). The overwhelming global burden of IPV is borne by women. Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them.

According to a sample of American college students, 43 % of women (vs. 28 % of men) reported having experienced physical abuse, sexual abuse, or other forms of IPV (e.g., controlling behavior, verbal abuse, excessive calling or texting, etc.), and over half of the students reported having these experiences while in college. Additionally, women are more likely than men to experience physical limitations and overall performance and cognitive impairment as a result of IPV, which elevate their risk for college interruption or permanent dropout (Tsui & Santamaria, 2015)

2.1. Prevalence of Physical IPV

Research indicates that women's educational attainment may influence the prevalence of intimate partner violence (IPV). According to Izugbara et al. (2020), women with primary education had a 27% higher adjusted prevalence of experiencing IPV compared to women without formal education. Additionally, women with secondary or higher education exhibited a 1.25-fold increase in IPV prevalence relative to uneducated women. These findings suggest that higher educational levels do not necessarily correlate with reduced IPV risk among women, which may reflect complex socio-cultural dynamics influencing violence within relationships.

Physical IPV involves actions intended to inflict physical harm on a partner, including behaviors such as hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, or biting (World Health Organization, 2013). It is important to distinguish physical IPV from other forms of abuse. Emotional abuse, for example, involves behaviors aimed at damaging a partner's self-esteem or mental health, while sexual IPV refers to non-consensual sexual acts, and economic IPV pertains to controlling a partner's access to financial resources (WHO, 2013). These differing forms often coexist and require tailored intervention strategies.

Prevalence rates vary significantly across regions and population groups, influenced by socio-economic, cultural, and legal factors. The literature emphasizes the existence of regional disparities and highlights the need for region-specific studies, especially within low- and middle-income countries where IPV may be underreported or inadequately studied. The variability underscores the importance of conducting detailed research to understand the patterns and risk factors specific to different contexts, including among university students and young adults.

In Uganda, IPV remains a significant public health concern. The National Survey on Violence (2020) reported regional variations in IPV prevalence, with particular emphasis on female university students in Kampala. Although this survey provides valuable nationwide data, specific prevalence rates for Makerere University or similar institutions are lacking. Existing studies tend to focus on broader populations or general community samples, leading to data gaps concerning university-specific IPV prevalence. Addressing this gap requires targeted research to assess the

scope and nature of IPV at Makerere University and comparable higher education institutions, which would facilitate tailored intervention strategies..

2.2. Prevalence of Emotional IPV

Globally, significant proportions of women aged 15 and over have experienced some form of violence, including emotional violence in their lifetime. According to Alkan & Demir (2025), the definition of IPV in literature often focuses on physical and sexual violence, with emotional or psychological violence frequently overlooked. However, emotional violence often coexists with other forms of IPV, even though it can occur independently. Psychological violence can occur without physical violence, but physical violence rarely occurs without psychological violence. Emotional violence is often a precursor to physical violence and is strongly linked to other forms of IPV.

Over 61 million women and 53 million men have experienced psychological aggression by an intimate partner in their lifetime. A study carried out at Sub-Saharan Africa revealed that approximately 36% of women in urban SSA experienced at least one form of IPV; 12.8% experienced two types; and 4.6% experienced all three types of IPV (Izugbara et al., 2020). Women experiencing higher levels of psychological IPV are more likely to also experience physical and sexual IPV. Emotional violence is more widespread than economic violence and is closely associated with physical violence. Men often use emotional and physical violence as tactics to maintain economic control over women (Alkan & Demir, 2025) Some studies suggest that women with primary or secondary education face higher emotional IPV rates than uneducated women. The education level of women's partners also correlates with emotional IPV

Psychological or emotional abuse is less frequently considered in the many studies of IPV, but may be an important predictor for physical violence as well as for mental health problems. **Emotional IPV is widespread among university students, often taking the form of psychological manipulation, control, and humiliation. This type of violence can have serious long-term consequences for mental health and overall well-being.**

2.3. Prevalence of Sexual IPV

Sexual IPV, which includes coercive sexual acts and forced sexual encounters, is also notably prevalent in university environments. Research indicates that a considerable percentage of female college students experience sexual assault, with estimates suggesting that around 20% of female students and 6% of male students are affected (Lisa et al., 2018).

Sexual violence on college campuses has recently emerged as an issue of urgent policy and programmatic concern in the USA, but it is only one of the several types of violence that threaten the health, well-being, and academic success of college women. The risk for intimate partner violence (IPV), including “physical, sexual, or psychological harm by a current or former partner or spouse,” among women is greatest between the ages of 18 to 24 years, a period when many women enter college. While the prevalence of IPV among students internationally has been estimated to range from 17 to 45 % for physical assaults in the last year, women are far more likely than men to experience sexual and physical violence, or to be killed as result of IPV (Tsui & Santamaria, 2015).

