

**FACTORS CONTRIBUTING TO GENDER BASED VIOLENCE AMONG PATIENTS
ATTENDING TO OUT PATIENT DEPARTMENT AT CHINA-UGANDA
FRIENDSHIP HOSPITAL, NAGURU**

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DECLARATION

I solemnly declare that this is entirely my original work and it has never been presented to any university for an award of a degree.

KEVIN BASEMERA

Signature:.....

Date:.....

APPROVAL

I confirm that this research report was conducted under my supervision and I approve that it is now ready for submission.

MRS. SITUMA ELIZABETH

Signature:.....

Date:.....

DEDICATION

With lots of love and fond memory, I dedicate this report to my Family who endured my prolonged absence, Brothers and sisters for the support and encouragement, my late Father and mother, who brought me up and especially for taking me to school.

Your love and vision greatly determined my future in many ways that no words can explain.

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I give glory and honor to the Almighty God for the Good health, knowledge and sound mind which enabled me complete this course.

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May the good Lord bless them abundantly.

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OPERATIONAL DEFINITIONS

- Gender based violence - This is refers to all forms of abuse that are experienced by women, men, girls and boy that occurs because of inequalities in power difference between them and their perpetrator.
- Perpetrator - This is an individual who commits a crime or abuses the other.
- Violence - This is the use of physical force and threats by the perpetrator against an individual
- Gender - These are socially perceived roles, behaviors and activities that the community considers to be appropriate for men and women.

LIST OF ACRONYMS

GBV	-	Gender Based Violence
IPV	-	Intimate Partner Violence
MGLSD	-	Ministry Of Gender, Labour And Social Development
OPD	-	Out Patients Department
UDHS	-	The Uganda Demographic And Health Survey
UDHS	-	Uganda Demographic And Health Survey
UN	-	United Nations
WHO	-	World Health Organization

ABSTRACT

Background: Gender Based Violence is experienced in different forms by different individuals which could be physical, psychological, sexual, economical or sexual abuse. Studies have shown that GBV is still a public health concern globally and it's associated with both psychological and physical consequences.

The main objective of the study was to determine factors contributing to gender based violence among patients attending OPD at Naguru hospital from June to July 2016.

As my methodology a descriptive cross sectional study was conducted in Naguru Outpatient department. Simple random sampling was carried out and a total of 371 participants were selected. Data was collected through interviewing participants who met the inclusion criteria using a structured questionnaire after coming out of the doctor's examination room.

The findings showed that the rate of GBV is still high. 64.4% of the study participants had ever experienced GBV and only 35.6% reported to have never experienced GBV and of those who had experienced GBV 43.7% had experienced physical abuse, 24% sexual abuse, 12.7% psychological abuse and 19.7% other forms of abuse. Married partners were more likely to experience GBV and the most cause of violence was alcohol.

The study findings showed that the prevalence of GBV was still high. The majority of women who experienced GBV did not take action and it was attributed to fear and lack of financial support. For the respondents who took action, they reported to family members and religious leader.

The government should come up with a law that limit alcohol abuse because most cases of violence are caused by alcohol abuse Policy makers should plan for possible interventions on primary prevention of GBV which also include educating and sensitizing couples on the effects of GBV

CHAPTER ONE

1.0 Introduction

In this chapter, the background to the study, problem investigated, study objectives and questions, significance of the study and the theoretical framework are presented. The researcher's aim is to determine the factors influencing gender based violence among clients attending Out Patient Department at Naguru hospital during June to July 2016.

1.1 Background

Gender-Based Violence (GBV) also often termed as Violence against Women (VAW) is defined as violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms. Although most violence is perpetrated by individuals or groups of individuals, it also encompasses violence perpetrated by the state, either through direct actions or through failure to protect its citizens from harm (UN, 2000).

GBV encompasses human rights violations based on ones gender including sexual abuse, rape, child abuse, discrimination, political violence, intimate partner abuse, defilement, domestic violence, sexual assault and harassment, human trafficking, pornography, infanticide, forced control over reproductive functions and harmful traditional practices such as Widow inheritance, dowry, female circumcision, early marriages (UNICEF, 2006).

GBV is a result of power inequalities powered discrimination based on gender. GBV is now more than ever entrenched in the social beliefs, systems, perceptions, attitudes about women and men and their roles in society; it includes; Domestic Violence, Violence against Women and Sexual Based Violence (Baer, 2002).

Violence against women is often referred to as gender-based because it is rooted in women's lack of power in relationships and in society relative to men. The bonds of family, economic and emotional dependence that often surround perpetrators and their victims distinguishes violence against women from most violence against men, and therefore requires distinct strategies for prevention and protection of victims (UNICEF, 2006).

Globally, in 79 countries, 30% of women reported having experienced physical and/or sexual intimate partner violence (IPV) at some point in life. While the prevalence was lower in high-income regions such as Western Europe and in the Western Pacific, the proportion of women reporting lifetime exposure was 37% in African, Eastern Mediterranean and South-East Asia

regions. When the lifetime prevalence of IPV and non-partner sexual violence are taken together, 45% of women in Africa are affected (WHO, 2013).

The majority of studies estimate lifetime prevalence of physical violence between intimate partners between 20% to 50% of women, with estimates in Sub-Saharan Africa ranging from 4 percent of women to 47 percent in reporting having been forced by a partner to have sex against their will at some point in their lives (Jacqueline et al. 2002). International research within the last decade has revealed that between 8 and 26% of women and girls reported having been sexually abused, either as children or adults. While several legal instruments and policies have been passed to curb GBV both at national and community level, the practice has not withered with most of the victims prefer to suffer in silence (Morrison, et al, 2004).

Numerous studies within Uganda give evidence that high rate of GBV experienced with in Uganda are experienced by women with in homes (40- 50%). The Uganda demographic and health survey (UDHS) provides data and information on the prevalence of GBV in Uganda. UDHS 2006 survey stipulates that 48% of married women age 15-49 have experienced physical violence from their intimate partners. 50% of these are women.

Due to the numerous diversity in Africa, the rural settings and lack of resources, it is very difficult to determine the prevalence of GBV as the victims feel it is normal and shameful to report. This could be due to under reporting of cases in this continent. However, the prevalence of intimate partner violence varies widely among countries in Sub-Saharan Africa and sometimes even between studies conducted in the same countries. Gender Based Violence denies women and men security, the right to enjoy fundamental freedoms and forces them into subordinate positions to their counter parts. A district, Sub County, and individuals affected in these cases cannot reach their full potential as long as gender based violence preventers have inadequate capacities to handle gender based violence cases (UNFPA/MGLSD, 2008).

In Uganda, high levels of sexual and gender-based violence exist. The 2011 Uganda Demographic and Health Survey (UDHS, 2011) findings reveal that 27% of women experienced physical violence, and 16% experienced sexual violence within 12 months prior to the survey. Intimate partner physical violence (IPPV) which is a form of Intimate Partner Violence (IPV) is among the most common forms of gender-based violence in Uganda. Among women in union, one in four (25%) experienced physical violence and 21% experienced sexual violence from an intimate partner within 12 months prior to the survey.

Overall, 45% of ever-married women had experienced at least one form of violence (emotional, physical or sexual) perpetrated by their current or most recent partner in the past year (UBOS, 2012). The national prevalence was estimated at 68% for violence affecting women which is well above international average of between 28-33% with Eastern Region having the highest rate at 74% followed by Karamoja region at 60%, Northern Uganda at 58%, Western Uganda at 56%; Kampala region at 41% and Central Uganda at 24%.

Researchers have also documented negative outcomes among children of women who experience violence, including increased levels of child mortality and emotional and behavioral problems. GBV also poses significant costs for the economies of developing countries, including lower worker productivity and incomes, lower rates of accumulation of human and social capital, and the generation of other forms of violence both now and in the future (WHO, 2013). It is therefore necessary to do this research in this topic to find out factors contributing to Gender based violence among patients attending China Uganda Friendship Hospital, Naguru.

1.2 Statement of the problem

According to the UN declaration of human rights and freedoms, all human beings are supposed to enjoy equal rights despite of their gender or social status. However, In Naguru hospital, there is a high number of patients who turn-up at OPD with reported cases of gender based violence estimated at (43%) and children (37%) (Hospital annual report, 2015).

Clients present with injuries such as fractures, mental illnesses, such as depression, anxiety, post-traumatic stress disorder, attempted suicide, sexual and reproductive health problems, such as sexually transmitted infections, substance abuse, poor social stigma and marginalization, lost workdays, lower productivity and lower income, social, or political participation opportunities; and expenditures on medical, protection, judicial and social services. The government of Uganda and other stakeholders came-up with a policy on GBV prevention and response which includes the Domestic Violence Act of 2010, the prevention of Trafficking in Person Act (2009), and the Prohibition of Female Genital Mutilation Act (2010). This allows medical workers to treat survivors of GBV, however, the practice has not withered.

The high burden continues to affect the life of the victims physically, socially, economically and in other aspects of health. There is need to sensitize the population especially women on their rights and implementing the existing laws and policies regarding GBV. This uncertainty

forms the basis of this study to assess the factors contributing to Gender based violence among patients attending China Uganda Friendship Hospital, Naguru.

1.3 Objectives of the study

1.3.1 General objective

To determine the factors contributing to gender based violence among patients attending OPD at Naguru hospital from June to July 2016

1.3.2 Specific objectives

- To establish the prevalence of gender based violence among patients attending OPD at Naguru hospital from June to July 2016.
- To determine the socio-cultural factors contributing to gender based violence among patients attending OPD at Naguru Hospital from June to July 2016.
- To determine the individual factors contributing to gender based violence among patients attending OPD at Naguru Hospital from June to July 2016.

1.4 Research questions

- What is the prevalence of gender based violence among clients attending OPD at Naguru hospital from June to July 2016?
- What are the socio-cultural factors contributing to gender based violence among patients attending OPD at Naguru Hospital from June to July 2016?
- What are the individual factors contributing to gender based violence among patients attending OPD at Naguru Hospital from June to July 2016?

