CHAPTER ONE

1.0 Introduction

The United Nations Population Fund (UNFPA) Theme Group, 1998, defined gender based violence as violence involving men and women where the female is usually the victim; it is derived from unequal power relationships between men and women. Violence is directed specifically against a woman, or affects women disproportionately and includes, but is not limited to physical, sexual, and psychological harm.

According to the United Nations (UN) declaration on the elimination of violence against women, adopted by the UN General Assembly, violence against women encompasses physical and psychological violence (WHO, 2005). Overwhelmingly GBV is perpetrated by men against women. GBV occurs in many forms, including but not limited to intimate partner violence, domestic violence, sexual violence, and the killing of women because of their gender by males. The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and on families is universal and has direct links to health problems. (Population Reference Bureau, 2010)

GBV is a pervasive public health and human rights problem throughout the world where it disproportionately affects women and girls. It is perhaps the most widespread and socially tolerated of human rights violations. The toll gender based violence extorts on the dignity, autonomy and health of women is shocking: Worldwide, one in three women has faced gender based violence" (UNFPA, 2005). Violence kills and disables as many women between the ages of 15 and 44 as cancer; and its toll on women's health surpasses that of traffic accidents and malaria combined (UN Millennium Project, 2005). In Australia, Canada, Israel, South Africa and the United States, between 40 and 70 per cent of female murder victims were killed by their male partners (Krug et al, 2005).

According to the demographic and health survey conducted in Uganda in 2006, it was reported that out of 2,087 women who took part in a survey, 59.9% of them reported having been a victim of physical violence in their life time. Of the 1,598 who had once been married, 62.2% of them reported having faced physical violence while of the 1,304 women who were married then, 61.9% of them reported experiencing physical violence (Demographic and Health Survey findings, 2006).

In Tororo, according to the Mifumi Project annual report 2007-2009, in November, December and January, 128, 157 and 183 cases of domestic violence were reported by women across their 10 advice centres respectively. There is literature on a number of studies that have been conducted on GBV in Uganda. However, limited literature was found on studies specifically on GBV among married women. Hence the need for a study to determine the factors influencing the prevalence of GBV among married women in West Budama County, Tororo District.

1.1 Problem Statement

GBV is a universal problem, irrespective of wealth, education, religion, economic or social status (Borwankar et al, 2008). GBV occurs in many forms, including but not limited to intimate partner violence, domestic violence, sexual violence, and the killing of women because of their gender by males. The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and on families is universal and has direct links to health problems (Population Reference Bureau, 2010). Research conducted in the last decade has shown that GBV is a pervasive public health problem that has implications for health policies and programs around the world (Heise et al, 1999; Guedes, 2008).

GBV has been and continues to be a problem faced especially by women not only in Tororo but also in Uganda, Africa and worldwide. Being married further predisposes women to GBV at the hands of their spouses and intimate partners.

Although GBV is a human rights' issue, it has public health implications. Recent data have shown a strong correlation between GBV and HIV. It has been reported that abused women are at higher risk of acquiring HIV (Heise et al., 1999). A 2008 report on married women in India reveals that women who have experienced both physical and sexual intimate partner violence have a prevalence of HIV infection four times greater than non abused women (Silverman et al, 2008). A new study from South Africa shows that "relationship power inequity and intimate partner violence increase the risk of HIV infection in young South African women" (Jewkes et al, in press). In Tanzania young women, aged 18-29, who have been abused by a partner, have been found to be 10 times more likely to be HIV- positive than women who have not been abused (Maman et al, 2002).

Forced and unprotected sex and related trauma increase the risk that women will be infected by sexually transmitted infections (STIs) and HIV. According to Demographic Health Survey (DHS) data, the prevalence of STIs among women who have experienced violence is at least twice as high as in women who have not. (Kishor and Johnson, 2004)

It is also important that GBV be recognized, and addressed, as a prime barrier to reproductive health —a barrier that prevents women, families, and countries from achieving their full potential. Women who experience intimate partner violence have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. These women also experience a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents. (Garcia-Moreno, 2002)

Abuse during pregnancy poses immediate risks to the mother and unborn child, and also increases chronic problems such as depression, substance abuse, bleeding, lack of access to prenatal care, and poor maternal weight gain. (Campbell et al, 2004.) It has also been reported that children of abused women have a higher risk of death before reaching the age of five. (Asling-Monemi et al, 2003).

Violence during pregnancy is associated with low birth weight of babies (Valladares et al, 2002) which further increases infant mortality rates.

Therefore without addressing GBV, health experts and policymakers have little chance of meeting the Millennium Development Goals, which call for lowering maternal mortality, improving child survival, and combating HIV/AIDS and other sexually transmitted infections, or of meeting the underlying goal of reducing unintended pregnancies.

Further still, it has been noted that women who have been physically or sexually assaulted tend to be intensive long-term users of health services (Krug et al, 2002). Pregnant women have been found to be at high risk of physical abuse. Earlier studies estimated that 4 to 15 percent of pregnant women have experienced violence and the 2005 WHO multi-country study found that an astonishing one out of every four women in rural Peru had experienced GBV while pregnant (WHO, 2005).

The percentage of married women who have ever experienced physical and/or sexual violence by their husband in Uganda is 59% (Borwankar et al, 2008). They assert that basing on the Demographic and Health Survey conducted in 2006, Uganda had the highest percentage among the countries reviewed.

A growing body of research confirms that the two most common forms of violence experienced by women are abuse by a husband or intimate male partner (USAID, 2008). About 200 cases of domestic violence are reported to Tororo central police station every month (Records, Child and Family Protection Unit-CFPU). The cost to women, their children, families and communities is a significant obstacle to reducing poverty, achieving gender equality and meeting the other Millennium Development Goals (MDGs). Some of the direct costs include treatment and support for abused women, and bringing the perpetrators to trial. The indirect costs include days of work lost by the abused and abuser, as well as the emotional cost in human pain and suffering by the victims, and impacts on other family members, especially children. Studies on the cost of violence

have been conducted mainly in developed countries: For instance the cost of violence by an intimate partner in the United States exceeds $5.8 billion per year—$4.1 billion for direct medical and health care services, plus productivity losses of nearly $1.8 billion. (CDC, 2003)

GBV both reflects and reinforces inequities between men and women hence compromising the health, dignity, security and autonomy of its victims.

A multi-country Demographic and Health Surveys (DHS) report on domestic violence found that more than 40 percent of women in Bolivia, Cameroon, Columbia, Kenya, Peru, and Zambia had ever experienced violence by a spouse or partner (Kishor et al, 2004)

Recent DHS data from Uganda and the Democratic Republic of Congo reveal that 56 percent of young women ages 15 to 19 have experienced physical violence. (DHS Data for Uganda, 2006 and for Democratic Republic of the Congo, 2007.)

Hence the sheer magnitude of the numbers alone makes GBV a public health problem.

In Tororo, according to the Mifumi Project annual report 2007-2009, in November, December and January, 128, 157 and 183 cases of domestic violence were reported by women across their 10 advice centres respectively. The Mifumi Project has been offering counselling, legal support and shelter to some GBV victims. However cases of GBV remain rampant with far reaching consequences on the health of GBV victims. Therefore it was imperative to carry out a study that would determine factors influencing the prevalence of GBV among married women in West Budama, Tororo District as it was hoped that this would contribute to reducing GBV in the study area.

1.2 General Objective

To determine factors influencing the prevalence of gender based violence among married women in West Budama County, Tororo District.