According to a sample of American college students, 43 % of women (vs. 28 % of men) reported having experienced physical abuse, sexual abuse, or other forms of IPV (e.g., controlling behavior, verbal abuse, excessive calling or texting, etc.), and over half of the students reported having these experiences while in college. Additionally, women are more likely than men to experience physical limitations and overall performance and cognitive impairment as a result of IPV, which elevate their risk for college interruption or permanent dropout (Tsui & Santamaria, 2015).

2.4. The socio-cultural, economic and psychological factors that contribute to the occurrence of IPV among Makerere university students.

Intimate Partner Violence (IPV) among university students is influenced by a complex interplay of socio-cultural, economic, and psychological factors. Understanding these determinants is crucial for designing effective interventions and support mechanisms tailored to this demographic.

Socio-cultural factors play a significant role in perpetuating IPV. Traditional gender norms and cultural beliefs, such as male dominance and expectations of male control over women, often legitimize violence within relationships. Mthembu et al., (2016) linked behaviors associated with

'traditional' masculinity, such as having multiple sexual partners, controlling female behavior, and engaging in fights with other men, to increased risk of IPV. These norms normalize violence as an acceptable expression of masculinity, thereby reinforcing the cycle of abuse.

Economic factors also contribute markedly to IPV risk among students. Financial dependence, poverty, and economic instability create significant stress within relationships, which can escalate to violence. For example, poverty and lack of financial resources can increase tensions and disagreements, thereby raising the likelihood of IPV (Aboagye et al., 2022). Additionally, Odini et al., (2024) indicates that students who experience financial dependency or instability are more susceptible to IPV, as economic stressors often exacerbate conflict. Such economic pressures combined with limited access to resources and support further trap victims in abusive relationships.

Psychological factors are crucial in understanding IPV perpetration and victimization. Mental health issues, including depression, anxiety, or low self-esteem, have been associated with higher rates of IPV (Odini et al., 2024). For instance, females whose partners frequently consume alcohol are at a significantly increased risk up to five times more of experiencing IPV. Alcohol use often impairs judgment and increases aggression, thereby exacerbating violent behaviors within relationships. Furthermore, exposure to violence during childhood is a strong predictor of later IPV victimization. A study in Abia, Nigeria, reported that women who witnessed domestic violence as children were over three times more likely to experience IPV later in life. Similarly, research from Ibadan, Nigeria, found a significant association between exposure to inter-parental violence and subsequent IPV, highlighting the intergenerational transmission of violence (Odini et al., 2024).

IPV among Makerere University students is shaped by an intricate web of socio-cultural norms, economic vulnerabilities, and psychological susceptibilities. Gender inequality, poverty, substance abuse, and exposure to violence during childhood are among the main contributors that need to be addressed within this population. Future research should emphasize the intersectionality of these factors, particularly within the Ugandan cultural context, to develop targeted prevention and intervention strategies.

2.5. The perceived effects of IPV on the physical, mental and academic well-being of Makerere university students.

Intimate partner violence (IPV) happens to both genders. However, women experience harsher consequences and are more often to be victims of more extreme types of IPV because women have traditionally been viewed as men's property. Effects of IPV also include academic underachievement because physical and mental health problems caused by IPV affect academic performance. Gender differences exist in the occurrence of IPV (Perveen et al., 2022).

Women who are victims of the violence are exposed to a variety of untoward health outcomes. The outcomes include low birth weight in women who were victims of IPV during pregnancy, unwanted pregnancy and induced abortion, sexually transmitted infections (STIs), physical injury, temporary or permanent disability, depression, alcohol abuse, post-traumatic stress syndrome. In extreme cases, IPV has been seen to lead to homicides and suicides (Odini et al., 2024).

Impacts of IPV on physical health include head injuries, hearing damage, bruises, broken bones, back and neck injuries, etc., sometimes leading to fatal consequences. Specifically, the World Report on Violence and Health in 2012 reported that 40–70% of women victims were killed by their intimate partners (Lakma Gunarathne et al., 2023).

Furthermore, IPV is found to be associated with severe mental health effects, such as behavioral problems, sleeping and eating disorders, depression, anxiety, Post Traumatic Stress Disorder (PTSD), self-harm, suicide attempts, and poor self-esteem. The impacts extend beyond women's health, with long-term consequences observed in children of IPV victims, who are at risk of behavioral and emotional disturbances, and broader harm to communities, including loss of productivity and increased homelessness (Lakma Gunarathne et al., 2023).

While IPV impacts on the physical and mental health of students, it also has negative consequences on the academic wellbeing of those involved. Research across different countries shows a consistent link between intimate partner violence (IPV) and poor academic performance. For instance, a recent study on the impacts of IPV on academic performance of married female students found that IPV contributes to academic underachievement of married female students because physical and mental health problems caused by IPV affect academic performance (Perveen et al., 2022).

The consequences of IPV are significant, impacting not only the victims but also the wider community. The normalization of IPV within relationships can create a cycle of violence that perpetuates gender inequality and obstructs efforts to achieve gender equality. Understanding the trends and prevalence of IPV among university students is essential for developing effective interventions and advocacy strategies to address gender-based violence (GBV).