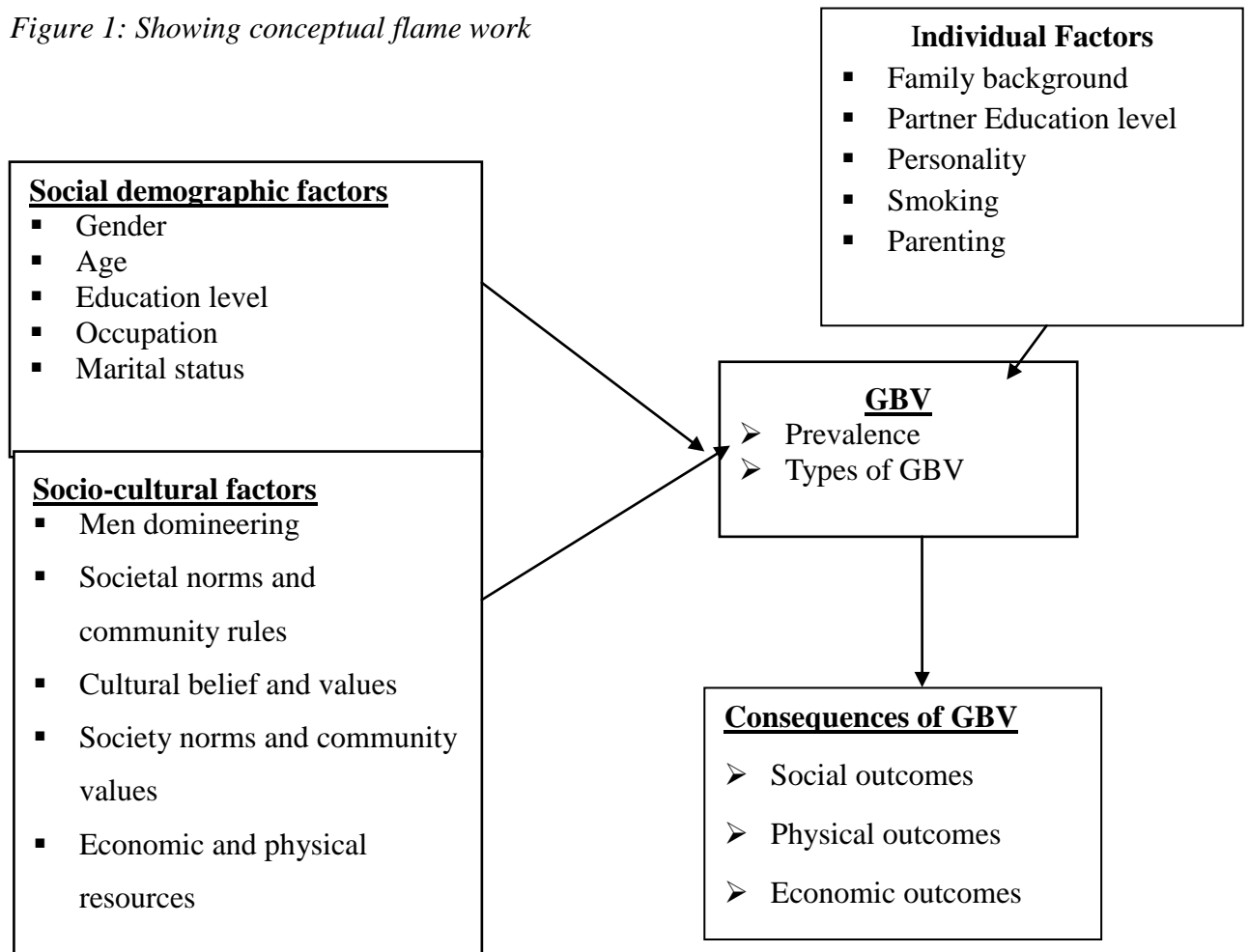
1.5 Significance of the study

The study will help to provide information on factors contributing to GBV which could be used by policy makers and other stakeholders who aim at reducing GBV among women globally. The information from this study will also be used by other scholars who wish to carry out more studies in this arena since it will fulfill part of the knowledge gap on GBV.

In addition, upon completion of this study, the researcher will fulfill one of the requirements required for the award of the degree of Science in Nursing at International Health Sciences University.

1.6 The conceptual Flame Work

Figure 1: Showing conceptual flame work



1.6.1 Description of the conceptual framework

The above framework describes how variables interact with each other. The dependent variable in the model above is gender based violence, while the factors contributing to this include 1) Socio- cultural factors, these include cultural beliefs on GBV, norms of a given society that favor some gender over the other, political laws and policies on GBV that prevent the practice and 2) Individual factors such as one's gender, age, level of education, income status and employment status. Finally, the figure shows the consequences that may come out of GBV which include Social outcomes, physical outcomes like injuries and economic outcomes like loss of employment.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter presents the literature review based on studies carried out previously on factors contributing to gender based violence worldwide. The review will look at studies that had been carried out in regards to individual factors, social demographic factor and consequences of GBV.

2.1 Prevalence GBV

Intimate partner violence (IPV) against women is a global human rights and public health concern (Abramsky et al, 2011). The World Health Organization (WHO) estimates that at least one in every five of the world's female population has been physically or sexually abused at some time (Population Reference Bureau, 2001). Gender-based violence affects both the physical and psychological cognitively and integrity of women (AJPH, 2007).

Study by Heise et al 1999 on gender based violence found out that between 8-70% of women globally had been either physically or sexually assaulted by a male partner at least once during their marriage (Heise et al, 1999). A study done in Zambia by DHS, 2002 data reported that 27% women who had ever been married had ever been physically tortured or beaten by their husbands in the past one year and nearly 13% of females in the age category of 15-19 year olds had been sexually abused by their husbands in the last one year during their marriage (DHS, 2002). In another study done by WHO, 2002 in rural Ethiopia on Gender based violence, the study reported that 49% of married respondents had ever experienced physical violence or beaten by their husbands and 59% of the respondents had ever been sexually abused (WHO, 2005).

A study done by Krug et al, 2002 found out that the major reason for increased violence among women was due to the fact that most women do not want to report the abuse to authorities for fear of being stigmatized, shame and cultural backgrounds which prohibit women from discussing family matters to the public and hence women suffer in silence (Krug et al, 2002). In another study done by Okengboet et al, 2002 in a hospital based study in Nairobi indicated that the prevalence of sexual violence was 61.5% and those that had gone through physical violence were estimated to be 38.5%. The study further reported that 72.3% of the respondents who had experienced gender based violence were married and the main cause of abuse was under the influence of alcohol. Another study done in Nigerian on Gender

based Violence in Igbo communities found out that 58.9% of women reported being physically abused while pregnant. In other words, their husbands beat them up even when they were pregnant husbands a study of Igbo communities in Nigeria, 58.9% of women reported battery during pregnancy while 21.3% of the respondents reported that their partners sexually abused them and forced them to have sexual intercourse while pregnant (Okengboet al, 2002).

In a study carried out by Fawole et al, 2001 on violence among young female hawkers found out that 19.7% of the respondents had gone through physical violence, 36.3% of the respondents had experienced sexual harassment, while 7.2% had experienced either emotional or psychological torture from their partners. Another study by Fawole et al, 2001 found out that the prevalence of physical violence among civil servants was 31.3% and the highest percentage of violence had been caused by males and about 23.5% of the female partners had been victims of violence and the cause of violence was reported to be due alcohol consumption by the partner. Violence was secondary to alcohol consumption. Fawole et al, 2001 further reported that gender based violence was also secondary to up-bringing. Children who grew up seeing their fathers fighting their mother publically beat up their wives when they got married. In other words, there was a positive association between children who grew up in violent families and their behaviors when they grew up (Fawole et al, 2001).

In a study carried out by Oladepo et al, 2001 in Nigeria on Factors Influencing Gender Based Violence among Men and Women in Selected States indicated that Verbal abuse, slap on the face, sexual starvation, forced sexual intercourse were the most common forms of physical violence and the most category of people who suffered the abuse were women compared to their counter parts (Oladepo et al, 2011).

Oladepo et al, 2011 reported that during childhood, boys usually practice aggressive behaviors and they are most likely to carry that aggressive behavior to adulthood and they end up beating up their wives. The researcher further explained that sexual abuse practiced by the youth is an abuse of power which exposes most youth to sexual and reproductive health problems that can even go on to haunt them throughout their lives on earth which include; unwanted pregnancies, sexually transmitted diseases (STDs), physical injury and trauma. Bitangaro (1999) reported that in Uganda and in many parts of the world, women who are raped undergo a lot of stigma coupled with other pain of female Genital mutilation (FGM)

.According to the report of women vision in Uganda (1998) the surgeons, who performed the cutting are old women. These women according to the report claim that they have ancestral powers. Female genital cutting can be seen as an impediment to a girl's sexual enjoyment. The girls according to the report of women vision (1998) are known to experience intense pain, bleeding, painful abdominal menstruation, infection or trauma.

Sexual Violence is a wide spread problem in Uganda: 39% of women have ever experienced sexual violence, compared to 11% for men and 59.6% of women have ever experienced physical violence since the age of 15, compared to 53% for men (MGLSD 2008) . Violence occurs mostly in marriage. 62% of married women have experienced violence compared to 52% never married women. (MGLSD 2008, UDHS 2006). Most perpetrators of physical violence in Uganda are family members and 50.4% of physical violence against women in Uganda is committed by their own husbands (MGLSD 2008, UDHS 2006).

2.2 Forms of Gender Based Violence

Gender based violence may be categorised in different forms which may include; physical violence, psychological violence and sexual violence. However, some forms of gender based violence are usually not recognised as violence by many people though they cause harm to people affected. Physical abuse is an intentional use of physical force with the potential for causing death injury or harm. It includes actions such as slapping, hitting, pushing, kicking, biting, scratching, choking, and threatening to use or actually use a gun, knife or weapon against another person (Heise et al., 2002). Psychological abuse which is also known as emotional abuse is a form of abuse where by someone or a violator subjects his or her partner to behaviour that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder. Psychological of emotional abuse may also be in a form of intimidation, constant belittling and humiliating, various controlling behaviours such as isolating a person from their family and friends, violator may also monitor his or her partner's movements, not allowing them to get some helpful information or even getting assistance from anywhere but they want them to be tied in one place with no one else to talk to. In most cases, Psychological abuse does not always lead to physical abuse, but physical abuse in intimate partner relationships is nearly always preceded and accompanied by psychological abuse (Maiuro et al., 2000).

Heise et al, 2002 highlighted that sexual abuse is an act where by someone forces his or her partner to have sexual intercourse without his or her consent or the partner uses unwanted sexual comments. Sexual violence is divided into two groups; an individual using physical force to engage a person to drive his or her partner into a sexual act against his/her consent whether or not sexual penetration takes place. Another form of sexual violence or abuse is an attempt or completed sex act involving a person who is unable to understand the nature of the act and participation unwillingness in the sexual act for example a person who is ill, disabled, under the influence of alcohol or other drugs or due to intimidation or pressure (Heise et al., 2002).