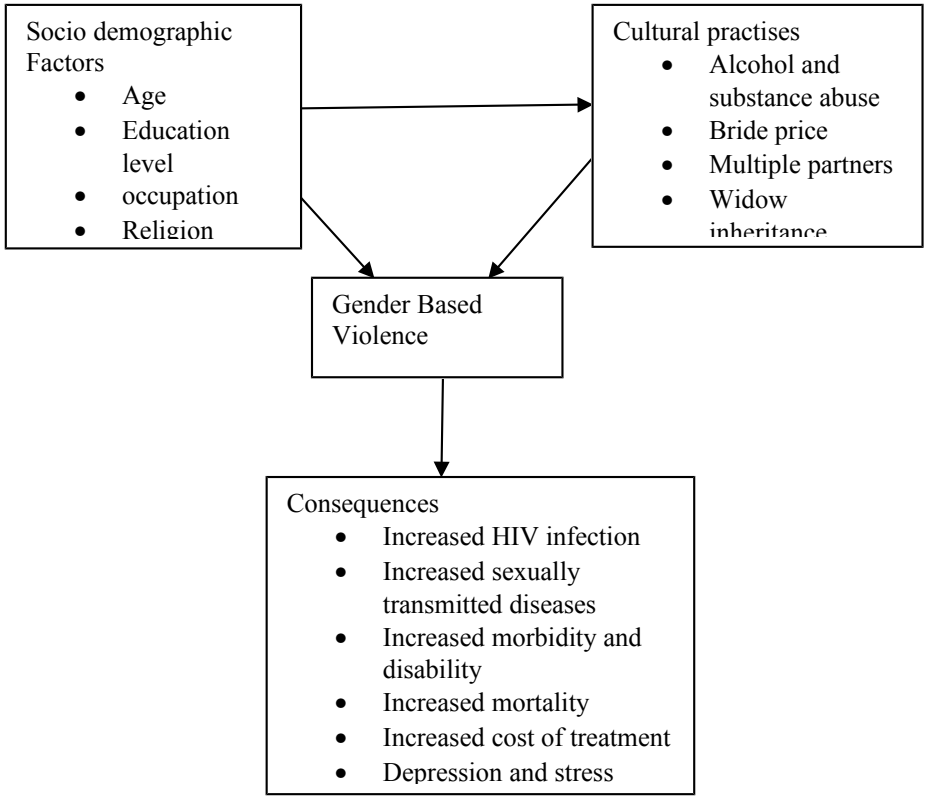
1.3 Specific Objectives

1. To determine the prevalence of married women suffering gender based violence in West Budama County, Tororo District.
2. To establish the types of gender based violence suffered by married women in West Budama County, Tororo District.
3. To describe the socio-demographic factors of married women in West Budama County who suffered gender based violence
4. To identify factors influencing gender based violence among married women in West Budama County, Tororo District.

1.4 Research Questions

1. What is the prevalence of married women suffering GBV in West Budama County, Tororo District?
2. What are the types of GBV suffered by married women in West Budama County, Tororo District?
3. What are the socio-demographic factors of married women in West Budama County, Tororo who suffered GBV?
4. What factors influence GBV among married women in West Budama County, Tororo District?

1.5 Conceptual Framework



The diagram above illustrates the conceptual framework of the study and how socio demographic factors like age, religion, education level and occupation may impact on cultural practices. It also shows that socio demographic factors and cultural practises may lead to GBV and this later has several health consequences such as increased HIV infection and sexually transmitted infections, increased mortality and disability and increased cost of treatment.

1.6 Significance of the study

Uganda's current National Plan for Action (NPA) has several references to GBV across sectors. However the commitments and strategies proposed in the narrative are not explicitly translated into measurable priority actions and indicators for GBV in implementation. GBV is not consistently addressed or included in the overall priority areas in the national planning documents reviewed for a number of countries including Uganda (Demographic Health Survey findings, 2006).

It was hoped that the findings of this study would play a key role in helping the Ugandan government and other institutions to allocate resources and funds to deal with GBV as a priority

area and prompt the implementation of a multi-sector response to tackle the problem by addressing GBV through well-defined policies and strategies across multiple sectors including health, education, criminal justice, judicial, human rights and gender in its overall growth and development frameworks.

The findings may influence the integration of GBV programming and budgets of different stakeholders for the development of a comprehensive care package for GBV victims. This research generated knowledge about cultural practices which will be fed into social action and awareness-raising at the community level and nationally; as well as inform wider policy and legal work.

This study was further justified basing on recommendations for researchers following the 2006 Demographic Health Survey (DHS) conducted in Uganda saying further country-specific analyses could be done on DHS data to elucidate the relationships between characteristics such as women's employment or women's education and levels of domestic violence. The aim of this study was to determine factors influencing the prevalence of GBV among married women in West Budama County, Tororo District.

CHAPTER TWO: Literature Review

2.0 Introduction

This chapter reviewed related literature on prevalence of GBV among married women, the types of GBV and factors influencing GBV among married women including socio-demographic factors.

2.1 Prevalence of GBV among married women

GBV often goes unrecognized and unreported; it is accepted as part of the "nature of things" and is shrouded in a culture of silence (Borwankar et al, 2008). Hence reliable data on the prevalence of the various forms of GBV remains limited. According to the 2006 Uganda Demographic and Health Survey, 48% of married women aged 15 to 49 have experienced physical violence from their intimate partners and 36% have experienced sexual violence. The 2009 Uganda police crime report says about 1,536 women were raped (Womakuyu, 2011).

A 2005 multi-country study by the World Health Organization (WHO), with data from 10 countries and 15 sites, found that "the prevalence of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71%." In four countries–Bangladesh, Ethiopia, Peru, and Tanzania—at least half of women interviewed had ever experienced physical or sexual violence (WHO, 2005).

A multi-country Demographic and Health Surveys (DHS) report on domestic violence found that more than 40 percent of women in Bolivia, Cameroon, Columbia, Kenya, Peru, and Zambia had ever experienced violence by a spouse or intimate partner (Kishor et al, 2004).

According to the findings of a study conducted in northern Vietnam to determine the magnitude of GBV between intimate partners, it was found that the lifetime prevalence of physical violence was 30.9 percent and past year prevalence was 8.3 per cent, while the corresponding figures for physical and sexual violence combined was 32.7 and 9.2 percent. The lifetime prevalence was highest for psychological abuse (27.9 percent) as a single entity (Nguyen et al, 2008).

Ov**er 57% of Rwandan women are victims of GBV in their families by their husbands, according to a recent study conducted** countrywide by the Rwanda Men's Resource Centre (Karinganire, 2011).

In a study to determine the prevalence of intimate partner violence in eastern Uganda, the prevalence of lifetime intimate partner violence was 54% and physical violence in the past year was 14% (Karamagi et al, 2006).

Basing on DHS findings of selected countries, among ever-married women who had experienced physical violence, between 70–80% reported their husband as the perpetrator. The percentage of ever-married women who reported physical violence by their husband ranged from 20% in Malawi; to about 30% in Rwanda and Zimbabwe; about 40% in Cameroon and Kenya; to 45% in Zambia and 48% in Uganda. (Borwankar et al, 2008).

Among married women, the percentage who ever experienced physical and/or sexual violence are as follows: 14% in Cambodia (2005); 33% in Egypt (2005); 20% in Haiti (2005); 9% in Honduras (between 2005-2006); 37% in India (between 2005-2006); 25% in Moldova (2005); 29% in Nicaragua (1998); 34% in Rwanda (2005); 59% in Uganda (2006); 38% in Zimbabwe (between 2005-2006); 43% in Kenya (2003); 37% in Malawi (2004) and 42% in Cameroon (2004) according to Borwankar et al, 2008.

However the prevalence of GBV on women who were married at the time of the demographic and health survey and had suffered GBV in the past 12 months was as follows: Uganda had 38.1 %, Cameroon 55.2%, Kenya 31.0%, Malawi 15.1%, and Rwanda 25.5% and 25.9% in Zambia (Borwankar et al, 2008). This implies that being married may be a risk factor for GBV.

According to the Demographic and Health Survey carried out in Uganda in 2006 on women who were married then, it was found that 61.9% of the women reported having ever experienced GBV in their life time. Of these, 38.1% of the women had suffered GBV in the past 12 months. However no literature was found on prevalence of GBV among married women in the study area.

2.2 Types of GBV suffered by married women

As described by the World Bank's Gender and Development Group, gender based violence can include, but is not limited to, physical violence (slapping, kicking, hitting, or use of weapons); emotional violence (systematic humiliation, controlling behaviour, degrading treatment, threats); sexual violence (coerced sex, forced into sexual activities considered degrading or humiliating); and economic violence (restricting access to financial or other resources with the purpose of controlling a person).