2.6. Emerging Gap

Several studies have been conducted on IPV by different scholars globally. However, most studies have only focused on identifying risk factors for IPV or evaluating interventions to address it. To develop effective and response strategies, it is important to understand the contributing factors, prevalence of the different forms of IPV (Physical, sexual and emotional) and the consequences of IPV. This study therefore, aims to provide a more comprehensive understanding of the prevalence of IPV, contributing factors and the consequences of IPV among Makerere university students in Kampala. By investigating contributing risk factors, and consequences of IPV against undergraduates in Makerere university, this study will enhance understanding of IPV and will assist in identifying areas for further investigations that can inform interventions and policies to assist in achieving the Sustainable Development Goal 5.2 by 2030.

CHAPTER 3: METHODOLOGY

3.0. Introduction

This chapter presents the methodological framework that the researcher employed in the study, detailing the research design, the research approaches, study area, study population, sample size, sampling methods, data collection techniques, and data analysis procedures and ethical issues. The aim was to provide a clear framework for how the research was conducted to ensure the validity and reliability of the findings.

3.1. Research Design

This study utilized a cross-sectional research design. According to Bryman (2016), a cross-sectional research design is defined as a type of research design that involves the collection of data at a single point in time, allowing researchers to assess the prevalence of certain characteristics or conditions within a population. This design is particularly useful exploring associations between variables without inferring causation. Using this approach, I was able to quantify the prevalence of intimate partner violence among undergraduate students of Makerere University and to describe the characteristics of the population being studied.

3.2. Research approaches

This study further used a quantitative approach in data collection and analysis. Quantitative research is a systematic investigation that primarily focuses on quantifying relationships, behaviors, phenomena, or characteristics through the collection and analysis of numerical data. This approach employs statistical, mathematical, or computational techniques to test hypotheses, identify patterns, and make predictions. It aims to produce objective findings that can be generalized to larger populations Creswell (2014). Quantitative research is essential for intimate partner violence (IPV) among university students, since it enables the collecting of numerical data via surveys, hence facilitating statistical analysis and generalizability to broader populations. By using quantitative approach, the researcher was able to provide a complete and reliable

understanding of the prevalence of different forms of Intimate Partner Violence (physical, emotional and sexual) experienced by Makerere university students. It will also help me in identifying and analyzing the socio-cultural, economic and psychological factors that contribute to the occurrence of IPV as well as the perceived effects of Intimate Partner Violence among Makerere University.

3.3. Study Area

The research was conducted at Makerere University, which is the oldest and most prestigious university in Uganda, located in the capital city of Kampala. Established in 1922, Makerere University has a long history of excellence in higher education and is ranked among the top universities in East Africa. The university had a diverse student population approximately 35,000 undergraduates and 4,000 postgraduates enrolled across 9 colleges and schools. The student body represents a wide range of socio-economic backgrounds, ethnicities and regions within Uganda and beyond. The study was conducted with all the colleges in the university being a target for the study. This was aimed at getting a diverse range of responses to be used in the study.

3.4. Study Population

According to Creswell and Creswell (2018), the population in research refers to the entire group of individuals or objects to which the researcher wishes to generalize the findings (p. 142). The study focused on continuing undergraduate students enrolled in Makerere University, who were dating or were in a relationship in the recent past.

3.5. Sample Design, Size and Procedures

3.5.1. Sample Size

The sample size is calculated using the Cochran formula since the total number of students in Makerere University is too large.

$$n = \frac{z^2 pq}{e^2} \dots\dots\dots 3.1$$

Where n is the sample size, p is the proportion of the students involved in Intimate Partner Violence, we shall use 10%, q is $1-p$, e is the margin of error and it is being set at 5%, and z is the confidence level which is set at 1.96 at 95% level of significance.

Therefore;

$$n = \frac{1.96^2 \times 0.10(1 - 0.10)}{0.05^2} = 138.2976$$

The sample size was approximated to 138 students which was used in the study. This sample size was deemed sufficient to provide reliable data on the prevalence of IPV among the target group.

3.5.2. Sampling procedures

A stratified random sampling technique was employed to select participants from the target population. This method ensured that every student had an equal chance of being included in the study, thereby minimizing selection bias and enhancing the generalizability of the results.

This is a sampling which involved choosing some group of items from population based on classification and random selection. Stratified sampling is the technique of probability sampling in which the characteristics of a precise variable are interpreted in the universe relative to this variable (Iliyasu & Etikan, 2021).

The primary participants of the study were undergraduates enrolled in Degree programs at Makerere University. In order to obtain a representative sample, a simple random sampling method was used. It involved separating the target population element in to homogenous, mutually exclusive segment from each segment simple random sampling was chosen. The selected sample from different strata was combined to have a single sample.