2.3 Consequences of GBV

Gender based violence has destructive outcomes in long run to an individual, family, community, country and nation at large. Gender based violence usually leads to acute physical, psychological and social consequences (Mashiri 2013). The majority of the people affected by Gender based violence are women and this denies ladies their equal enjoyment and exercise of human rights and fundamental freedom that is supposed to be enjoyed by all people irrespective of an individual's gender. The bad out comes of gender based violence go on to hurt children, men, women. Families by bringing up a feeling of fear and mistrust that leads to a lack of closeness, togetherness and safety within families and during marriage (Mashiri 2013). For example, when a man beat his wife, he is not only unfair treatment of his partner or cruel handling of his wife and causing a feeling of inferiority but beating a woman takes away her respect, pride, it also humiliates and traumatizes them (Baloyi 2013). Chitando and Chirongoma 2013 clearly indicated that all categories of abuse against women and girls humiliate not only the women but also degrades their partners who committees the crime against them and that lowers their respect among their fellows in the community because a respectable man treats his wife right in the community (Chitando and Chirongoma 2013). Human Rights Bulletin, 2011 identified humiliating acts done by men to their wives as; insults to the partner, stalking, threats and denial of access to needs and requirements for home and personal use (Human Rights Bulletin, 2011). Whitzman 2008 indicated that it's so easier for an individual to identify or to find out that someone is experiencing physical or sexual violence, however, the outcomes of psychological violence and neglect can also be severe on individuals, families and communities (Whitzman 2008). Mashiri, 2013 stated that Gender based violence is a restraint to community development because it hinders an

individual's realization of full potential which is very important if someone or a community is to develop. The researcher further reported that when a women continuously gets criticisms at their place of work or in a society, their self-esteem is lowered and they end up developing inferiority complex and by so doing, they look down upon themselves and at the end of the day their potential will not be recognized as they will not take chances to prove that they can do better work or be as good as men (Mashiri, 2013).

A study by Martin et al, 2004 found out that gender based violence was strongly associated with bad health outcomes which includes health effects such as physical injury, death, sexually transmitted diseases(STI) including HIV/AIDS, unwanted pregnancies, mental health and behavioural problems and sexual dysfunction. The researcher also noted that gender imbalances and violence reduce women's ability to choose when and with whom to have sex and to protect themselves in sexual encounters (Martin et al., 2004).

2.4 Social demographic factors

A study by Faramarzi et al., 2005 found out partners who are both in youth age category are more likely to abuse their partners than those whose partners are old and mature in age. The study further indicated that women who were in their youth age experienced gender based violence 2.23 times more than those women who were in there older age (Faramarzi et al., 2005). Another study by Luke et al, 2007 found out that age difference between the couple is a risk factor for gender based violence. Women who got married to men who were almost of the same age experienced more violence in their marriage than those women who were married to husbands who were about 4 years and above more them (Luke et al, 2007).

Another study carried out by Hanson et al, 2009 found out that there was a significant association between education level and gender based violence. Individuals who had not attained any form of formal education were found to experience gender based violence in their families than those who has studied up to higher institutions (Hanson et al, 2009).

In a study that was carried out in Nigeria by Oladepo et al, 2011 on Factors Influencing Gender Based Violence among Men and Women in Selected States indicated that men who were married experienced physical violence in other words, they were constantly beaten by their partners more than males who were living a single life. The study further found out those men whose wives had not attained any form of formal education experienced more

violence than male respondents who had wives who were educated or those who had attained higher education. On female side, Married female respondents were about 1.71 times more likely to experience physical violence than single respondents. Female respondents who have partners that drink alcohol were 1.52 times more likely to experience physical violence than female respondents, who have partners who do not drink. Also, female respondents in the age group 31-50 years were about 7 times more likely to experience physical violence than females above 70 years. It was also observed that Male respondents who are civil servants were about 2 times less likely to experience sexual violence than unemployed males. However, male students were more likely to experience sexual violence than unemployed males. Male respondents who do not drink alcohol were 2 times less likely to experience sexual violence than male respondents who drink. In conclusion the study found that findings revealed that more females experienced physical violence than males. (Oladepo et al, 2011)

In the study by Tjaden and Thoennes on prevalence, incidence and consequences of violence against women showed that women are more likely to experience violence than men (Tjaden and Thoennes, 2000). Another study by Ghazizadeh, 2006 in Iran reported a significant association between husband's education level and violence against their wives. It also stated that married men experienced physical violence. A study by Cascardi et al, 2002 found out that gender based violence was a major public health and human rights problems involving both sex and males who had professional jobs were more likely to be violent than those who were unemployed (Cascardi et al, 2002).

Okemgbo in his study on prevalence, patterns and correlates of domestic violence in Igbo community of Imo state revealed that Female respondents with low income experienced sexual and physical violence more than those with higher income. Lack of resources and Behavioral factors was also found to facilitate stressful situation which is a precursor to violence against women (Okemgbo et al, 2002). A study by Hotaling et al, 1999 indicated that young age, income, being divorced or separated, and prior victimization have been identified as characteristics that are associated with an increased risk for domestic violence. The researcher also found out that there was an association between education and gender based violence in a way that respondents whose partners had not attained any kind of formal education were more likely to abuse their partners than those who had attained higher education up to institutional level (Hotaling et al, 1999). Another study by Oladepo et al, 2011 in Nigeria on factors influencing gender based violence among Male and Females found

that women with low income experienced sexual and physical violence more than women who those who had bigger incomes (Oladepo et al, 2011)

The United Nations indicated that African cultures contribute so much point to several customized socio-cultural factors that contribute and strengthen violence among women, especially in sub-Saharan Africa Uganda inclusive (UNICEF, 2000). These cultural factors, some of which include wife inheritance, dowry payments, forced marriages , female genital mutilation, belief in the inherent superiority of men and the acceptance of violence as a means of resolving conflicts within relationships (Amoakohene, 2004; Amoah, 2007; UNICEF, 2000; Borwankar et al., 2008).The gender inequity and power imbalances that characterize most sexual relationships are inextricably linked to the limited educational and training opportunities for women which renders them economically disadvantaged and vulnerable to physical, emotional and sexual violence (UNICEF, 2000; Brent et al. 2000).

A report by USAID, 2006 on GBV indicated that intimate violence in all forms was actually an endemic in Ugandan communities and it was cutting across class, race, age, religion and national boundaries. The report further indicated that the effects of gender-based violence are pronounced in all areas of health and social programming: survivors of Gender based violence experience increased rates of morbidity and mortality in Uganda and Intimate abuse has highly contributed to the spread of sexually transmitted diseases in Ugandan families, communities and the nation in general (USAID report country report on GBV, 2006). A study by African Union, 2007 indicated that irrespective of the fact that countries have laws in place that are supposed to fight and eliminate gender based violence in communities as well as creating awareness on the negative out comes of partner abuse on the social life and development, the literature reviewed showed that GBV is increasing year after year. This was portrayed by the high number of women who are abused by their partners in different kinds. For example some cultural practices whereby a man is supposed to pay dowry price in form of physical cash or material so as to marry a woman. This actually brings about women abuse instead of protecting the very women it was intended to protect because a man feels like you are his property because he bought you and so he can do anything to his wife. Other causative factors include drug and substance abuse, such as alcoholism, smoking, and use of cocaine or marijuana which leads to behavior change and also stimulates a very high level of violence from among men towards their wives or partners. It is clearly understood that a very vital truth has been under estimated by many people while in actual sense trying to

accomplish a very noble task. The highest level of gender based violence is committed by males against female gender. The female gender is weak psychologically and deserves protection from men. However, the male genders as much as they are the violators do not deserve to be demonized. Violence against women is not only an action of unequal power relations between men and women; it is also a mechanism that brings about gender inequality. The violence experienced by women and girls, simply because they are female hinders them from obtaining equal status and full enjoyment of their human rights. As stated in the Beijing Platform for Action, fear of this violence inhibits or limits women's access to opportunities and resources (African Union, 2007).

2.5 Individual factors

A study by Luke et al, 2007 indicated that there was a significant association between the level of education and Gender based violence. Husband's higher education decreased the odds of violence by 56% (Luke et al, 2007). Okemgbo et al.'s (2002) indicated that there was a significant decrease in the odds of battering and rape among women whose husbands had attained a reasonable level of formal education. This shows that young or adult men who, nonetheless, are older than their wives are more likely to use violence. It seems that young age and age difference between couples are imbued with meanings that make them trigger male violence in marriage.

Another study by Oladepo et al, 2011 in Nigeria on factors influencing gender based violence among Male and Females found that female who had partners who smoke had a higher prevalence of physical violence than females who had partners who do not smoke and also females who had partners who do not drink alcohol has lesser incidences of Gender based violence (Oladepo et al, 2011)

A study by Williams (2003) clearly indicated that a man battering his wife or a mother of his own children is not only known as an assault but had a big negative effect on a family relationship and children up-bringing. He went ahead to explain that children who grow up in a violent home or those who are brought up in a family whose father beat their mother constantly end up carrying on their father's legacy when they grow up and in most cases when they grow up and get families, they also end up practicing what they grew up doing their father do. It is possible that women who witnessed their fathers beat their wives may have learned and imported violent attitudes into their marital unions attracting violent

response from their spouses. A bivariate analysis of children growing up seeing their parents practicing and rationale for wife-beating found out that men who witnessed their fathers beat their mothers while growing up endorsed or justified wife-beating compared to those who grew up in harmonious families. The researcher also noted that while finding solutions to domestic violence among married partners, measures should also be taken to find out previous life experiences especially childhood and life Interventions directed to stages at which victims of gender based violence were first exposed to such violence which could help to prevent prolonged abuse in later years. Furthermore, both males and females who experienced or witnessed their parents' abuse that is their mother being abused by their fathers and vice versa compared to those that did not, were more likely to have supportive attitudes towards gender based violence and to report gender based violence victimization perpetrated by men. (Williams 2003).

Studies found out that women's exposure to marital abuse in their families of origin usually contribute a lot to their acceptance or authentication of abuse that they experience from their husbands because most of them end up suffering in silence. Studies linked gender based violence to alcoholism. Most men usually abuse their wives when they are under the influence of alcohol (Heilman, 2010; Toufigue and Razzaque, 2007; Kiss et al. 2012). A study by Singha and Kathmandu, 2010 in Nepal found out that women were mostly abused by people they trusted so much and those they considered to be close to them especially their husbands. The study also found out that women who had never been married were less likely to report going through any form of abuse or torture like women who were currently or previously married (Singha and Kathmandu, 2010).