Among ever-married women, regarding whether their husbands had committed physical, sexual or emotional violence: physical violence was experienced by 20% in Malawi, 30% in Rwanda and Zimbabwe; almost 40% in Kenya and Cameroon; and around 50% in Zambia and Uganda (Borwankar et al, 2008). Sexual violence was reported by 13–16% in Malawi, Rwanda, Kenya, Cameroon, and Zambia; by almost 20% in Zimbabwe; and over 30% in Uganda (Borwankar et al, 2008). Levels of emotional violence range from 12% to almost 30%, except in Uganda where about 50% of the respondents reported experiencing emotional violence. They also found that among women who had experienced any type of violence from their husband, one quarter to one-half reported that they had experienced sexual violence, but not physical violence. Among the same women, the percentage that had experienced physical and/or sexual violence ranged from about 80% in Zimbabwe; through around 90% in Cameroon, Kenya, Malawi, and Uganda; to 96% in Rwanda. The percentage who had experienced emotional violence, but neither physical nor sexual violence, ranged from less than 5% in Rwanda; to around 10–15% in Cameroon, Kenya, Malawi, and Uganda; to almost 20% in Zimbabwe (Borwankar et al, 2008).

In Kenya, 43% of 15-49 year old women reported having experienced some form of gender-based violence in their lifetime, with 29% reporting an experience in the previous year; 16% of women

reported having ever been sexually abused, and for 13%, this had happened in the last year (Kenya DHS, 2003). In rural Ethiopia, 49% of ever-partnered women have ever experienced physical violence by an intimate partner, rising to 59% ever experiencing sexual violence (WHO, 2005). In rural Tanzania, 47% of ever-partnered women have ever experienced physical violence by an intimate partner, while 31% have ever experienced sexual violence (WHO, 2005).

2.3 Socio-demographic factors influencing GBV among married women

Literature holds differing opinions on the relationship of education to sexual violence. The World Report on Violence and Health (Krug et al., 2002) cites South African and Zimbabwean studies that show a correlation between higher levels of female education and increased vulnerability to sexual violence. The authors reason that female empowerment is accompanied by a resistance by women to patriarchal norms, which in turn provokes men to violence in an attempt to regain control (Jewkes et al., 2002). However, they suggest that female empowerment confers greater risk of physical violence only up to a certain level, after which it confers protection (Jewkes, 2002). This theory is supported by evidence from the WHO multi-country study, which found that the protective effect of education started only when women's education progressed beyond secondary school (2005a).

Woman's low educational level, a husband's low education, low household income and the husband having more than one wife/partner were risk factors for lifetime and past year physical/sexual violence (Karamagi et al, 2006) The pattern of factors associated with psychological abuse alone was however different. A Husband's low professional status and women's intermediate level of education appeared as risk factors (Nguyen et al, 2008).

Borwankar et al, 2008 observed that differences in the levels of GBV according to the woman's current age were not consistent across the countries. Violence levels were somewhat lower for women in the youngest age group (15–19 years) in most countries. In Kenya and Rwanda, women in the oldest age groups experienced more violence. No consistent pattern was found in Uganda.

According to the women's level of education, Borwankar et al, 2008 found that ever-married women who had no education, 59% of them reported having experienced GBV with their spouses as the perpetrators; 63% of those who had primary education suffered GBV while 45% of them had up to secondary/ tertiary level of education.

2.4 Factors influencing GBV among married women

Intimate partner violence is common in eastern Uganda and is related to gender inequality, multiple partners, alcohol, and poverty (Karamagi et al, 2006). Alcohol or drug consumption also correlates with sexual violence (Krug et al., 2002).

Cultural practices such as bride price are also credited for increasing GBV among married women. Bride price is a common practice in many African countries. It consists of a contract where material items (often cattle or other animals) or money is paid by the groom to the bride's family in exchange for the bride hence validating customary marriages (Mifumi, 2004). Although the benefits of bride price are widely recognised, there has been increasing concern about the negative impacts of bride price in recent years, especially on women. The practice of bride price has been linked to domestic violence and the violation of women's human rights has also been associated with bride price as documented by Mifumi, 2004.

According to the findings of a research carried out by Mifumi in collaboration with the Violence Against Women Group, University of Bristol, and the Centre for the Study of Safety and Well-being, University of Warwick between January 2008 and June 2009 in various sub counties in the four districts of Tororo, Mbale, Pallisa and Budaka, it was found that the vast majority of interviewees in all the data-sets believed that there was a connection between bride price and domestic violence.

"Domestic violence is a widespread problem, which the legal system does not always adequately address. Contributory factors include the limits on women's empowerment posed by bride price…" Uganda NPA/PEAP 2004; page 119

Mifumi, 2010 also asserts that domestic violence occurs because the man often feels like he 'owns' the woman when he pays the bride price and if the woman does not obey the man, he may feel entitled to punish or chastise her. Bride price plays a contributing role in GBV among married women but the connection between bride price, a tradition widely practiced in many African countries, and GBV is acknowledged to be a complex one.

CHAPTER THREE: Methodology

3.0 Introduction

This study sought to determine factors influencing the prevalence of GBV among married women in West Budama County, Tororo District.

3.1 Study Design

This was a descriptive cross sectional study that employed both quantitative and qualitative methods of data collection. The study was carried out between August and September 2011.

3.2 Study Area / Setting

The area of study was West Budama County in Tororo District. Tororo district is located in eastern Uganda and is home to mainly the Japadhola people. However the district also accommodates other tribes like the Itesot, Banyole, Bagwere, Basamia, Basoga and some Kenyans among others.

Tororo district is made up of two counties: West Budama County and Tororo County. West Budama County constitutes the sub counties of Rubongi, Petta, Nangogera, Iyolwa, Mulanda, Nabuyoga, Sop Sop, Kirewa, Magoola, Kisoko and Paya. The county covers 774 square kilometres of land and has 46,165 households with an average household size of 5 people. The total population of West Budama County is 256,933 people. Of these, 123,038 are male and female are 133,895 (Tororo District Planning Unit, 2010). The main economic activity of the people is agriculture.

In Tororo, like in most parts of Uganda, marriage is defined on religious or cultural grounds. Culturally, when the payment of bride price by a man to a woman's family has been effected, the two are said to be married. On a religious basis, when a man weds a woman, they become husband and wife hence are referred to as being married. Even couples that have cohabited for at least six months are often said to be married.

3.3 Population

3.3.1 Target Population

This study targeted all married women.

3.3.2 Accessible Population

All married women living in West Budama County, Tororo District between August and September 2011.

3.3.3 Study Population

All married women who satisfied the selection criteria

3.4 Selection Criteria

3.4.1 Inclusion Criteria

All women above 18 years of age and were married. They should have resided within West Budama for at least six months. Those who consented to take part in the study were also included.

3.4.2 Exclusion Criteria

Those severely ill and too weak to be interviewed, the deaf and dumb, married women who were mentally unstable/ill.

3.5 Sample Size Determination

3.5.1 Sample Size for Descriptive Study

The sample size for the married women who were interviewed was determined by Kish Leslie formula of

$$N = \frac{Z. P. Q}{D^2}$$

Where N = required sample size

Z = Standard Normal deviation at 95% (CI =1.96)

P =Estimated prevalence of GBV among women currently married in Uganda in 2006 = average at 38.1% (Borwankar et al, 2008)

Q = (100% - P) = 100% - 38.1% = 61.9%

D = margin of error (5%)

Hence substituting in the above formula

$$N = \frac{1.96 * 1.96 * 0.381 * 0.619}{0.05 * 0.05} = 362 \text{ married women}$$

The estimated sample size of 362 was multiplied by 2 (design effect) to take care of sampling variability. Hence total sample size was 724.