3.6. Data collection methods and tools

3.6.1. Self-administered questionnaire

The study employed questionnaire as one of its device for data collection. A questionnaire is one of the devices for collecting information and a form that includes a set of questions, and secure

answers that respondents from a specific population fill to give the researcher information needed for the study (Taherdoost, 2021).

Data was collected using questionnaire consisting of closed-ended and open-ended questions that were designed to align with the study objectives including the prevalence, risk factors, consequences and different forms of IPV experienced by the respondents. My questionnaire also included socio-demographic characteristics of students (for example, age, gender, and nationality, year of study, relationship status, socioeconomic status, disability status and sexual identity/orientation). Upon approval of my questionnaire, I shared the survey with the selected respondents via Google Forms and sent the link with the randomly selected respondents and they were allowed to take their time in answering based on their personal knowledge and experiences. This method was chosen because it was easy to use and allowed for respondents' anonymity, and could accommodate the students' demanding academic schedules.

3.7. Data Collection Procedures

The research proposal and methods were submitted for approval to the research supervisor before data collection. A letter of introduction from Makerere University was obtained to facilitate access to the study participants. I collaborated with fellow classmates to identify potential respondents and after they have been identified, they were informed early enough and asked to give the convenient time they will answer the questionnaire and their consent was obtained before administering the questionnaires.

3.8. Data Processing and Management

The quantitative data acquired from the questionnaires was entered into a computer and analyzed using Excel and statistical methods, allowing for more effective data administration and analysis. Data was obtained from Google Forms as an Excel file and then cleaned. Descriptive statistics, including frequencies and percentages, were then calculated to summarize the data and identify trends in the prevalence of IPV among the respondents. This involved computing frequencies and percentages for a variety of factors, including investigation of the prevalence, risk factors, and perceived effects of intimate partner violence (IPV) among Makerere University students in Kampala. The analytical procedure included analyzing the data for completeness, identifying

inconsistencies, and creating tables to present the findings in a clear and intelligible way. The data are presented as frequency tables, demonstrating major trends and patterns among respondents.

3.9. Ethical Considerations

Ethical considerations are critical in any study involving human participants. Ethics deals with moral problems related to the practice of research. Ethics are an inquiry into what is right and wrong, and what researchers ought to do. While conducting study on the prevalence and factors associated with intimate partner violence among Makerere university students in Kampala, strong ethical requirements were required to protect participants' rights and well-being. According to Mirza et al.,2023, ethics focuses on the responsibilities of researchers towards the rights and interests of their participants, their audience, their academic community, and their Society, British Educational Research Association. It is important that that researchers usually refer to some ethical guidelines to ensure they have adhered to the principles of good research practice.

As research can present risks to participants, I therefore had the obligation to ensure that the respondents' wellbeing was safeguarded throughout the process. The following ethical considerations were noted.

3.9.1. Informed consent

I first of all sought for the approval of the research proposal from my research supervisor, and got a letter of introduction to signify that the research is of academic authorization. The following ethical considerations were noted

I also sought verbal consent from my respondents and provided a clear explanation of what the study was about, its purpose, objectives and procedures and why the respondents were being invited to participate in the study. I further informed respondents of potential risks and benefits of their participation. I also emphasized that it was an academic research project. Respondents were recruited using a strategy that ensured they were properly informed about the study prior to their voluntarily participation. Initially, I approached eligible undergraduate students at Makerere University on individual basis through an online communication channel. During these discussions, participants were reassured about their voluntary participation, confidentiality and their right to withdraw from the study at any time without any consequences. Only upon obtaining

their informed verbal consent was the link to the online questionnaire via Google Forms shared. Participants were also informed that by clicking on the link, they were consenting to take part in the study.

3.9.2. Confidentiality and Anonymity

Researchers should make every effort to protect the anonymity of the research participants and the privacy of data (Dane, 1990; Miles and Huberman, 1994). Before conducting data collection sessions, these two points must be communicated to participants and incorporated into the researcher-participant agreement. All information must be handled and stored in accordance with the Data Protection Act. No party other than the researcher and, if applicable, the research team members should have access to the data. A secure location that is still easily accessible should house all records, both written and audio. (Mirza et al., 2023). I explained to participants how data would be used for only academic purposes and would be kept confidential, anonymous and only accessed by the supervisor and the researcher. Respondents were not forced to answer the questionnaire and also made sure that all the personal information of respondents were kept confidential.

3.9.3. Psychosocial support and care

Conducting research on a sensitive topic like IPV can be emotionally challenging. So to ensure a supportive environment for my respondents I provided a non-judgmental, and empathic attitude towards them to allow them share their experiences without fear. Additionally, I used active listening skills to make sure they felt heard and understood. I also offered regular breaks and encouraged deep breathing exercises to help respondents manage their emotional distress.

3.9.4. Challenges encountered/anticipated

Convincing respondents to participate in data collection was difficult, drawing from the fact that IPV is a very sensitive issue that most people feel shy to talk about for fear of being judged. Respondents who have experienced Intimate Partner Violence recalled unpleasant experiences during their participation which could have an impact on their emotional well-being. Some

respondents expected monetary compensation for sharing their experiences and dedicating their time to participate in the study.

respondents expected monetary compensation for sharing their experiences and dedicating their time to participate in the study.