2.6 Socio-cultural factors

2.6.1 Men domineering

A Study by Kishor and Johnson, 2004 found out that intimate abuse usually result when a woman tries to take over powers or try to take accountability of the decisions that usually perceived by the society as men's responsibilities for example; economic decisions which are culturally looked at as men's responsibility (Kishor and Johnson , 2004). Study by Dalal, 2011 found out that intimate violence increases when husbands try to revenge for a better status obtained when a woman gets a better job or when a woman earns more money than her husband or when she becomes economically self-dependent. The researcher also noted that

Imbalances in status between couples where by women's labour force participation and occupational status is higher than the male partners', increased the risk of violence (Dalal, 2011). In another study by Amoakohene, 2004 in Ghana indicated that some cultural practices and traditional gender roles contribute to women lack of self-defense irrespective of being physically, sexually or emotionally abused (Amoakohene, 2004). A study by Bowman, 2003 found out that the power in equalities that are practiced in African traditional marriages contribute highly to intimate violence (Bowman, 2003). Another study by Heilman, 2010 reported that traditional behaviours whereby a woman does not report abuse by her husband and husband's controlling behavior contribute to gender based violence (Heilman, 2010).

2.6.2 Policies

A study by Oladepo et al, 2011 found out that irrespective of many studies that have been done on violence against women, there are no studies that have been documented against male violence. The researcher attributed this to in adequate laws that would protect both men and women against intimate partner violence (Oladepo et al, 2011). The government of Uganda put up a law that would help women and girls to protect them from sexual abuse and also help to sensitize them that sexual abuse was a violation of women rights and it is also associated with negative social and economic well-being as human beings. The government of Uganda put up some measure so as to enable community members and other stakeholders understand that it's a crime for a man to forcefully have sex with a woman and whoever commits that crime should be punished by law. The set law has helped to curb or reduce sexual abused against women. Women and girls including community members are being empowered to deal with sexualized violence and to demand from the government protection from sexualized violence and ensure that the perpetrators are dealt with according to the laws of Uganda (GoU, 2008).

2.6.3 Cultural beliefs and values

In a study by Knapp, 2001 indicated that gender based violence partner disclosure remained a difficult decision for many women because they feared their violators and more victimization from their husbands in form of more physical abuse or being neglected by their husband and in some cultures, it's a taboo for a woman to publically talk about violence of being bitten by her husband (Knapp 2001).

A study by Adewale, 2007 indicated that according to the African culture, a woman is not supposed to report her husband anywhere for forcefully having sex with her. In other words, a man has a right to have sexual intercourse with his wife any time he feels like (Adewale, 2007). The researcher further reported that those socio-cultural factors contribute to intimate partner violence as sex role socialization, political marginalization and lack of economic empowerment. He also reported that during childhood, a female child is trained to be quite, concealed and emotionally dependent whereas, a male child is trained to be more socially active, independent and be less emotional (Adewale, 2007). Studies have also found out that childhood experiences that children go through, their parents behavior and home atmosphere in which they are brought up as they transform from childhood to adult hood has a very big impact of their future families and how they behave toward their partners when they get married (Solinas-Saunders, 2007; Strauss, 2005). A study by Williams, 2003 indicated that for domestic violence to occur, it is usually attributed to the past mistakes or violence that had occurred sometime back such that each episode may be directly related to past violent episodes or threat of violence. Studies also found out that exposure to domestic violence in early years or across the lifespan may be linked to post-traumatic stress disorder for example children who grew up seeing their fathers beat their mothers and other psychological problems that may create conditions for violence against victims in the future (Becker et al. 2009; Holt et al. 2008).

2.6.4 Society norms and community rules

Ecological theory focuses on cultural factors that contribute to gender based violence which include social and cultural values which bring about gender inequalities and in the long run contribute to female and children inferiority and children over men. The theory also point out that societal factors which bring about gender discrimination by favoring male gender more so in areas of health; economic, educational as well as social policies may help to maintain economic or social inequality between male and female gender. The physical child hood where a child grows up from has a very strong impact on him/ her either positively or negatively. The first environment is that of the immediate family or home and then the surrounding homes. The boy child is able to be influenced on what to say, how to say it, how to behave, how to live and how to respond to different environments/issues that he/she interacts with every day and above all how he thinks and behaves because of being very active compared to a girl child who is usually trained to be passive. If the child remains in

such environment up to adult hood, he will obviously behave the same way that he had been trained unless he moves to another society (Krug et al, 2002; WHO, 2002).

However, study carried out by Bird et al, 2007 indicated that boys are biologically born calm and there is no difference at birth between them and girls. A change comes from the physical surrounding in which they are brought up from child hood to adult hood (Bird et al, 2007). Another study Ricardo et al, 2011 indicated that men who are violent learn that behaviour from families, environment they are brought up from and from individuals who they associate with from child hood (Ricardo et at, 2011). However, Benatar, 2012 indicated that there is no difference between males and females in biological makeup but the differences comes in in a way they are brought up or the surrounding in which they grow up from and that gender roles of both girls and boys are determined by the family and community in which they live (Benatar, 2012).

2.6.5 Economic and physical resource

A study by Mashiri, 2013 explained economic deprivation as an act whereby a violator's spouse controls all the money in the family. In other word, he or she has the final decision on how money shall be spent in a home. He determines what should be bought and the quantity to be purchased. In most cases, the perpetrator stops his or her partner from working or if he or she gets a job, he/ she is supposed to bring all the money earned to the partner and the partner spends moneys to fulfil his own pressure without taking into consideration about the partner's needs. The perpetrator may also go on to confiscate the ATM bank card and he or she controls all the transactions on the partner's bank account (Mashiri, 2013).

Study by Kabeer (2005) relates empowerment to the concept of agency which is the ability of an individual to make and put into effect choices. Exercising of agency in order to realize intended goals is facilitated by access to and control over resources. Empowerment is usually used with reference to persons who hitherto lack such power, in this case – women .Consideration of the context or broader setting is important since the various aspects of empowerment are usually applied in social contexts and in relation to other persons (Kabeer, 2005). It is assumed that women's empowerment usually results in a better quality of life and in this case, less intimate partner violence. It is assumed that women's empowerment usually results in a better quality of life and in this case, less intimate partner violence. Consequently,

economic empowerment of women, for instance is recommended as a protective factor for addressing violence against women by the United Nations (Dala, 2011). Study by Simeen et al noted that empowerment is often accompanied by responsibilities and sometimes repercussions which could include heightened gender based violence, neglect or withholding of support. This is particularly the case where putting choices into effect challenges power relations. Some studies have linked women's economic empowerment to GBV where economically empowered women had increased likelihood of experiencing gender based violence compared to those that were not empowered (Simeen et al, 2011). Controlling male partners are more likely to be violent than the less controlling partners (WHO, 2006 and WHO, 2011).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter describes the methods that will be employed to carry out the study. It highlights the study area, research design, study population, sample size determination and sampling technique, the data collection tools, data management and analysis procedure, as well as steps that will be taken to ensure validity and reliability during the study.

3.1 Research design

The study was a descriptive cross sectional study design assessing factors that influence gender based violence. This enabled the researcher to collect data from the research respondents in a single period and elicited information about a given phenomenon from the respondents' perspective

3.2 Study area

The study was conducted at China-Uganda Friendship Hospital Naguru, located on Naguru road, Naguru hill, Nakawa division in the eastern part of Kampala, Uganda's capital city. The hospital lies approximately 6.5 kilometers, east of Kampala's central business district, off Jinja road. The majority of the patients come from Nakawa division though a significant number of patients also come from other parts of Kampala, Wakiso district and Mukono district.

3.3 Study population

The study population consisted of adult patients attending OPD at Naguru hospital both male and female (18 years and above) who were available during the time of collecting data and fulfill the inclusion criteria of the study.

3.4 Inclusion criteria

1. All clients at OPD between the ages of 18 - 55 years.
2. All clients who consented to participate in the study

3.5 Exclusion criteria

1. Client who were deaf.

2. Client who were too sick to answer.
3. Sampled clients who refused to take part in the study

3.6 Sample Size Determination

The standard formula of Kish Leslie formula (1965) will be used to determine the sample size (n) of student respondents.

$$n = \frac{Z^2 PQ}{D^2}$$

Where:

n = sample size

Z = 1.96 (standard deviation at confidence interval of 95%)

P = Estimated proportion of GDV in Kampala and surrounding areas is taken to be 41% - the estimated prevalence is adopted from a previous Uganda Demographic and Health Survey (2011)

D² = margin of error (5%)

Q = 1-p

$$n = \frac{(1.96)^2 (0.41) (0.59)}{(0.05)^2}$$

$$n = \frac{0.92928304}{0.0025}$$

n= 371 respondents

3.7 Sampling Technique

All clients attending OPD each day will be registered and enrolled .Simple random sampling will be used to select study participants. The will enable study respondents to have equal chances of being selected for participation

3.8 Sampling procedure

This was carried out at the registration desk, pieces of paper with the word YES or NO were provided to all clients registering at OPD. The word YES was used to represent the targeted population and NO was used to mean non participants. Selection was determined by each patient drawing a single paper from the box which was not replaced. Sampled patients who met the inclusion criteria were interviewed immediately after being examined by the clinician

3.9 Data collection procedure

Every patient who attended China Uganda Friendship hospital between June and July and fulfilled the inclusion and exclusion criteria was randomly sampled. Patients who accepted to consent were interviewed by research assistants immediately they came out from the clinician's room for examination.

3.10 Data collection tool

A researcher-administered questionnaire was made in such a way that they adequately addressed the research questions. The structured questionnaire consisted of three sections. Section A covered questions on the demographics characteristics of the respondents, section B covered questions to determine individual factors and section C contained questions that determined the social cultural factors that determine GBV. The questionnaire was in English language and was orally translated to local language for the respondents during the interview time

Structured questionnaires were used because the format was familiar to most respondents, they were straight forward to analyze, simple to administer and were easily filled by respondents in their convenient time. The purpose of the study was explained to the respondents so that they could give accurate information during interviewing.

3.10.1 Primary data sources

The study involved primary data which was gathered with the help of structured researcher-administered questionnaires from the respondents.

3.10.2 Secondary data sources

The information was got from textbooks, periodicals, internet GBV related articles and news coupled with gender-based violence cases among other sources.