3.6 Sampling Procedure

3.6.1 Quantitative Study

Two way cluster sampling was employed to determine who was part of the respondents. The first cluster was sub counties and the second parishes. West Budama County was divided according to clusters/sub counties. Through simple random sampling, the names of all the sub counties were written on different small pieces of paper, folded and placed in a container. After shaking the container, the researcher picked out four pieces of paper to identify four sub counties from which respondents were selected. They included Mulanda, Rubongi, Kisoko and Paya sub counties. Since the sample size was 724, this number was divided into four such that from each sub county 181

respondents were sampled. The sub counties were then further divided into parishes. The parishes found in each of the four sub counties that were randomly selected were listed on different pieces of paper, folded and placed in separate containers. After shaking the containers, the researcher picked out two pieces of paper from each container to identify the two parishes from where respondents were selected. This meant that from each parish, 91 respondents were randomly selected to form the study population. From the different parishes, simple random sampling was used to identify households from which respondents were selected. For households where polygamy was practised, both women were included in the study population as long as they met the selection criteria and consented to take part in the study.

3.6.2 Qualitative Study

This involved key informant and focus group discussions. Purposive sampling was used to identify key respondents to generate qualitative data. Three health workers from the Mifumi Project were purposively selected because of their experience in dealing with GBV victims while one community leader from each sub county was also part of the key respondents. Ten married women were purposively selected for a focus group discussion in each of the selected sub counties.

3.7 Study Variables

3.7.1 Independent Variables

These included age, education status, occupation, religion, income, alcohol and substance abuse, bride price, multiple partners and widow inheritance.

3.7.2 Dependent Variable

This included the presence or absence of GBV among the married women in West Budama County, Tororo District. According to the United Nations (UN) Declaration on the elimination of violence

against women, adopted by the UN General Assembly, violence against women encompasses physical and psychological violence (WHO, 2005)

3.8 Data Collection Methods

3.8.1 Pre testing of the Instrument

After training of research assistants, they pre tested the data collection tools which involved administering structured questionnaires and interview guides to 40 respondents in the villages neighbouring Tororo Town and necessary changes were made prior to the commencement of the study. The Interview guide for key informant interview were pre tested on 10 staff members of The AIDS Support Organisation (TASO) Tororo since they also offer some support to GBV victims.

3.8.2 Quantitative data collection methods

The study population was briefed about the study and their consent to participate obtained. Structured questionnaires were then administered by the research assistants to the married women.

3.8.3 Qualitative data collection methods

Selected key informants were briefed about the study and their consent to participate obtained. They were interviewed by research assistants using key informant interview guides and answers to the questions posed during the interview were recorded by both hand writing and voice recording. A focus group discussion guide was used during focus group discussions whereby a group of 10 respondents from the study population were engaged in a discussion with the guidance of a facilitator. Responses were recorded on paper and also voice recorded. Voice recorded information was later transcribed and back translated into English during data management and analysis stage.

3.9 Data Management

3.9.1 Quantitative data management

Completed questionnaires were handed over by the research assistants on a daily basis and these were checked for missing data and completeness. Corrections were then made immediately as the data collectors submitted the questionnaires. This was followed by data encoding, double entry into Epi info computer software and cleaning then exported to SPSS Version 12.0 computer software for analysis.

3.9.2 Qualitative data management

Data was entered into a master sheet, coded and later analysed.

The participants' responses were transcribed, coded and typed in Ms Word Themes and sub themes were generated and continuously analysed during and after data collection with the Nvivo statistical package.

3.10 Data analysis plan

Descriptive statistics were used to summarize data. Continuous variables were summarized into means, median, interquartile range and standard deviations. Categorical variables were summarized and presented as proportions, pie charts and bar graphs.

3.11 Data quality control

Research assistants who had completed at least secondary education up to senior six and were trained before the study commenced were used. Data collection instruments were pre tested for clarity of the tool prior to the study. Experienced facilitators were used for focus group discussions. The use of both paper and voice recorders were utilised to capture responses from the different respondents. Double entry of data was also employed. Data management was done by checking questionnaires for completeness, coding of data, double entry of data and cleaning of data.

3.12 Ethical considerations

The research proposal was submitted, presented and defended before the university Ethics and Research Committee for approval. Permission to carry out the study in the study area was sought from the Chief Administrative Officer of Tororo District prior to the study being done. The data

collectors explained the study and its purpose to the selected study participants making sure that they understood it. Informed consent was sought from the respondents. Confidentiality was observed and respondents were not required to reveal their names. The respondents were treated with respect and dignity during the process of data collection.

Regarding the dissemination of study results, results will be availed to the university in the form of a dissertation; to Tororo district officials and the Mifumi Project in the form of a report and the rest of the public in the form of publications.

CHAPTER FOUR: Results

4.0 Introduction

This chapter presents the results of the study. Data obtained was summarised and presented in tables, bar graphs and pie charts from which conclusions are drawn in accordance with the objectives of the study. The results were obtained from the married women in West Budama County, Tororo district, health workers of Mifumi Project and community leaders in the selected sub counties.

Although the sample size was 724, a total of 740 respondents were interviewed. This was because there were 16 cases of incompleteness where respondents did not respond to all questions in the questionnaire therefore 16 additional respondents were interviewed to complete the sample size of 724 respondents.

Socio demographic characteristics of the married women in West Budama County, Tororo

From the table below, the majority, 261 (36%) of the respondents were in the age bracket of 36-45 years and only 9 (1.2%) was above 65 years. About 408 (56.3%) of the respondents were Catholic; 325 (44.9%) of the respondents have primary as the highest level of education and most of the respondents 522 (47.3%) were peasants. The majority, 342 (47.3%) of the respondents were in a customary marriage as compared to 69 (9.5%) who were in a civil marriage. Regarding the form of marriage, the majority 406 (56.1%) of the respondents were in a polygamous form of relationship as shown in table 1 below.

Table 1: Demographic characteristics of the married women in West Budama County, Tororo

Variable	Frequency	Percentage (%)
Age		
18-25 years	92	12.7
26 -35 years	170	23.6
36-45 years	261	36
46-55 years	139	19.2
56-65 years	53	7.3
Above 65 years	9	1.2
Religion		
Anglican	192	26.5
Catholic	408	56.3
Moslem	48	6.6
Pentecostal	62	8.6
Others*[1]	14	2
Highest Education level		
None	145	20
Primary	325	44.9
Secondary	173	23.9
Tertiary	81	11.2
Occupation		
None	30	4.2
Paid employee	118	16.3
Peasant	523	72.2
Others*[2]	53	7.3
Type of marriage		
Wedded	157	21.7
Civil	69	9.5
Customary	342	47.3
Cohabiting	156	21.5
Form of marriage		
Monogamous	318	43.9
Polygamous	406	56.1

Others*[1] *included Legion Maria, Jehovah's Witness and Seventh Day Adventists*
Others*[2] *included Retired, Business person*

4.1 The prevalence of GBV among married women in West Budama County, Tororo district

Findings from the study indicate that 618 of the 724 married women (85.4%) have ever suffered at least one type of GBV with their spouse as the perpetrator. The prevalence of GBV among married women in West Budama County, Tororo is thus presented in Figure 1 below.

Figure 1: Prevalence of GBV among 724 married women in West Budama County, Tororo district

4.2 Types of gender based violence suffered by married women in West Budama County

Of the 724 respondents interviewed, 618 responded yes to at least one question when asked whether their spouse had ever done any one of a number of acts; GBV suffered was categorised as physical, psychological or sexual and it was multiple response.