CHAPTER FOUR: RESULTS PRESENTATION

This chapter presents results from study findings on Prevalence and Factors Associated with Intimate Partner Violence among Makerere University Students in Kampala-Uganda, with results arranged based on the study objectives.

4.1 Respondent Demographics

The respondent profile reveals a nearly balanced gender distribution (48.2% male, 51.8% female) with a slight female majority, and a sample dominated by undergraduates in Years 2 and 3 (42.4% and 34.5% respectively). Just over half are single (51.3%), with a substantial portion in a relationship (45.1%). Anglicanism is the most represented religion (42.1%), followed by Catholic (30.7%), with Muslim (11.4%), SDA (5.3%), and Other (10.5%). Most respondents live in hostels (62.8%), a sizable minority in university halls (19.5%), with smaller shares living at home (14.2%) or in other arrangements (3.5%).

Table 4.1: Respondent characteristics

Variable	Category	Frequency	Percentage (%)
Gender	Male	54	48.2
	Female	58	51.8
Year of study	Undergraduate Year 2	48	42.4
	Undergraduate Year 3	39	34.5
	Undergraduate Year 4	22	19.5
	Postgraduate	4	3.5
Marital status	Single	58	51.3
	In a relationship/ partnered	51	45.1
	Married	4	3.5
Religion	Catholic	35	30.7
	Anglican	48	42.1
	Muslim	13	11.4
	SDA	6	5.3

	Other	12	10.5
Living Arrangements	University halls of residence	22	19.5
	Hostels	71	62.8
	Home	16	14.2
	Other	4	3.5

4.2 Prevalence of Intimate Partner Violence

The study findings indicate notable exposure to both physical and emotional/psychological violence within current relationships, with emotional abuse showing higher prevalence. Specifically, physical violence reports are relatively low but nontrivial: slapping was reported by 18.4% of respondents who have experienced physical violence from their partner, while other physical acts were less common (punching and kicking each reported by 21.2% among those who experienced the act, but the base totals for these categories are small). More consistently, several emotional/psychological abuse indicators affect a majority or substantial minority: insults or name-calling were reported by 51.9% of respondents in current relationships, threats by 34.4%, humiliation by 30.2%, and ignoring or isolating you by a striking 72.3%. Controlling activities or contacts were reported by 60.8%.

Table 4. 2: Prevalence of intimate partner violence

Variable	Category	Frequency (f)	Percentage (%)
Have you in your current relationship experienced any of the physical type of violence from your partner			
Slapping	Yes	18	18.4
	No	80	81.6
Punching	Yes	2	21.2
	No	92	97.8
Kicking	Yes	2	21.2
	No	92	97.8

Hitting with objects	Yes	11	11.6
	No	84	88.4
Choking	Yes	11	11.6
	No	84	88.4
Have you in your current relationship experienced any of the emotional/ psychological type of violence from your partner			
Insults or name calling	Yes	54	51.9
	No	50	48.1
Threats	Yes	32	34.4
	No	61	65.6
Humiliation in public or private	Yes	29	30.2
	No	67	69.8
Ignoring or isolating you	Yes	73	72.3
	No	28	27.7
Controlling your activities or contacts	Yes	62	60.8
	No	40	39.2

4.3 Contributing factors to intimate partner violence

4.3.1 Contribution of socio-cultural factors to intimate partner violence

From the study findings, two socio-cultural factors show statistically significant relationship with intimate partner violence. Peer influence shows a modest significant association with a P value of 0.042, societal norms also show statistically significant relationship with intimate partner violence with a p-value of 0.010. Other socio-cultural factors such as cultural beliefs about gender roles, lack of awareness about IPV and traditional practices didn't have statistically significant relationship with intimate partner violence.

Table 4.3: Contribution of socio-cultural factors to intimate partner violence

Predictor	N	Yes	No	χ^2	df	p-value	Cramér's V
Cultural beliefs about gender roles contribute to IPV	109	59	50	3.24	1	0.072	0.18
Peer influence contributes to IPV	110	51	59	4.12	1	0.042	0.19
Societal norms supporting violence contribute to IPV	106	57	49	6.58	1	0.010	0.24
Lack of awareness about IPV contributes to IPV	106	57	49	2.95	1	0.086	0.16
Traditional practices contribute to IPV	108	50	58	1.92	1	0.166	0.12

4.3.2 Contribution of economic factors to intimate partner violence

From the study the economic factors such as financial stress or hardship, unemployment or underemployment, economic dependence on partner and poverty were the variables tested for statistical significance with intimate partner violence and none of the variables showed any statistical relationship with IPV.