3.11 Study Variables

3.11.1 Dependent Variables

The dependent variable in this study was prevalence Gender-based violence

3.11.2 Independent Variables

The independent variables included; social demographic factors, socio-cultural factors, and individual factors influencing gender based violence.

3.12 Quality control issues

Reliability of variables was done to assess whether variables measured the intended outcome. The questionnaire was translated into Luganda to cater for language barrier, this was done due to the fact that it is a language spoken and understood by all people in that area. The Research trained three research assistants on the objectives of the study in order to avoid misinterpretations.

3.13 Pilot study

The questionnaire was pre-tested in a pilot study to ensure that questions designed answered the objectives. This was carried out among patients attending Kisugu Health centre IV between the ages of 18-55 years who met the inclusion criteria.

3.14 Plan for data Management

The completed questionnaires was checked for any data discrepancies and corrected. The questionnaires were pre-tested before data collection to ensure that all the research related questions were adequately covered by the questionnaires. The researcher-administered structured questionnaires were crossed checked at the end of each day to ensure correctness and completeness of the data and coding made for each questionnaire.

3.15 Plans for Data Analysis

After data collection it was stored and a backup made. Data was first entered in Epi info then further analyzed using Statistical Package for the Social Sciences (SPSS) version 20 software, to provide a detailed analysis and cleaned to minimize errors. Descriptive statistics was then used to summarize the data where by it was presented by mean of frequencies, percentages, pie charts and bar graphs. Uni-variate and bi-variate analysis was done to have different statistical methods of interpretation that helped in coming up with better recommendations and conclusion from the study.

3.16 Ethical considerations.

The researcher observed ethics in data collection. An introductory letter from IHSU was obtained. Permission was sought from the University' Research and Ethics Committee, the administration of Naguru Hospital as well as from the respondents with explanations on how the research would contribute towards a healthy population. Privacy, confidentiality and dignity of the respondents was considered during the research. Codes were used in the questionnaires. A study informed consent form was signed by each respondent to ensure voluntarism and acceptability to participate in the study. No compensation either financially or materially was given to the respondents for their participation in the study.

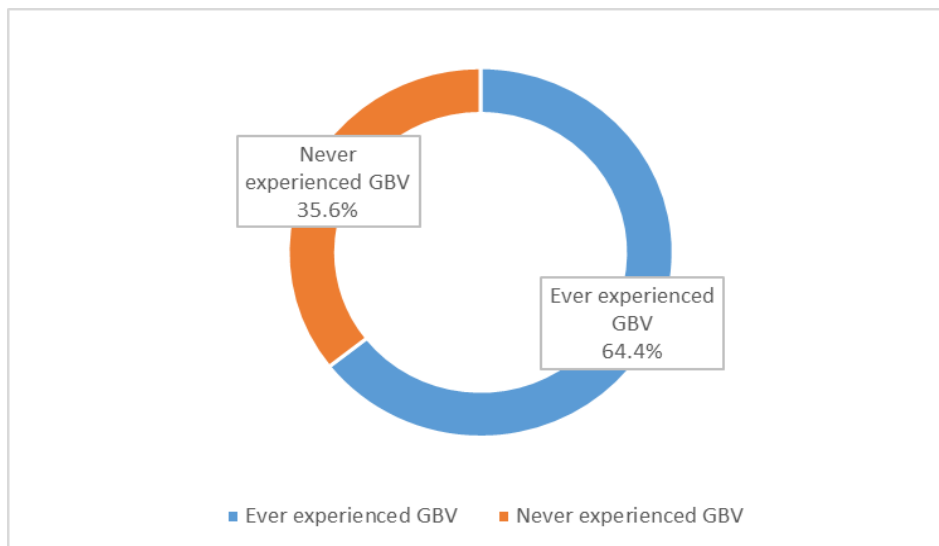
CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents 371 participants, 100% of the participants fully completed the interviews making 100% response rate. Results are presented in line with specific objectives of the study as shown below.

4.1 Prevalence of Gender Based Violence among the respondents

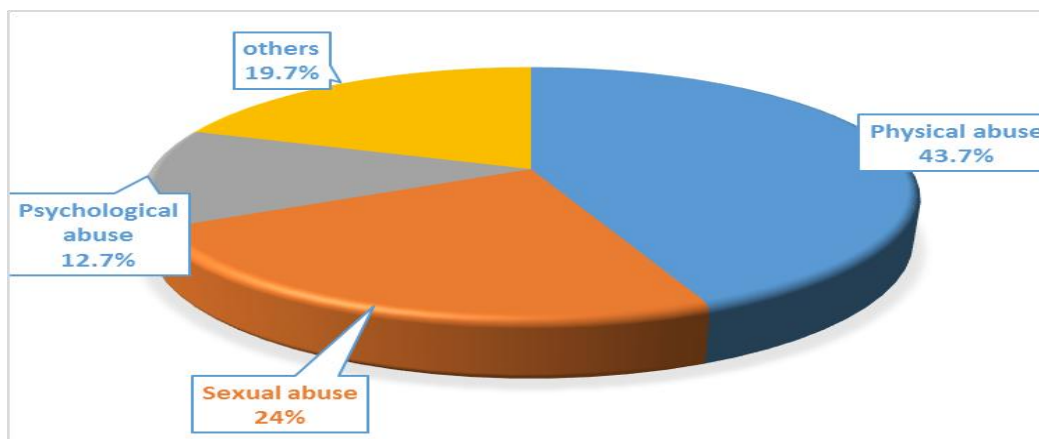
Figure 2: Prevalence of Gender Based Violence



As shown in Figure. 2 above 64.4% of the study participants had ever experienced GBV and only 35.6% reported to have never experienced GBV.

4.1.1 Types of Gender Based Violence

Figure 3: Types of GBV



4.2 Univariate analysis of factors that contribute to Gender based Violence

4.2.1 Univariate analysis of social demographic factors

Table 1: Showing Socio-demographic characteristics of the respondents

Variable	Categories	Frequencies	Percentages
Age in complete years	15-24	94	25.3
	25-34	174	46.9
	35-45	103	27.8
Gender	Female	303	91.7
	Male	68	18.3
Religion	Christian	166	44.7
	Islam	142	38.3
	Traditionalists	45	12.1
	Others	18	4.9
Education	None	78	21
	Primary	210	56.6
	Secondary	62	16.7
	Tertiary	21	5.7
Occupation	Civil servants	46	12.4
	Farmer	74	19.9
	Trading	155	41.8
	Fishing	51	13.7
	Food venders	45	12.1
Household size	1-4	239	64.4
	5-8	115	31
	>8	17	4.6
Marital status	Married	100	27
	Separated	206	55.5
	Widow	37	10
	Single	28	7.5

Source; Primary field date

Table 1 above shows social demographic characteristics of the respondents. It shows that majority of the respondents were age 25-34 years (46.9%), the highest number (91. %) were females, 44.7% of them were Christians, 56.6% had attained primary education , the major occupation was trading 41.8%, house hold size was 1-4 (64.4%) and 55.5% of the study participants were separated.

4.2.2 Univariate analysis of individual factors

Table 2: showing Individual factors contributing to Gender Based Violence

Variable	Categories	Frequency	Percentage
Main perpetrators of GBV	Partners	159	42.9
	Father/mother	134	36.1
	Relatives	64	17.3
	Others	14	3.8
Reasons for GBV	Control over partner	14	3.8
	Low income status	111	29.9
	Lack of respect	130	35
	Lack of formal education	104	28
	Drugs like alcohol	12	3.2
Experienced neighbour/friend being abuse	Yes	244	65.8
	No	127	34.2
Partner alcoholic	Yes	250	70.8
	No	121	29.2
Interval of drinking	Once a week	35	9.4
	Twice a week	55	14.8
	Four times a week	104	28
	Everyday	177	47.7
Partners level of education	None	141	38
	Primary	85	22.9
	Secondary	77	20.8
	Tertiary	68	18.3
Actions taken against GBV	Report to police	73	19.7
	Seek medical attention	151	40.7
	Report to religious leaders	124	33.4
	Reported to family leaders	23	6.2
Reason not taking action	Fear	125	33.7
	Limited finance	226	60.9
	Embarrassment and shame	20	5.4
Action taken by police	Statement	155	41.8
	Case investigated	108	29.1
	violator penalized	38	10.2
	ignored the violator	40	10.8
	others	30	8.1
Medical Action	Treatment	165	44.5
	Not well articulated	92	24.8
	Failed to get treatment	77	20.8
	others	37	10.0
Religious leaders Action	Violator Warned	148	39.9
	Divorce initiated	104	28.0
	Blamed for violence	48	12.9
	Ignored	52	14.0
	Others	19	5.1

Source: field data

Table 2 above shows individual factors contributing to GBV. 42.9% of the study participants revealed that partners were main perpetrators of GBV, 35 % reported lack of respect was the main reason for GBV, 65.8% Experienced neighbour/friend being abuse, 70.8% reported that GBV was attributed to alcohol abuse, 38.0% of abusers had not attained any education, 40.7% preferred medical attention after being abused, 60.9% lacked financial aid to take action, 41.8% of the abuser made statements at the police station, 44.5% obtained medical treatment and 39.9% of the violators were warned by religious leaders.