Table 2: Types of GBV suffered by 618 married women in West Budama County, Tororo

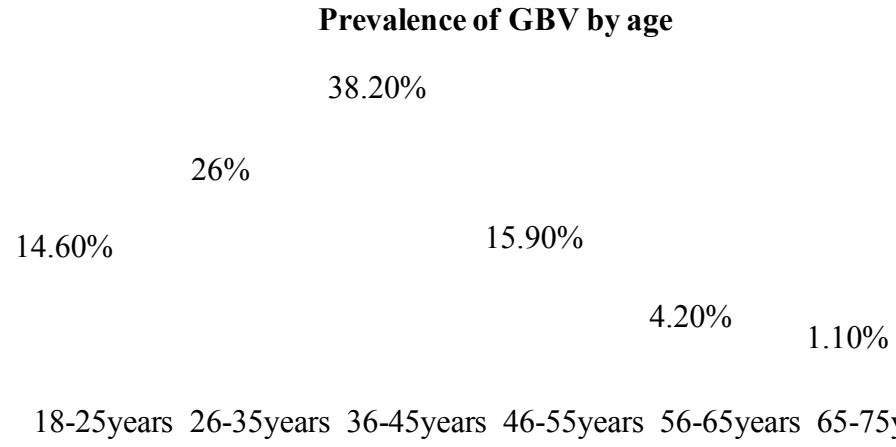
Type of GBV suffered	Yes (%)	No (%)
Physical abuse		
Threaten you with a knife or gun	180 (24.9)	544 (75.1)
Try to strangle you	97 (13.4)	627 (86.6)
Kick or drag you	256 (35.4)	468 (64.6)
Punch you with his fist or something that could harm you	198 (27.3)	526 (72.7)
Slap you or twist your arm	390 (53.9)	334 (46.1)
Push you or shake you	341 (47.1)	383 (52.9)
Attack you with a knife, gun or weapon	53 (7.3)	671 (92.7)
Psychological abuse		
Threaten you or someone close to you with harm	79 (10.9)	645 (89.1)
Say or do something to humiliate you	285 (39.4)	439 (60.6)
Sexual abuse		
Physically force you to have sexual intercourse with him	377 (52.1)	347 (47.9)
Force you to perform any sexual acts against your will	275 (38.0)	449 (62.0)

(Multiple response)

4.3 Socio-demographic factors of married women who suffered GBV in West Budama County

In terms of prevalence of GBV by age, the majority 38.2% (236/618) of the married women who reported having suffered GBV were between the ages of 36-45 as shown below.

Figure 2: Prevalence of GBV suffered by 618 married women in West Budama, by age



Prevalence of GBV among married women in West Budama County, by religion, form of marriage and occupation

Regarding religion, the majority 58.1% (359/618) of the respondents who reported suffering GBV were Catholics; only 6.8% (42/618) of Moslems reported suffering GBV. Those in polygamous marriages reported suffering higher GBV 390 (63.1%) as compared to those in monogamous marriages with 228 (36.9%). Findings also indicate that most victims of GBV either had no source of income 40 (6.5%) or were peasants 488 (79%); Only 82 (13%) of the paid employees reported suffering GBV as shown in table 3 below.

Table 3: Prevalence of GBV among 618 married women in West Budama County, Tororo by religion, form of marriage and occupation

Variables	Frequency	Percentage (%)
Religion		
Anglican	152	24.6
Catholic	359	58.1
Moslem	42	6.8
Pentecostal	58	9.4
Others*[1]	7	1.1
Form of marriage		
Polygamous	390	63.1
Monogamous	228	36.9
Occupation		

None	40	6.5
Paid employee	82	13.3
Peasant	488	79.0
Others*[2]	8	1.3

Others*[1] *included Legion Maria, Jehovah's Witness and Seventh Day Adventists*
Others*[2] *included Retired, Business person*

Prevalence of GBV among married women in West Budama County, Tororo by highest education level

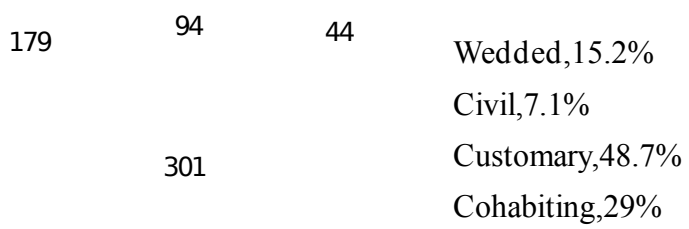
Most of the respondents (53.4%) who reported suffering GBV have studied up to primary level while only 6.2% of those with education up to Tertiary level reported GBV as reflected in Figure 3 below.

Figure 3: Prevalence of GBV among 618 married women in West Budama County, Tororo by highest education level

Prevalence of GBV among married women in West Budama County, Tororo by type of marriage

Regarding the type of marriage, the majority 301 (48.7%) of the respondents who suffered GBV were in a customary marriage and 44 (7.1%) had a civil marriage as shown below.

Figure 4: Prevalence of GBV among 618 married women in West Budama, by type of marriage



Relation between form of marriage and type of marriage

Results also show that for those in polygamous marriages, only 8.5% (33/390) had a civil marriage while the majority 41.8% (163/390) had a customary marriage or were cohabiting 30.2% (118/390). Those who wedded were 19.5% (76/390). Even for monogamous marriage, the majority 60.5% (138/228) had a customary marriage and again the minority 4.8% (11/228) had a civil marriage.

Figure 5: Prevalence of GBV among 618 married women in West Budama by the form of marriage and type of marriage

4.4 Factors influencing GBV among married women in West Budama County, Tororo

Table 4: Factors influencing GBV among 724 married women in West Budama County, Tororo

Variables	Frequency (%)	95% CI
Do you think cultural practises influence GBV among married women		
Yes	537 (73.9)	[70.5 – 77.1]
No	187 (26.1)	[22.9 – 29.5]
Does alcohol and substance abuse lead to GBV among married women		
Yes	695 (96.3)	[94.5 – 97.5]
No	29 (3.7)	[2.5 – 5.5]
Do you think payment of bride price makes a Woman more vulnerable to GBV		
Yes	426 (58.6)	[54.8 – 62.2]
No	298 (41.4)	[37.8 – 45.2]
Does polygamy influence GBV among Married women		

Yes	702 (96.7)	[95.1 – 97.9]
No	22 (3.3)	[2.1 – 4.9]
Do you think widow inheritance influences GBV among married women		
Yes	577 (79.8)	[76.0 – 82.1]
No	147 (20.2)	[17.9 – 24.0]

From the study, the majority 537/724 (73.9%) of the respondents believe that cultural practices impact on GBV among married women while only 187/724 (26.1%) think contrary to this.

When respondents were asked whether they thought alcohol and substance abuse influences GBV among married women, only 29 (4%) of them did not think so while the majority 695 (96%) thought that these influence GBV among married women.

Regarding whether respondents thought that the payment of bride price made a married woman more vulnerable to GBV, 426 (59%) said yes while 298 (41%) said they did not think that the payment of bride price made a married woman more vulnerable to GBV.

Findings also revealed that the majority 702/724 (97%) of the respondents believe that if a man has multiple sexual partners, this influences GBV among married women while 22 (3%) thought that GBV is not influenced by a man having multiple sexual partners.

The majority 577/724 (80%) of the respondents said that widow inheritance influences GBV among married women while only 147 (20%) said they thought GBV is not influenced by widow inheritance.

4.5 Qualitative study results

4.5.1 The prevalence of GBV among married women in West Budama County, Tororo

Basing on the key informant interviews with health workers from the Mifumi Project, their general understanding of GBV was that it resulted from unequal power between men and women where in most cases, women are victims and men are often the perpetrators. They said that Mifumi Tororo

receives between 180 to 210 cases related to GBV reported in a month, mainly by women aged between 18 and 40 years.

Another key informant revealed that at least two (2) women who have been battered seek for refuge at the Mifumi Safe Haven each day. She said:

> *"…every day we receive at least 2 women who have been beaten by their spouses and they come seeking to be supported…"*

The focus group discussions revealed that women's understanding of GBV was women being mistreated by men on the assumption that women are the weaker sex. More than half of the respondents in all the four focus group discussions said they have ever suffered at least one type of GBV and the perpetrator was often their husbands. This is in line with the finding from the general respondents which found that over 50% of the married women interviewed had also ever suffered GBV. Actually one woman said:

> *"…many times women decide to keep quiet about the GBV faced in marriage because the community may judge them harshly but in reality almost every woman suffers some type of GBV in their marriage whether being verbally abused by the husband, being beaten or even neglected such that the man never provides for her needs…"*

When asked how many of them had ever suffered any type of GBV in their marriage, only 3 respondents said they had never suffered GBV. This also relates to the findings from the general respondents that the proportion of married women who have ever suffered GBV in West Budama County is over 70%.