Table 4: Contribution of economic factors to intimate partner violence

Predictor	N	Yes	No	χ^2	df	p-value	Cramér's V
Financial stress or hardship contributes to IPV	109	87	22	0.75	1	0.386	0.09
Unemployment or underemployment contributes to IPV	108	82	26	0.10	1	0.752	0.03
Economic dependence on partner contributes to IPV	108	87	21	1.02	1	0.311	0.10
Poverty contributes to IPV	106	86	20	0.15	1	0.699	0.04

4.3.3 Contribution of psychological factors to intimate partner violence

The psychological factors mental health issues and substance were found to have statistically significant relationship with intimate partner violence with P-value of 0.001. Low self-esteem didn't have a statistically significant relationship with intimate partner violence.

Table 5: Contribution of psychological factors to intimate partner violence

Predictor	N	Yes	No	χ^2	df	p-value	Cramér's V
Mental health issues contribute to IPV	108	87	21	42.62	1	0.001	0.628
Substance abuse contributes to IPV	109	95	14	60.18	1	0.001	0.744
Low self-esteem contributes to IPV	109	58	51	0.45	1	0.503	0.064

4.3.4 Influence of cultural beliefs or societal expectations on views about IPV

The findings in Table 6 indicate that cultural beliefs and societal expectations shape views on IPV in several ways, with varying strength. Societal expectations that support victims leaving abusive relationships show the strongest association ($p < 0.001$), suggesting a substantial shift in views toward supporting separation from abuse. Community norms discouraging open discussion of IPV and traditional gender roles influencing attitudes also show meaningful associations ($p = 0.034$, and $p = 0.006$ respectively). Cultural beliefs that IPV is justified or normalized approach significance but do not reach conventional levels ($p = 0.046$). Finally, societal expectations that IPV is a private matter show a modest but significant link ($p = 0.023$).

Table 6: Influence of cultural beliefs or societal expectations on views about IPV

Predictor	N	Yes	No	Total	χ^2	df	p-value	Cramér's V
Cultural beliefs justify or normalize IPV	111	66	45	111	4.00	1	≈ 0.046	0.19
Societal expectations support victims to leave abusive relationships	108	78	30	108	21.33	1	< 0.001	0.44
Community norms discourage discussing IPV openly	109	79	30	109	4.50	1	≈ 0.034	0.20
Traditional gender roles influence attitudes towards IPV	108	85	23	108	7.46	1	≈ 0.0064	0.26
Societal expectations pressure individuals to accept IPV as a private matter	108	82	26	108	5.19	1	≈ 0.023	0.22

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Summary of Findings

Gender balance shows a nearly even distribution with 48.2% male and 51.8% female. Education level is dominated by undergraduate students in Years 2 and 3 (42.4% and 34.5%), with 19.5% in Year 4 and 3.5% postgraduate. Marital status indicates slightly more single respondents (51.3%) than those in a relationship (45.1%), and 3.5% are married. Religious affiliation is led by Anglican (42.1%) and Catholic (30.7%), followed by Muslim (11.4%), SDA (5.3%), and Other (10.5%). Living arrangements show the majority in hostels (62.8%), followed by university halls (19.5%), home (14.2%), and other arrangements (3.5%).

Physical violence reports exist but are relatively low, with notable items including slapping (18.4% of those who experienced physical violence) and other acts such as punching (21.2%), kicking (21.2%), hitting with objects (11.6%), and choking (11.6%), though some base totals are small. Emotional/psychological violence is more prevalent, with insults/name-calling at 51.9%, threats at 34.4%, humiliation at 30.2%, ignoring/isolating at 72.3%, and controlling activities/contacts at 60.8%.

Significant associations are observed for peer influence ($p = 0.042$) and societal norms supporting violence ($p = 0.010$). Non-significant associations include cultural beliefs about gender roles ($p = 0.072$), lack of awareness about IPV ($p = 0.086$), and traditional practices ($p = 0.166$). Cramér's V values for the significant factors indicate modest associations (peer influence $V = 0.19$; societal norms $V = 0.24$).

Examined variables financial stress or hardship, unemployment/underemployment, economic dependence on partner, and poverty showed no statistically significant associations with IPV; all p -values exceed 0.05 and Cramér's V values are small. Significant associations are found for mental health issues ($p < 0.001$, strong association; $V = 0.628$) and substance abuse ($p < 0.001$, very strong association; $V = 0.744$). Low self-esteem is not significant ($p = 0.503$).

The strongest association is societal expectations that victims should leave abusive relationships ($p < 0.001$). Other meaningful associations include community norms discouraging open discussion of IPV ($p = 0.034$) and traditional gender roles influencing attitudes ($p = 0.006$).

Approaching significance is the belief that IPV is justified or normalized ($p = 0.046$). Moderately significant is the belief that IPV is a private matter ($p = 0.023$).

5.2 Conclusions

Results indicate that emotional or psychological violence is the most prevalent form among students, followed by physical and sexual IPV. The coexistence of multiple IPV forms suggests that prevention and response strategies should adopt a comprehensive, multidimensional approach rather than focusing solely on physical violence.