4.2.3 Univariate analysis of Socio-cultural factors

Table 3: Showing Socio-cultural factors contributing to Gender Based Violence

Variable	Categories	Frequency	Percentage
Attitude of men towards women promotes GBV	Strongly disagree	54	14.6
	disagree	77	20.8
	agree	89	24.0
	Strongly agree	124	33.4
	Undecided	27	7.3
Failure to deliver male child may perpetuate GBV	Strongly disagree	14	3.8
	Disagree	111	29.9
	agree	130	35
	Strongly agree	104	28
	Undecided	12	3.2
GBV is considered part of African culture	Strongly disagree	60	16.2
	Disagree	112	30.2
	agree	134	36.1
	Strongly agree	60	16.2
	Undecided	5	1.3
Cultural beliefs and values promote GBV	Strongly disagree	16	4.3
	Disagree	113	30.5
	agree	124	33.4
	Strongly agree	102	27.5
	Undecided	16	4.3
Gender roles promote GBV	Strongly disagree	124	14.6
	Disagree	89	20.8
	Agree	54	24
	Strongly agree	77	33.4
	Undecided	27	7.3
Political marginalization promote GBV	Strongly disagree	5	1.3
	disagree	54	14.6
	Agree	138	37.2
	Strongly agree	154	41.5
	Undecided	20	5.4
Friends and family promote GBV	Strongly disagree	10	2.7
	disagree	62	16.7
	Disagree	119	32.1
	Strongly disagree	150	40.4
	Undecided	30	8.1
GBV is under reported	Strongly disagree	38	10.2
	disagree	124	33.4
	agree	179	48.2
	Strongly agree	0	0
	Undecided	30	8.1
Women reframing from speaking on GBV promotes it	Strongly disagree	41	11.1
	Disagree	60	16.2
	Agree	139	37.5
	Strongly agree	119	32.1
	Undecided	12	3.2
Lack of support to the victim promotes GBV	Strongly Disagree	35	9.4
	Disagree	51	13.7
	Agree	120	32.3
	Strongly agree	146	39.4
	Undecided	19	5.1
Status of women and children is undermined	Strongly Disagree	4	1.1
	Disagree	46	12.4
	Agree	135	6.4
	Strongly agree	156	42.0
	Undecided	30	8.1
Responsibilities expected from women	Strongly Disagree	14	3.8
	Disagree	11	29.9
	Disagree	130	35.0
	Strongly agree	104	28.0
	Undecided	12	3.2

Source: Primary field data

Table 3 above shows social culture factors that contribute to GBV. The study revealed that Attitude of men towards GBV 33.4%, Failure to deliver a male child, 36.1% reported that GBV is considered part of African culture, 33.4 revealed that Cultural beliefs and values promote GBV, 33.4 strongly agreed that Gender roles promote GBV, 37.2 % agreed that Political marginalization promote GBV, 40.4 % strongly disagreed that Friends and family promote GBV, 48.3 agreed that GBV is under reported, 37.5 agreed that Women reframing from speaking on GBV promotes it, 39.4 % strongly agreed that Lack of support to the victim promotes GBV, 42.0% strongly agreed that Status of women and children is undermined and 35.0 % reported that Responsibilities expected from women promote GBV

4.3 Bivariate analysis of factors that contribute to Gender based violence

4.3.1 Bivariate analysis of social demographic factors

Table 4: showing Bivariate Analysis of social demographic factor

Variables	Category					P-value
		YES (n)	%	NO (n)	%	
Gender	Female	211	88.3	92	69.7	0.000
	Male	28	11.7	40	30.3	
Age	15-24	77	32.2	17	12.9	0.000
	25-34	109	45.6	65	49.2	
	35-45	53	22.2	50	37.9	
Religion	Christian	124	51.9	42	44.7	0.000
	Islam	84	35.1	58	38.3	
	Traditionalist	31	13.0	14	12.1	
	Others	0	0	18	4.9	
Education	None	61	25.5	17	12.9	0.29
	Primary	129	54.0	81	61.4	
	Secondary	35	14.6	27	20.5	
	Tertiary	14	5.9	7	5.3	
Occupation	Civil servant	46	19.2	0	0.0	0.000
	Farmer	33	13.8	41	31.1	
	Trading	110	46.0	45	34.1	
	Fishing	37	15.5	14	10.6	
	Food vendor	13	5.4	32	24.2	
House hold size	1-4	156	65.3	83	62.9	0.838
	5-8	73	30.5	42	31.8	
	More than 8	10	4.2	7	5.3	
Marital status	Married	86	36.0	14	10.6	0.000
	Separated	74	31.0	58	43.9	
	Divorced	40	16.7	34	25.8	
	Widow	16	6.7	21	15.9	
	Single	23	9.6	5	3.8	

Source: field findings

P-value of less than 0.05 represents significant factors

From the chi- square test results, Gender, Age, religion, occupation and Marital status were found to be significant.

4.3.2 Bivariate analysis of Individual Factors

Table 5: showing bivariate analysis of individual factors

Variable	Category	YES		NO		P- value
		N	%	n	%	
Perpetuators of GBV	Partners	123	51.5	36	27.3	0.000
	Father/mother	97	40.6	37	28.0	
	Relatives	14	5.9	50	37.9	
	Others	5	2.1	9	6.8	
Reason for GBV	Control over partner	14	5.9	0	0.0	0.000
	Low income	61	25.5	50	37.9	
	Lack of respect	66	27.6	64	48.5	
	Lack of formal education	86	36.0	18	13.6	
	Drugs like alcohol	12	5.0	0	0.0	
GBV in Last 12 MONTHS	Yes	155	64.9	89	67.4	0.351
	No	54	35.1	43	32.6	
Reason for Abuse	Alcoholism	73	30.5	36	27.3	0.000
	Children discipline	37	15.5	49	37.1	
	Finance	69	28.9	38	28.8	
	Denial of conjugal rights	41	17.2	9	6.8	
	Not obeying commands	19	7.9	0	0.0	
Friend/neighbour Abused	Yes	155	64.9	89	67.4	0.649
	No	84	35.1	43	32.6	
Partner alcoholic	Yes	155	64.9	89	67.4	0.649
	No	84	35.1	43	32.6	
Drinking interval	1/week	22	9.2	13	9.8	0.001
	2/week	45	18.8	10	7.6	
	4/week	53	22.2	51	38.6	
	Everyday	119	49.8	58	43.9	
Partner education	None	83	34.7	58	43.9	0.000
	Primary	45	18.8	40	30.3	
	Secondary	43	18.0	34	25.8	
	Tertiary	68	28.5	0	0.0	
Action taken	Report to police	48	20.1	25	18.9	0.993
	Medical attention	97	40.6	4	40.9	
	Report - religious leaders	79	33.1	45	34.1	
	Report-family leader	15	6.3	8	6.1	
Reason not taking action	Fear	81	33.9	44	33.3	0.573
	Limited finance	143	59.8	83	62.9	
	Embarrassment	15	6.3	5	3.8	
Action by police	Statement taken	97	40.6	58	43.9	
	Case investigated	44	18.4	64	48.5	
	Violator penalized	38	15.9	0	0.0	
	Ignored	35	14.6	5	3.8	
	Others	25	10.6	5	3.8	
Medical action	Treatment	105	43.9	60	45.5	0.000
	Not well articulated	50	20.9	42	31.8	
	Failed to get treatment	67	28.0	10	7.6	
	Others	17	7.1	20	15.2	
Religious leader Action	Violator warned	97	40.6	51	38.6	0.002
	Divorce initiated	64	26.8	40	30.3	
	Blamed for violence	33	13.8	15	11.4	
	Ignored	40	16.7	12	9.1	
	Others	5	2.1	14	10.6	

Source: field data

P-value of less than 0.05 represents significant factors

From the chi- square test results; Perpetuators of GBV, Reasons for GBV, drinking interval, partner education, medical action and religious leader action were found to be significant.

4.3.3 Bivariate analysis of Social cultural factors

Table 6: showing bivariate analysis of social cultural factors

Variable	Category	Y		N0		P- Value
		N	%	n	%	
Attitude of Men	Strongly disagree	36	15.1	18	13.6	0.000
	disagree	33	13.8	44	33.3	
	agree	65	27.2	24	18.2	
	strongly agree	78	36.6	46	34.8	
	undecided	27	11.3	0	0.0	
Failure to deliver a male child	Strongly disagree	14	5.9	0	0.0	0.000
	disagree	61	25.5	50	37.9	
	agree	66	27.6	64	48.8	
	Strongly agree	86	36.0	18	13.6	
	Undecided	12	5.0	0	0.0	
Considered part of African Culture	Strongly disagree	53	22.2	7	5.3	0.000
	disagree	76	31.8	58	43.9	
	agree	50	20.9	62	47.0	
	Strongly agree	60	25.1	0	0.0	
	Undecided	0	0.0	5	3.8	
Cultural beliefs and values promote GBV	Strongly disagree	16	6.7	0	0.0	0.000
	disagree	55	23.0	58	43.9	
	agree	91	38.1	33	25.0	
	Strongly agree	61	25.5	41	31.1	
	Undecided	16	6.7	0	0.0	
Gender roles promote GBV	Strongly disagree	36	15.1	18	13.6	0.000
	Disagree	33	13.8	44	33.3	
	Agree	65	27.2	24	18.2	
	Strongly agree	78	32.6	46	34.8	
	Undecided	27	11.3	0	0.0	
Economic empowerment	Strongly disagree	14	5.9	0	0.0	0.000
	Disagree	61	25.5	50	37.9	
	agree	66	27.6	64	48.5	
	Strongly agree	86	36.0	28	13.6	
	Undecided	12	5.0	0	0.0	
Society norms	Strongly disagree	10	4.2	0	0.0	0.000
	disagree	53	22.2	9	6.8	
	agree	77	32.2	42	31.8	
	Strongly agree	76	31.8	74	56.1	
	Undecided	23	9.6	7	5.3	
Political marginalization	Strongly disagree	0	0.0	5	3.8	0.002
	disagree	44	18.4	10	7.6	
	agree	88	36.8	50	37.9	
	Strongly agree	96	40.2	58	43.9	
	Undecided	11	4.6	9	6.8	
Friends and family	Strongly disagree	10	4.2	0	0.0	0.000
	Disagree	53	22.2	9	6.8	
	Agree	77	32.2	42	31.8	
	Strongly agree	76	31.8	74	56.1	
	Undecided	23	9.6	7	5.3	
GBV is under reported	Strongly disagree	0	0.0	0	0.0	0.157
	Disagree	30	12.6	8	6.1	
	Agree	80	33.5	44	33.3	
	Strongly agree	108	45.2	71	53.8	
	Undecided	21	8.8	9	6.8	
Women reframing from speaking on GBV promotes it	Strongly disagree	41	17.2	0	0.0	0.000
	Disagree	28	11.7	32	24.2	
	Agree	74	31.0	65	49.2	
	Strongly agree	84	35.1	35	26.5	
	Undecided	12	5.0	0	0.0	
Lack of support from victim promotes GBV	Strongly disagree	21	8.8	14	10.6	0.020
	Disagree	34	14.2	17	12.9	
	Agree	73	30.5	47	35.6	

	Strongly agree	92	38.5	54	40.9	
	Undecided	19	7.9	0	0.0	
Societal establishment promotes GBV	Strongly disagree	0	0.0	0	0.0	0.000
	Disagree	14	5.9	54	40.9	
	Agree	115	48.1	68	51.5	
	Strongly agree	101	42.3	5	3.8	
	Undecided	1	3.8	5	3.8	
responsibilities expected from women	Strongly disagree	14	5.9	0	0.0	0.000
	Disagree	61	25.5	50	37.9	
	Agree	66	27.6	64	48.5	
	Strongly agree	86	36.0	18	13.6	
	Undecided	12	5.0	0	0.0	

Source: field data

P-value of less than 0.05 represents significant factors

From the chi- square test results; Attitude of men, failure to deliver male child, African culture, cultural beliefs and values, Gender role, economic empowerment, cultural norms, political marginalization, Women reframing from speaking on GBV, lack of support from victim, Societal establishment and responsibilities expected from women were found to be significant.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Introduction

This study determined factors contributing to gender based violence among patients attending to outpatient department at china-Uganda friendship hospital.