Even the key informant interview with the community leaders revealed that they receive complaints related to GBV from women almost on a daily basis. All the community leaders interviewed said that GBV was very common especially among married women.

One leader said:

"…In this village, GBV is so common that in one week my office registers about five complaints mainly from women who accuse their husbands of beating them, neglecting the family and generally abusing them verbally…"

4.5.2 The types of GBV suffered by married women in West Budama County, Tororo

During the focus group discussions, the participants were asked to mention examples of GBV as experiences by married women in their communities and the following were some of the answers given.

One participant said that one of the types of GBV that she has seen take place is battering of women by their husbands. She said:

"…in my village, many women are beaten by their husbands especially when the men are drunk. But some women fear to report because they may be laughed at by their friends and other community members…"

Another participant testified how on several occasions she has been beaten by the husband for almost no reason at all. She said:

"…for me, my husband has beaten me several times…recently he almost cut my arm with a panga but I was able to escape…"

In addition to the above the participants mentioned being threatened by the men that they will be abandoned or even another wife will be brought to the home. Some of them said that on several occasions, some men have humiliated their wives even in public by belittling or embarrassing them openly which results in psychological torture for these women.

One participant said:

"…I am always belittled and humiliated by my husband…can you imagine he abuses me and insults even my parents using obscene words in the presence of our children and neighbours…this makes me feel worthless…"

Another participant shared her experience and confessed that she is now used to the husband's unbecoming behaviour of psychologically torturing her that she feels helpless about the whole situation. She has now resorted to withdrawing from the husband and has decided to stay in the marriage for the sake of her children who are still young and need her support.

Some participants in the focus group discussions revealed that they also faced sexual abuse by their husbands who often forced them into sexual intercourse against their will.

One participant said:

"…sometimes my husband demands for sex even when I am having my periods. When I refuse, he accuses me of being unfaithful to him and sometimes ends up beating me…"

Actually more than three participants said they had also been in similar circumstances but often suffer in silence and decide not to reveal this because they may be ridiculed by their peers and the community.

Another participant said:

"…my husband wants to have sex daily and this is very tiring for me since I have to dig, cook and perform other household chores but when I try to explain, he doesn't understand. Instead he insists on having sex so I am left helpless…"

According to the Area manager of the Mifumi Project in Tororo, during the key informant interview, she revealed that:

"…basing on our data base the types of GBV suffered by married women are physical abuse, psychological/emotional abuse and sexual abuse. Physical abuse entails mainly battering; emotional abuse involves neglect, humiliation, property grabbing, and denial of basic needs like food, clothing and paying school fees for the children while she said that

sexual abuse takes the form of being forced to have sex against their will and engaging the women in sexual acts that they don't want…"

One key informant told of one victim's experience when she was burnt by her husband after having a misunderstanding so she sought for refuge at the Mifumi women's shelter. She said:

"…the woman was severely burnt and sustained a number of injuries that will take a long time to recover fully…she was counselled and is yet to decide the fate of her future…"

The key informant also shared about another woman whose genital areas were burnt by her husband because he suspected that she might have been unfaithful to him. This left the woman partially disabled and she is yet to recover from the psychological torture resulting from this incident.

All the health workers who work with Mifumi Project reported that the majority of the women are increasingly being abused emotionally by their husbands, who chose to embarrass the women, neglect them and their children, deny the women sex especially when the husband has brought another woman in addition to battering and other forms of physical abuse.

One of the community leaders revealed that:

"…most women complain that their husbands batter them and torture them psychologically which causes them a lot of stress…"

These findings are similar to that from the general respondents that physical abuse is suffered by about 30% of the married women in West Budama County, psychological abuse by 25.2% and sexual abuse by about 45% of the married women.

4.5.3 Socio-demographic factors of married women suffering GBV in West Budama, Tororo.

Most of the married women who reported suffering GBV were aged between 36-46 years. During the focus group discussion, one of the participants said that most of the women remain in abusive marriages because at that age, they fear to leave as they do not have many options on where to go. She said;

"…at around the age of 40 years, most women have an average of five children so they can not leave a marriage even if they husbands batter them…when they think of where to leave all their children, many opt to say and suffer silently from GBV…"

This was consistent with findings from the key informant interviews where one of the health workers from Mifumi Project said many of the women who seek for support from their organisation are between 35 and 45 years of age.

She also revealed that many of the women actually are economically dependent on their spouses with no source of income of their own.

One of the key informants further revealed that GBV results from power and control therefore a woman who is employed has some degree of power and control in the marriage and is less vulnerable to GBV. She said:

"…money makes one have power and control so as long as the woman is employed, the man is less likely to batter her or mistreat her because he knows that she may decide to leave him immediately…"

The local leaders also revealed that many women who report suffering GBV either have a low education level or have not got any education at all. This is also consistent with findings from other studies and even during the focus group discussions, the women revealed that most of them who suffer GBV have primary seven as their highest education level.

One participant said:

"…I wish I have not dropped out of school, maybe I would not be mistreated by my husband who often tells me that he knows I can never leave him since I studied up to primary three and therefore can not get a job to support myself or children…so I am forced to remain no matter how badly he treats me…"

4.5.4 Factors influencing GBV among married women in West Budama County, Tororo

From the focus group discussions, when the participants were asked what factors they thought were influencing GBV among married women in their community, they mentioned polygamy, alcoholism, poverty and economic dependence on men, peer influence from other men, community interference, the payment of bride price and other cultural practises as some factors influencing GBV among married women.

The women reported that whenever a man gets a new intimate partner, the first wife becomes more vulnerable to GBV in the form of neglect, emotional abuse, denial of sex and battering among others.

One woman said:

> *"…ever since my husband brought another woman, he no longer treats me the same way. He abuses me saying I am useless to him; he even stopped providing for me or the children… these days I have to struggle on my own to meet all the basic needs and yet my husband can afford to do so…"*

Another said:

> *"…we are two wives at home but my husband favours my co-wife and her children…he always provides for their basic needs yet on my side, if I don't dig for others my children will not have food to eat…"*

This is similar to the findings from the key informant interviews where the health workers of Mifumi Project reported that most of the women who report GBV are economically dependent on their husbands. This means that poverty also influences GBV among married women, especially if they have no source of income and have to rely on their spouses for support.

Bride price has also been held responsible for GBV among married women. The practice of bride price has been linked to domestic violence and the violation of women's human rights has also been associated with bride price as documented by Mifumi, 2004. GBV occurs because the man often feels like he 'owns' the woman when he pays the bride price and if the woman does not obey the

man, he may feel entitled to punish or chastise her. This shows that bride price plays a contributing role in as far as GBV among married women is concerned.

When asked whether bride price impacted on GBV among married women, a number of participants said yes. They asserted that they have themselves been victims of GBV because their husbands had paid a bride price to their parents and because they know their parents cannot repay the bride price when they separate from their husbands, the women are forced to stay in abusive marriages.

One participant shared her experience as follows:

> *"...I got married at 19 years and my husband paid two cows and four goats as bride price to my family. However after giving birth to six children, my husband brought another wife and started neglecting me. When I threatened to leave him, he asked that the bride price be refunded before I leave but my family could not afford it so I am forced to live with his abusive behaviour and neglect...I feel like am in a prison but I don't have a choice..."*

Key informant interviews with the community leaders revealed that many women report domestic violence cases linked to bride price. One of the community leaders said that whenever a man beat the wife and she decided to leave him, the man often demands for the bride price to be repaid and because the woman knows her parents can not afford to repay the bride price, she is forced to stay in an abusive marriage.

Alcoholism and substance abuse was also identified as a key factor influencing GBV among married women. More than half of the participants in the focus group discussions said many men who beat their wives often did so after drinking alcohol and they attributed the GBV to alcoholism.