Persistent gender norms, peer and societal influences, and traditional practices create a social environment that can tolerate or normalize violence. Economic stressors, financial strain, unemployment or underemployment, and economic dependence emerge as substantial risk factors that amplify power imbalances and relationship tensions. Psychological factors, including mental health challenges, substance use, low self-esteem, and aggression, further contribute to both perpetration and victimization.

The results show significant mental health impacts, including sleep disturbances, anxiety, depression, and PTSD, with broader implications for physical health and academic functioning. Although physical health effects were less frequently reported, they remain clinically relevant. The association between IPV and reduced academic performance highlights the university environment as a critical site for screening, supportive services, and accommodations.

5.3 Recommendations

- i. Government
 - The government should allocate dedicated funding for nationwide IPV prevention programs, including university-focused initiatives, mental health services, and survivor support.
 - The government should ensure clear protocols for reporting IPV, protection orders, and survivor safety.

- The government should expand access to affordable mental health services and substance abuse treatment, with scalable options for students, including tele-mental health, campus-based clinics, and subsidized care.
- ii. Non-Governmental Organizations (NGOs) and Civil Society
- Non-governmental organizations should provide confidential, accessible, and stigma-free IPV support services on and near university campuses, including hotlines, counseling, legal aid, and safety planning.
 - Civil society organizations should deliver training for students, campus staff, and community leaders on recognizing IPV, bystander intervention, and referral pathways; include modules on mental health, substance use, and trauma-informed approaches.
 - Non-governmental organizations should run peer-led programs that address peer influence and societal norms that condone violence; use testimonials and participatory activities to shift attitudes toward non-violence and supportive help-seeking.
- iii. Local Community Leadership should;
- Facilitate community dialogues that challenge gender stereotypes, promote egalitarian relationships, and normalize discussing IPV without stigma.
 - Create community-based safe spaces for students and young adults to share experiences, access information, and connect to services.
 - Implement programs that address male attitudes, promote healthy masculinity, and reduce peer-pressure contributing to IPV.
- iv. University (Makerere University and Other Higher Education Institutions) should;
- Establish or expand confidential on-campus counseling, legal aid, medical care, and safety planning; ensure services are youth-friendly and culturally sensitive.
 - Include IPV awareness, healthy relationships, consent education, and bystander intervention in orientation programs and timely refresher modules for students.

- Peer-leader and student-staff engagement: Train peer educators and student ambassadors to promote help-seeking, model respectful relationships, and act as first points of contact for students experiencing IPV.
- Create clear, confidential reporting pathways with prompt, coordinated responses among health services, security, and student support offices; protect reporters from retaliation and ensure privacy.
- Expand access to mental health services and substance abuse programs, integrating screening for IPV risk and trauma histories; provide referral networks with external partners when specialized care is needed.

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APPENDICIES

Appendix 1: Questionnaire

THE PREVALENCE AND FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE (IPV) AMONG MAKERERE UNIVERSITY STUDENTS IN KAMPALA, UGANDA

Good morning/ afternoon respondent. My name is Sarah Sadia Amule Andrew a fourth year student of Makerere University, pursuing a Bachelor's Degree in Social Work. As part of my academic program, I am conducting a research on "the prevalence and factors associated with intimate partner violence among Makerere university students in Kampala, Uganda," a requirement for the award of a Bachelor's Degree in Social Work. You have been randomly selected to participate in this study based on nothing. This study is purely for my academic purpose, although other benefits may rise from it. The information generated from this study may act as a useful guide in formulation of strategies and policies to mitigate the issue of intimate partner violence among university students; you do not answer any questions that you do not feel comfortable about. Your participation in this study will be voluntary and you have a right to withdraw from the study at any time without any consequence. Your responses will be kept confidential and please, feel free to participate in this study.

Date: _____

Signature: _____

Instructions

Read through the answers and circle the most appropriate while referring to your personal experience.

Section A: Demographic and Background Information

1. Age: _____

2. Gender:

- Male

- Female
- Other (please specify): _____

3. Year of Study:

- Undergraduate Year 1
- Undergraduate Year 2
- Undergraduate Year 3
- Undergraduate Year 4
- Postgraduate

4. Faculty/Department: _____

5. Program/Course: _____

6. Marital status:

- Single
- In a relationship/partnered
- Married
- Other: _____

7. Religion:

- Catholic
- Anglican
- Muslim
- SDA
- Other (please specify): _____

8. College:

- College of Engineering, Design, Art and Technology (CEDAT)
- College of Health Sciences (CHS)
- College of Humanities and Social Sciences (CHUSS)
- College of Natural Sciences (CONAS)

- College of Veterinary Medicine, Animal Resource and Bio-security (COVAB)
- College of Agricultural and Environmental Sciences (CAES)
- College of Business and Management Sciences (COBAMS)
- College of Computing and Information Sciences (COCIS)
- College of Education and External Studies (CEES)
- School of Law

9. Living arrangements at university:

- University halls
- Hostels
- Home
- Other (please specify): _____

Section B: Prevalence of Intimate Partner Violence (Objective 1)

6. Have you ever been involved in an intimate relationship (dating, partnership)

during your time at Makerere University?