5.1 Prevalence of Gender Based Violence

The prevalence of GBV in this study was 64.4%. This represented more than half of the patients examined. It also reflected high numbers of participants were physically abused.

However the prevalence in this study was slightly lower than that reported by Natukunda 2008 which found out that 69.5% had experienced GBV. To the contrary, it was higher than that reported by Bhati et al, 1999 in Pakistani where by the prevalence of GBV was 34%, 31% reported by Dunkle et al, 2006 in South Africa, 27% in Zambia DHS, 2002;

5.2 Forms of intimate partner violence

The study found out that most of the respondents (43.7%) experienced physical violence. This could be due to the fact that most men use physical violence as an acceptable way of punishing women for any offence (Jewkes, 2002). The study also found out that 24% of the respondents experienced sexual violence. This could be due to the fact that in Ugandan culture, it's a husband who initiates sex and a woman is supposed to satisfy her husbands' sexual drive any time, 12.7% experienced psychological abused and 19.7% experienced other forms of abuse. This was lower compared to a study done in rural Ethiopia which indicated that 49% had ever experienced physical violence while 59% had ever experienced sexual violence (WHO, 2005) and another study by Okengboet et al, 2002 in Nairobi hospital that found out that 61.5% of the respondents had experienced sexual violence and 38.5% had experienced physical violence (Okengboet et al, 2002)

5.3 Social demographic factors

Significant factors, Gender was found to be significant in this study ($P=0.000$). The study found out that women experienced GBV more than their counterparts. This could be due to the fact that in Africa women are supposed to submit to everything that man says as he is considered the head of the family and that his decision is final. This study was in line with a study done by Tjaden and Thoennes, 2000 which found out that more females experiences

physical violence than males. However, this study contradicted with a study done by Oladepo et al, 2011 that found out that male experienced more physical abuse than females (Oladepo et al, 2011)

Age; Respondents in the age category of 25-34 years were more likely to experience gender based violence compared to those in higher age group of 35-45 years. The explanation for this could be that young partners have just got married and in this case have not yet learnt to live with each other. In other words, they have not yet learnt what makes them happy or sad. This was in line with a study done by Luke et al, 2007 which found out that young women were 2.23 times more likely to experience GBV.

Religion; the study found out that there was a significant association between religion and gender based violence. Respondents who belonged to Christianity were found to be more violent than Islamic counterparts. The explanation for this could be that according to the bible, a man is supposed to marry one woman failure of a man live by church vows of one man, one woman leads to violence in a family while as, according to a Quran, a man is supposed to marry 4 wives and so there is no form of fights in case a man gets another wife. According to the typical African marriage, a man is supposed to get as many women as he can manage (Oladepo et al, 2011).

Occupation was significantly associated with gender based violence. Respondents whose occupation was trading were more likely to be violent to their partners than their counterparts. The explanation for this could be that usually partners who practicing trading or business men do not have a stable income, their source of income is determined by demand and supply of their commodities and during price fluctuations, they usually make a lot of losses and sometime take their frustrations back home to their wives leading to gender based violence. This study was not in line with a study done by Cascardi et al, 2002 which indicated that professional males were more likely to be violent than unemployed partners.

Marital status; the study found out that married partners were more likely to experience Gender based violence than their counterparts. The explanation for this could be that people staying together could have a disagreement with their partners at one point. This was in line

with a study done by Oladepo et al, 2011 and Fawole et al, 2001 which found out that married partners were more likely to experience violence than single or partners staying alone.

Non-significant factors, Education; the study found out that the level of education attained by respondents was not significant to GBV. However this was not in line with a study done by Hanson et al, 2009 which found out that respondents who had no education or primary education were more likely to experience gender based violence than those who had attained higher education.

House hold size: the researcher found out that there was no significant association between family size and gender based violence.

5.4 Individual factors

Significant factors, Alcohol drinking interval; the researcher found out that there was a significant association between gender based violence and alcohol consumption. Respondents whose partners took alcohol on a daily basis were found to be more abused than those whose partners took alcohol once a week. This study was in line with a study carried out by Oladepo et al, 2011 which found out that man who drank alcohol were more likely to abuse there women than those who did not take alcohol (Oladepo et al, 2011).

Partner education; the study found out that partner's level of education was significantly associated with gender based violence. Respondents whose partners had not attended any form of formal education were found to physically, sexually and psychologically abuse their partners than those who had attained formal education. The explanation for this could be that through formal education, an individual learns on how to live socially and how to associate with different people in the environment. This study was in line with a study done by Luke et al, 2007 that found out that husbands with higher education were less likely to abuse their wives and another study by Okemgbo et al, 2002 that found out that women whose husbands had attained formal education were less likely to sexually abuse their partners (Okemgbo et al, 2002).

Medical action: The researcher found out that there was a significant association between medical action taken and Gender based violence. Respondents who received medical treatment after being abused by their partners were more likely to experience gender based

violence than those who did not receive treatment in the hospital. The explanation for this could be that after treatment, they tend to keep quiet and suffer in silence since their health had been restored. However, most respondents who reported seeking medical treatment after the incidence reported that they had been attended to well in the hospital.

Religious leader action; the study found out that religious leader action was significant to gender based violence. Violators who were just verbally warned by religious leaders abused their partners after sometime. The explanation for this could be that verbal warning are usually not taken serious and usually for someone to change their behaviors, counseling is more preferred than warning because it creates awareness to the violator and teaches him or her on how to handle each other in marriage.

Non-Significant Factors, GBV in last 12 months; the study found out that the majority of the respondents had not been abused in the last 12 month ($p=0.351$) however, most of them had been abused in their marriage. This was in line with a study carried out by Heise et al, 1999; AJPH,2007; Abramsky et al, 2011 that indicated that women are abused at one point in marriage. However, the study was not in agreement with a study carried out by HHS,2002 in Ethiopia that indicated that more than half of the women had been abused in the last one year.

Friends/ Neighbors caused GBV: the study found out that there was no significant association between friends/ neighbor and gender based violence. The explanation could be that most of the miss-understandings that happen in families usually arise due to failure of couples to fulfill their marital obligations. However, this study was not in line with a study done by Oladepo et al, 2011; Okengboe et al, 2002 that found out that most violence was caused by neighbors of friends of the couple.

Reason for not taking action: The study found out that most respondents feared to taken action after being abused and some of them did not even go to the hospital due to limited resources. This study was in line with a study done by Fewali et al, 2011 which found out that they fear more victimization from the abusers. This study was similar to a study done by WHO,2007 found out that respondents who had experienced GBV reported not taking action after the incidence because they feared being stigmatized.

5.5 Social cultural factors

Significant factors

Attitude of men; Attitude of men towards women was significantly associated with gender based violence. The explanation for this could be that some men want to know every detail of what their wives do and failure of a woman to communicate to her husband her movements would lead to gender based violence. This was compared to a study done by Simeen et al, 2011; WHO, 2011 which found out that controlling male partners are more likely to be violent than less controlling partners.

Failure to deliver male child: The researcher found out that there was a significant association between delivering a male child and gender based violence. An explanation for this could be that in an African culture, a male child is looked at as a heir or someone who will carry the legacy of a clan to the next level and also source of security to the family. This study was in line with a study done by Heilman, 2010 and Dalal, 2011, Adewale, 2007 which found out that violence may occur if a woman fails to deliver a male child.

African culture, cultural beliefs and values: The researcher found out that there was a positive association between African cultural beliefs and values and gender based violence. The explanation for this could be that according to the African culture, a man is supposed to discipline his wife by beating her in case she does any mistake another explanation could be that a woman is supposed to be ready for sex anytime his man feels like. This study was compared to a study done by Adewale, 2007 which stated that in African culture, a man cannot be accused of raping his own wife (Adewale, 2007). Another study in Ghana found out that in traditional African marriages, women are not supposed to defend their rights even when they are physically or sexually abused (Amoakohene, 2004).

Societal norms; the researcher found out that there was a significant association between societal norms and gender based violence ($P=0.000$). Respondents agreed that from childhood, a woman is expected to be always home and calm while as a boy child is trained to be so active in the society and violent. However, this was not in line with a study done by Ricardo et al, 2011 which indicated that men violent behaviour is just learnt from the society where they grow up from and Mawire 2013 indicated that gender difference could be determined by genes, hormones or learnt through social interaction (Mawire, 2013).

Economic empowerment; the study found out that there was a positive association between economic empowerment and gender based violence. The explanation for this could be that men usually want to be in control of all the money that their wives earn and sometimes they tell their wives to either stop working or give them the money that they are earning so that they make decision on how that money would be spent. This was in line with a study done by Mashiri, 2013 which found out that men usually confiscate all the money earned by their wives and also want to control spending in a home (Mashiri, 2013)

Political marginalization; the study found out that there was a significant association between political marginalization and gender based violence. Respondents' reported that women emancipation has increasingly led to home breakage because women feel that they can perform all duties on their own. This study was compared to a study by Kiishor and Johnson, 2004; Dalal, 2011 which found out that those women whose occupation status is higher than men increases the risk of violence (Dalal, 2011)

Women reframing from speaking on GBV: The study found out that there was a significant association between gender based violence and women reframing from speaking about it ($p=0.000$). Respondents strongly agreed that women not talking about abuse leads to continuous abuse by their partners. The explanation for this could be that partners feel ashamed and embarrassed in public to talk about the abuse that they go through and instead decided to suffer in silence. This was compared to a study done by Oladepo et al, 2011 and Knapp, 2001 which found out that partner fear to disclose about being abused for fear of being physically abused the more (Knapp, 2001)

Societal establishment and responsibilities expected from women: The study found out that societal establishment and responsibilities expected from women contributed to GBV. The explanation for this could be that in an African traditional society, women and girls were supposed to stay at home and their responsibilities was cooking, digging and doing work at home while men do other jobs. This study was in line with a study done by Heidi, 2009 in Afghanistan which indicated that men wanted women to always stay at home.

5.6 Limitations of the study

The data gathered on GBV was based on self-reporting by respondents. This kind of information may be subjected to recall bias which could have either under estimated or overestimated the problem.