A participant said:

"…whenever my husband comes home drunk, he starts quarrelling and ends up beating me. Recently he hit my back and I sustained injuries which made me be admitted in hospital… when he is sober, he tries to apologise saying it was the alcohol…now I am used to this…"

Cultural practises were also identified as influencing GBV among married women. During the focus group discussions, participants said that culture gives men a lot of authority in a marriage and many men abuse this hence causing harm to women. Culture was reported to favour men so much that men get away with unbecoming behaviour. One of the cultural practices identified was that if a man has multiple intimate partners, this is considered normal yet this may be the cause of GBV in marriage and this is not tolerated if women have multiple partners. The participants also said that widow inheritance is acceptable by culture yet this influences GBV among married women as in most cases, a man neglects his wife and focuses his attention on the widow. Hence this impacts on GBV among married women.

The above findings correspond to the general findings that factors that influence GBV among married women include cultural practises (73.9%), alcoholism and drug abuse (96.3%), the payment of bride price (58.6%), when a man has multiple intimate partners (96.7%), and widow inheritance (80%)

CHAPTER FIVE: Discussion

5.0 Introduction

This chapter will discuss the findings from the study as per the research objectives. From this, conclusions and recommendations will be drawn.

5.1 The prevalence of GBV among married women in West Budama County, Tororo

About eight in ten married women reported having ever suffered at least one type of GBV at the hands of their spouses. Even the qualitative results indicate a similarity. During the focus group discussions, one participant said:

> *"…many times women decide to keep quiet about the GBV faced in marriage because the community may judge them harshly but in reality almost every woman suffers some type of GBV in their marriage whether being verbally abused by the husband, being beaten or even neglected such that the man never provides for her needs…"*

Another key informant from the Mifumi Project said:

> *"…every day we receive at least 2 women who have been beaten by their spouses and they come seeking to be supported…"*

One of the community leaders:

"…In this village, GBV is so common that in one week my office registers about four complaints mainly from women who accuse their husbands of beating them, neglecting the family and generally abusing them verbally…"

These are similar to the findings of a 2005 multi-country study by the World Health Organization, with data from 10 countries and 15 sites, which found that "the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71%." In four countries–Bangladesh, Ethiopia, Peru, and Tanzania—at least half of women interviewed had ever experienced physical or sexual violence. (WHO, 2005)

However the prevalence of GBV among married women in West Budama County, Tororo was found to be much higher than other studies done elsewhere around the world. Karinganire (2011) found a prevalence of 57% in Rwanda; Karamagi et al, 2006 reported 54% prevalence of intimate partner violence in eastern Uganda; **A**bout 40% of women in Bolivia, Cameroon, Columbia, Kenya, Peru and Zambia reported suffering domestic violence (Kishor et al, 2004)

The difference in prevalence could be because this study was done in a predominantly rural setting where the majority of the respondents either had no occupation or were peasants (about eight in ten married women). This means that most of them are economically dependent on their spouses and therefore it is not surprising that the prevalence of GBV among married women in West Budama County, Tororo is that high. Another reason could be the fact that the majority (about six in ten) of the respondents in this study had no education at all or had primary as the highest education level. This implies that they are less likely to be employed and this makes them more vulnerable to GBV.

Regarding the form of marriage, six in ten polygamous marriages reported suffering higher GBV as compared to three in ten for those in monogamous marriages. This is similar to findings of a study by Katebalila et al, 2004 conducted in Dar es Salaam in Tanzania to explore the association between HIV and violence. They found that men with multiple concurrent partners including polygamy reported becoming violent when their female partners questioned their fidelity. They also

reported forcing regular partners to have sex when these partners resisted their sexual advances. This finding is also similar to qualitative results obtained during this study where one participant said:

> *"…ever since my husband brought another woman, he no longer treats me the same way. He abuses me saying I am useless to him; he even stopped providing for me or the children… these days I have to struggle on my own to meet all the basic needs and yet my husband can afford to do so…"*

However the above findings differ from a study done by Achari, 2010 on the prevalence and response to sexual and GBV among people living with HIV/AIDS in Lira district who found that more GBV cases occurred in monogamous marriages than polygamous ones. Her findings are not in line with the fact that polygamy is a risk factor for GBV among married couples. The reason for this could be the difference in sample size; this study had a sample size of 724 which is more than double the sample size of 334 used by Achari, 2010. In addition is the fact that this study had only women as respondents while the study done by Achari, 2010 had 21.3% males and 78.7% females. Therefore the fact that women are predominantly the victims of GBV implies that a study on GBV among female respondents is likely to find a higher prevalence than one that had both male and female respondents.

5.2 Types of GBV suffered by married women in West Budama County, Tororo.

From the 618 respondents who reported suffering GBV at least once, about three in ten respondents pointed out that they suffered physical abuse. The respondents responded yes when asked whether their spouse had ever slapped them or twisted their arm, pushed them or thrown something at them, punched them with a fist or something that could hurt them, kicked or dragged them, tried to strangle or burn them, threatened them with a knife or any other weapon, attacked them with a gun or weapon. Qualitative results indicate that there is a similarity.

One participant said that one of the types of GBV that she has seen take place is battering of women by their husbands. She said:

> *"…in my village, many women are beaten by their husbands especially when the men are drunk. But some women fear to report because they may be laughed at by their friends and other community members…"*

Another participant testified how on several occasions she has been beaten by the husband for almost no reason at all. She said:

> *"…for me, my husband has beaten me several times…recently he almost cut my arm with a panga but I was able to escape…"*

A key informant working with Mifumi Project said:

> *"…every day we receive at least 2 women who have been beaten by their spouses and they come seeking to be supported…"*

This is in line with results from previous studies. According to the DHS findings of 2006, among ever-married women, regarding whether their husbands had committed physical, sexual or emotional violence: physical violence was experienced by 20% in Malawi, 30% in Rwanda and Zimbabwe; almost 40% in Kenya and Cameroon; and around 50% in Zambia and Uganda (Demographic Health survey findings, 2006).

About four in ten respondents said their husbands had ever physically forced them to have sexual intercourse with him even when they did not want to and also forced them to perform sexual acts that they did not want to. This is similar to the DHS findings of 2006 where among ever-married women, sexual violence was reported as over 30% in Uganda. The finding is also similar to qualitative results. One participant said:

> *"…sometimes my husband demands for sex even when I am having my periods. When I refuse, he accuses me of being unfaithful to him and sometimes ends up beating me…"*

However there is a difference with those of other countries which reported lower figures; 13–16% in Malawi, Rwanda, Kenya, Cameroon, and Zambia; by almost 20% in Zimbabwe (Borwankar et al, 2008). The reason for this difference could be the fact that the existing laws are inadequate to deal with GBV effectively in Uganda hence proposals like the Sexual Offences Bill before Parliament. In addition law enforcement on GBV related issues especially for sexual offenders is still weak and perpetrators are not effectively punished in Uganda and therefore many men know they can get away with such acts. Also many people in Uganda believe that there is no rape within marriage therefore the concept of marital rape is not given the due attention that it deserves.

A quarter of the respondents reported psychological torture. They said that their husbands have said or done something to humiliate them in the presence of other people and also threatened them or someone close to them with harm. According to the qualitative results, one participant said:

> *"…I am always belittled and humiliated by my husband…can you imagine he abuses me and insults even my parents using obscene words in the presence of our children and neighbours…this makes me feel worthless…"*

This finding is similar to the DHS finding of other countries levels of emotional violence range from 12% to almost 30% (Borwankar et al, 2008). However these findings are lower than that of the DHS findings of Uganda where the level of emotional violence was reported by about 50% of the respondents. This could be because this study had a sample size of 724 which is smaller than the sample size used during the DHS survey of the whole country.

5.3 Socio-demographic factors of married women suffering GBV in West Budama, Tororo

Regarding socio-demographic factors of married women who reported suffering GBV in West Budama County, this study found that about four in ten married women who reported suffering GBV were between the ages of 36 – 45 years. This finding is similar to Achari, 2010 who found

that the age group which suffered most (20.1%) GBV cases were 30 – 40 followed by those aged above 40 years being 18.3%.