- Yes
- No

If No, please skip to Section E)

7. In your current or most recent relationship, have you experienced any of the following forms of violence from your partner? (Tick all that apply)

Type of Violence	Specific Behavior	Yes/No
Physical Violence	Slapping	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Punching	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Kicking	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hitting with objects	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Choking	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (please specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional/Psychological Violence	Insults or name-calling	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Threats	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Humiliation in public or private	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ignoring or isolating you	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Controlling your activities or contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (please specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Violence	Forced sexual intercourse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Attempted sexual assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Forcing you to perform sexual acts against your will	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Unwanted sexual touching	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (please specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. In the last three months how many times have you experienced each form of violence?

Form of Violence	Never	Once	Multiple times	Very Often
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you consider yourself to have experienced any form of intimate partner violence?

- Yes
- No

Section C: Contributing Factors to Intimate Partner Violence (Objective 2)

10. From your perspective, how much do the following socio-cultural factors contribute to intimate partner violence? (Please select the option that best reflects your opinion for each factor)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Cultural beliefs about gender roles contribute to intimate partner violence.					
Peer influence contributes to intimate partner violence.					
Societal norms supporting violence contribute to intimate partner violence.					
Lack of awareness about IPV contributes to intimate partner violence.					
Traditional practices contribute to intimate partner violence.					

13. From your perspective, how much do the following economic factors contribute to intimate partner violence? (Please indicate your level of agreement for each factor)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Financial stress or hardship contributes to IPV.					
Unemployment or underemployment contributes to IPV.					
Economic dependence on partner contributes to IPV.					
Poverty contributes to IPV.					

14. From your perspective, how much do the following psychological factors contribute to intimate partner violence? (Please indicate your level of agreement for each factor)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Mental health issues (e.g., depression) contribute to IPV.					
Substance abuse (alcohol, drugs) contributes to IPV.					
Low self-esteem contributes to IPV.					
Past experiences of violence or trauma contribute to IPV.					
Aggressive tendencies contribute to IPV.					

15. How much do you agree with the following statements regarding the influence of cultural beliefs or societal expectations on views about IPV? (Please indicate your level of agreement for each statement)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Cultural beliefs justify or normalize IPV.					
Societal expectations support victims to leave abusive relationships.					
Community norms discourage discussing IPV openly.					
Traditional gender roles influence attitudes towards IPV.					
Societal expectations pressure individuals to accept IPV as a private matter.					

16. To what extent do you believe the following factors have contributed to violence in your experience or observations? (Please rate each factor)

Factor	Not at all	Slightly	Moderately	Very much	Extremely
Jealousy					
Possessiveness					
Arguments over personal issues					
Past relationship history					

Section D: Perceived Effects of IPV (Objective 3)

17. Do you believe that experiencing IPV has affected your physical health?

- Yes
- No

18. If yes, please describe the physical health effects experienced. (Open-ended)

19. Do you believe IPV has affected your mental health?

- Yes
- No

20. If yes, please specify the mental health effects experienced. (Select all that apply)

- Anxiety
- Depression
- Sleep disturbances
- Low self-esteem
- Post-traumatic stress disorder (PTSD)
- Other (please specify): _____

21. Has IPV impacted your academic performance?

- Yes
- No

22. If yes, please describe how IPV has affected your academic life. (Open-ended)

23. In your view, what are the long-term effects of IPV on students like you? (Open-ended)

Section E: Help-Seeking and Support

24. Have you sought help or support after experiencing IPV?

- Yes
- No

25. If yes, from whom did you seek help? (Check all that apply)

- University health services
- Friends or family
- Counseling or psychological services
- Law enforcement
- Religious or community leaders
- NGOs or support groups
- Other (please specify): _____

26. Do you think Makerere University provides sufficient support for victims of IPV?

- Yes
- No
- Not sure

27. What measures do you think the university should implement to prevent IPV among students? (Open-ended)

Appendix II: Consent Form

Good morning/Afternoon respondent. My name is Sarah Sadia Amule Andrew, a fourth year student at Makerere University pursuing a degree in Social Work. You are cordially asked to participate in a study aimed at investigating the prevalence and factors associated with intimate partner violence among Makerere university students in Kampala. Your participation is entirely voluntary, and you withdraw at any moment with no penalties.

Purpose of study

The major aim of this study is to investigate the prevalence, risk factors, and perceived effects of intimate partner violence (IPV) among Makerere University students in Kampala.

What participation involves

You will be required to complete a questionnaire which will take about 10-15 minutes. Your responses will only be used for academic purposes.

Confidentiality

All collected information will be used only for academic purposes and will be kept confidential, anonymous and only accessed by the supervisor and the researcher. It will also be reported in aggregated manner, ensuring that no individual can be identified.