Some respondents were not willing to open up about experiencing GBV for fear of victimizing. So the researcher had to make more emphasis on confidentiality stressing out that there was no need for respondents to include their names.

However, despite the limitations, the study generated enough data that could be useful for designing and implementing programs which could help individuals experiencing GBV.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

This chapter includes conclusion and recommendations from the study as follows:

6.1 Conclusion

High prevalence of GBV was reported in this study. The study found out that 64.6 % of the respondents had ever experienced Gender based violence while 35.6% had never. The study found out that both males and females were culprits of the act which has a negative effect on families. Significant factors that influenced GBV found out by the study include;

Social demographic factors; Gender, Age, religion, occupation and marital status

Social cultural factors; Attitude of men, failure to deliver male child, African culture, cultural beliefs and values, Gender role, economic empowerment, cultural norms, political marginalization, Women reframing from speaking on GBV, lack of support from victim, Societal establishment and responsibilities expected from women

Individual factors; drinking interval, partner education, medical action and religious leader action

6.2 Recommendations

6.2.1 The Government of Uganda

The study revealed that most women are experiencing GBV. Most of these women were unemployed so the government of Uganda should design strategies to empower women economically and also encourage them to join women SACCOs so as not to depend on their husbands for all their economic needs.

Gender Based Violence should strictly be treated as a crime and violators should be punished severely so as to prevent others from abusing their partners.

The government should come up with a law that limit alcohol abuse because most Violence is caused by alcohol abuse

Policy makers should plan for possible interventions on primary prevention of GBV which also include educating and sensitizing couples on the effects of GBV.

6.2.2 Community

Community leaders should encourage couples to consult family leaders or religious leaders in case of any family misunderstandings so to arrest the problem before it leads to violence between partners.

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APPENDIX I: CONSENT FORM

I am a student at International Health Sciences University pursuing a Bachelor's degree of Nursing as a requirement in fulfillment of this degree, am carrying out a study on the „
GENDER BASED VIOLENCE AMONG CLIENTS ATTENDING OUT PATIENT DEPARTMENT AT NAGURU HOSPITAL

“You have been chosen due to your position to provide reliable information that will enable the study achieve its objectives. I intend to research on the above topic though the use of questionnaires. The identity of the respondents will be treated with confidence and any assistance given will be highly appreciated as it will be used purely for the purpose of the research. A final copy of the document may be availed to you upon request. Your assistance and cooperation will be highly appreciated. There no direct benefits or harms to the participants in participating in the study.

Thank you in anticipation

Yours Faithfully,

KEVIN BASEMERA

APPENDIX II: QUESTIONNAIRE

Section A: Social demographic factors

1. Gender. Male [] Female []
2. Your age in complete year 15-24 years [] 25-34 years [] 35-45 years []
3. What is your religion affiliation?
 - Christianity []
 - Islam []
 - Traditionalist []
 - Others []
4. What is level of education?
 - Non formal education []
 - Primary level []
 - Secondary level []
 - Tertiary education []
5. What is your current occupation?
 - Civil servant []
 - Farming []
 - Trading []
 - Fishing []
 - Food vendors []
 - Others (Specify)
6. What is your household size?
 - 1-4 []
 - 5-8 []
 - More than 8 []
7. What is your marital status?
 - Married []
 - Separated []
 - Divorced []
 - Widow []
 - Single []

Section B: Prevalence and causes and consequences of GBV;

Instructions: circle the most appropriate answer.

8. Have you ever experienced any form of gender based-violence?

- A) Yes [] B)No []

9. What are the reasons for gender based domestic violence in a relationship?

Control over partner

A) Low income Lack of respect []

B) Lack of formal education []

C) Alcoholism Extra marital affairs []

Others (Specify).....

10. Have you been abused by your partner/ spouse during the last 12 months?

- A) Yes [] B) No []

11. If yes, what was the reason?

A) Alcoholism []

B) Children's discipline Financial matters []

C) Denial of conjugal rights []

D) Not obeying commands []

Others (Specify).....

12. Do you know of a friend neighbour who has experienced domestic violence over the past three months?

- A) Yes [] B)No []

13 Does your marriage partner take alcohol?

- A) Yes [] B) No []

14. If yes, how many times does he/she get drunk in a week?

A) Once []

B) Twice []

C) Four times []

D) Every day []

15. Have you been abused by your partner / spouse during the last 6 months?

- A) Yes [] B)No []

16. If yes, what type of violence /abuse was involved?

A) Physical abuse Verbal abuse []

B) Chased away []

- C) Sexual abuse
- D) Other (specify).....

17. What type of injury was sustained?

- A) Cut wound Bruises
- B) Ear and eye problems
- C) Broken bones
- Others (specify).....

18. What are the consequences of domestic violence among families?

- A) Physical disabilities
- B) Death
- C) Divorce
- D) Others (specify).....

SECTION C: Individual factors Associated with GBV

Tick the most correct answer

19. What is your partner's level of education id applies?

- Non formal education
- Primary level
- Secondary level
- Tertiary education

20. Have you ever been humiliated by your husband/intimate partner?

- a) Many times
- b) Sometimes
- c) Never

21. If you experience intimate partner violence what action do you take? (More than one option allowed)

- a) Report to a police
- b) Seek medical treatment
- c) Reported to religious leaders
- d) Reported to family leaders
- e) No action
- f) Other, specify_____

22. In case you did not take any action what were the reasons for not taking any action? (More than one option allowed).

- a) Fear of the husband/intimate partner []
- b) Religious reasons []
- c) Limited financial options []
- d) Embarrassment and shame []
- e) Believing violence among women is normal []
- f) Believing the abuser will change []
- g) Love []
- h) Other, specify_____

23. When you reported to the police what actions were taken? (More than one option allowed).

- a) Statement taken []
- b) Case opened []
- c) The husband/intimate partner caught []
- d) Ignored []
- e) Other, specify_____

24. When you went to the hospital what actions were taken? (More than one option allowed).

- a) Given medical treatment []
- b) Failed to explain the problem to the doctor []
- c) Failed to get medical treatment []
- d) Other, specify_____

25. If you reported to the religious leaders, what actions were taken? (More than one option allowed).

- a) The husband/intimate partner was warned []
- b) Divorce was initiated []
- c) You were blamed for causing the violence you had experienced
- d) Ignored []
- e) Other, specify_____

Section B: Cultural factors

SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree

S/N		SA	A	U	D	SD
26	Domineering attitude of men promote gender-based violence					
27	Failure to give man a male child promotes gender-based violence					
28	Gender-based violence or wife battery is considered as part and parcel of culture in Africa					
29	Some cultural beliefs and values promote gender-based violence e.g. once a woman has had children for a man, she is duty bound to stay with the man no matter the level of violence experienced					
30	Sex role socialization promotes gender-based violence e.g. women are not complete without a man/there is no equality between men and women					
31	Lack of economic empowerment of woman promotes gender-based violence e.g. full time housewife					
32	Societal norms promote gender-based violence e.g. wife must show respect or reference to all male members of consanguine family irrespective of their age					
33	Political marginalization of women promotes gender-based violence					
30	Friends and families are likely to encourage victim of gender-based violence to endure victimization hoping that things will “get better”					
34	Statistics available through under reporting incidence of gender-based violence, by the police, women centre,/formal institutions often underestimates level of violence					
35	Women refraining from speaking about the abuse of men promote gender-based violence					

36	Lack of support to women who are victims of gender-based by government promotes the violence					
37	Dowry is part of the patriarchal Establishment in the society which breeds inequality between women and men, further placing women in a subordinate position					
38	A clear division of labor along gender lines is adhered to, meaning that men are allowed better access to education and enjoyed exclusive political leadership.					
39	Men with a tendency towards abusive behavior have been reported to have grown up in traditional models of the family where the father is the breadwinner and the mother is the home maker					
40	The status of women and children is undermined as a result of entrenching economic inequality, which further exacerbates patriarchal violence					
41	Due to the responsibilities expected from Men compared to women, a man believes that a woman should obey him without questions					

Thanks for your time

APPENDIX III: INTRODUCTORY LETTER



making a difference in health care

Office of the Dean, School of Nursing

Kampala, 19th September 2016

THE DIRECTOR,
CHINA UGANDA FRIENDSHIP
HOSPITAL - NAGURU,
P.O. BOX 20145 - KAMPALA.

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH


Greetings from International Health Sciences University.

This is to introduce to you **Basemera Kevin**, Reg. No. **2013-BNS-TU-012** who is a student of our University. As part of the requirements for the award of a Bachelors degree in Nursing of our University, the student is required to carry out research in partial fulfillment of her award.

Her topic of research is: **Factors contributing to gender based violence among patients attending Out Patient Department at China-Uganda Friendship Hospital - Naguru**

This therefore is to kindly request you to render the student assistance as may be necessary for her research.

I, and indeed the entire University are grateful in advance for all assistance that will be accorded to our student.

Sincerely Yours

19 SEP 2016
SCHOOL OF NURSING
P.O. Box 7782, Kampala - Uganda
Ms. Agwang Agnes
Dean

The International Health Sciences University
P.O. Box 7782 Kampala - Uganda
(+256) 0312 307400 email: aagwang@ihsu.ac.ug
web: www.ihsu.ac.ug

APPENDIX IV: CORRESPONDENCE LETTER



FOR ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO.

CHINA-UGANDA FRIENDSHIP HOSPITAL, NAGURU
P. O. Box 20145,
Nakawa, Uganda
Tel: Hospital Director: +256-41289741
General Line: +256-414289740



Ref: HD/CUFH-N/07/07/16

4th October, 2016

Dean of Students
International Health Sciences University
Kampala

Attn: Agwang Agnes - School of Nursing

PERMISSION TO CONDUCT RESEARCH

Reference is made to your letter dated 19th September, 2016 requesting this hospital to grant permission for your student **Ms. Basemera Kevin** to conduct a research, as a requirement for the award of Bachelors degree in Nursing. The research topic is "**FACTORS CONTRIBUTING TO GENDER BASED VIOLENCE AMONG PATIENTS ATTENDING OUT PATIENT DEPARTMENT AT CHINA- UGANDA FREINDSHIP HOSPITAL NAGURU**"

This is to inform you that permission has been granted. The student will work with the Head **Internal Medicine**.

At the end of the study, the student must share the research findings with the hospital by providing a copy of the report to the Research Committee; and will be provided with a letter confirming completion of the study.


Dr. Edward Nkurunziza
HOSPITAL DIRECTOR



 Ms. Basemera Kevin - School of Nursing IHSU, **Kampala**