This study further found that regarding religion, about six in ten of the married women who reported suffering GBV were Catholics followed by Anglicans with about three in ten married women. This finding concurs with Achari, 2010 study which found that Catholics had more cases of GBV (24.6%) which was also followed by Anglicans at 16.5%. This could be because Christianity especially Catholics are prohibited from divorcing spouses regardless of how the marriage is until death.

On the prevalence of GBV among married women in West Budama County, Tororo by highest education level, this study found that respondents with up to primary education reported the highest cases of GBV (five in ten) followed by those with no education at all being about three in ten. Respondents with secondary education level were two in ten while less than one in ten married women with tertiary education reported suffering GBV. These findings are similar to previous studies. Karamagi et al, 2006 reported that women's low education level was a risk factor for physical and sexual violence. For psychological abuse, women's intermediate level of education appeared as risk factors (Nguyen et al, 2008). Achari, 2010 also found that the higher one's education, the fewer cases of GBV suffered.

In regard to occupation, this study found that about eight in ten married women who suffered GBV were either peasants or had no occupation while only one in ten were paid employees. This implies that poverty is a risk factor in GBV and this finding is in line with the qualitative results obtained during the key informant interviews.

One key informant who works with Mifumi Project said:

"…money makes one have power and control so as long as the woman is employed, the man is less likely to batter her or mistreat her because he knows that she may decide to leave him immediately…"

During a focus group discussion, one of the participants said:

"…My husband provides for my basic needs but has also beaten me on several occasions… if only I had my own source of income and did not have to depend on him, I would have asked for a divorce long ago…"

5.4 Factors influencing GBV among married women in West Budama County, Tororo

The study revealed that there are a number of factors that influence GBV among married women. About three quarters of the respondents believe that cultural practises impact on GBV among married women while only a quarter of the respondents think contrary to this. The payment of bride price by a man to the woman's family and widow inheritance are some of the cultural practises identified as influencing GBV among married women in West Budama County, Tororo.

Just over three quarters of the respondents agreed that widow inheritance influences GBV among married women in West Budama County, Tororo and slightly more than half of the respondents believed that the payment of bride price made a married woman more vulnerable to GBV

This is in line with the findings of the Mifumi Project that the practice of bride price has been linked to domestic violence and the violation of women's human rights has also been associated with bride price (Mifumi, 2004). According to the findings of a research carried out by Mifumi in collaboration with the Violence Against Women Group, University of Bristol, and the Centre for the Study of Safety and Well-being, University of Warwick between January 2008 and June 2009 in various sub counties in the four districts of Tororo, Mbale, Pallisa and Budaka, it was found that the vast majority of interviewees in all the data-sets believed that there was a connection between bride price and domestic violence. This corresponds to the finding that more than half of the respondents

believe that the payment of bride price made a married woman more vulnerable to GBV while 298 (41%) said they did not think that the payment of bride price made a married woman more vulnerable to GBV.

According to a GBV workshop report (2005), a number of factors were identified that facilitate violence against women to grow. These included poverty, personal background, ignorance /inadequate information, religion, jobs, conflict settings, drug abuse, unemployment, non-supportive environment (police/laws/policy) cultural values, alcohol and rumours in the community. (Raising Voices, 2005)

When respondents were asked whether they thought alcohol and substance abuse influences GBV among married women, only 29 (4%) of them did not think so while the majority 695 (96%) thought that these influence GBV among married women. This is consistent with the findings of the UNH/Rutgers study in New Hampshire USA which showed that alcohol use by the perpetrator was present in 46% - 75% of all cases of rape (Health Care Review, 2003). The sedative effects of alcohol and substance abuse further increases the vulnerability of women to GBV.

Nearly all the respondents believed that if a man has multiple sexual partners, this influences GBV. This confirms the assertion of "The 2002 World Report on violence and health" that having many sexual partners is a factor that increases the vulnerability of women to GBV and sexual violence (Krug et al, 2003)

5.4 Health implications of GBV

The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and on families is universal and has direct links to health problems. (Population Reference Bureau, 2010) According to a study by the Ministry of Health in 2007 on sexual and GBV in war affected communities in Northern Uganda, the following were found to be major consequences of GBV. Health consequences of GBV include death, STIs, HIV/AIDS, physical injury, functional impairment, poor subjective health, permanent disability, sexual

dysfunction, smoking, alcohol and drug abuse, sexual risk taking, physical inactivity, unwanted pregnancy and unsafe abortions.

The 2009 Police crime report says about 1,536 women were raped and over 156 deaths of women resulted from domestic violence. Further still, 2009 gender based violence study by Washington DC International Centre for Research on Women, says of the 74% of Ugandan women who reported sexual violence, 10% of the 1,193 incidents resulted into multiple injuries such as deep cuts, gashes, sprains and dislocations, eye injuries, broken bones and burns. (Womakuyu, 2011)

Psychological consequences were said to manifest as anger, fear, resentment, self hate, shame, loss of ability to function in the family, depression, anxiety, phobia, sleep disorders, eating disorders, social isolation, suicide and suicidal tendencies, blaming and rejecting of GBV victims.

Garcia-Moreno, 2002 also asserts that women who experience intimate partner violence have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. These women also experience a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents.

A 2008 report on married women in India reveals that women who have experienced both physical and sexual intimate partner violence have HIV infection prevalence four times greater than non abused women. (Silverman et al, 2008) A new study from South Africa shows that "relationship power inequity and intimate partner violence increase the risk of HIV infection in young South African women." (Jewkes et al, in press) In Tanzania young women, ages 18-29, who have been abused by a partner have been found to be 10 times more likely to be HIV-positive than women who have not been abused (Maman et al, 2002).

Forced and unprotected sex and related trauma increase the risk that women will be infected by STIs and HIV. According to demographic health survey (DHS) data, the prevalence of STIs among

women who have experienced violence is at least twice as high as in women who have not. (Kishor and Johnson, 2004)

5.5 Methodological Issues

The findings of the study were derived from 724 married women sampled from four sub counties in West Budama county, Tororo district therefore it may not be generalised to all married women in Uganda.

Since GBV is a sensitive issue, it is possible that the views of the respondents do not depict those of other married women in Tororo and Uganda.

It is also possible that some information was distorted by the research assistants since Tororo has many languages spoken by the people yet most of the respondents were fluent mainly in Japadhola. This implies that there is a high chance that for respondents who do not speak Japadhola, their views may have been misrepresented during the interviews done by the research assistants.

Since this study was descriptive and not analytical, it is difficult to know which of these variables predicts gender based violence among married women.

The study excluded women who are mentally unstable/ill as respondents therefore their views on gender based violence were not got.

5.6 Conclusions

Basing on the findings of this study, it is justified to conclude that the prevalence of GBV among married women in West Budama county is high (about 8 in 10 women suffer GBV). The types of GBV suffered by the women are sexual abuse (about 4 in 10 women), physical abuse experienced by about 3 in 10 women and psychological torture suffered by 3 in 10 women.

These can be attributed to a number of socio-demographic factors. About four in ten married women who reported suffering GBV were between the ages of 36 – 45 years. Regarding religion, most married women who reported suffering GBV were Christians (about 6 in 10). Respondents

with lower education level reported suffering more GBV compared to those with higher education level. Furthermore, the majority of the married women who suffered GBV were peasants

Other factors influencing GBV among married women include alcohol and substance abuse, a man having multiple partners, cultural practises like widow inheritance and the payment of bride price.

5.7 Recommendations

From the findings, the following recommendations have been made.

- There is urgent need for cultural practises to be demystified and stereotypes broken by community members and cultural institutions as this may help reduce the prevalence of GBV among married women.
- The practise of payment of bride price and its influence on GBV needs to be researched among a bigger study population that includes even men so that if need be, the practise can be revised accordingly by cultural institutions such as Tieng Adhola.
- There is need for community sensitisation and education on the dangers of GBV such that perpetrators can be held accountable by the community too. Social tolerance of GBV should be discouraged at all levels.
- Further studies on gender based violence should be analytical to provide information on which variables predict GBV among married women.

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CONSENT FORM

Research topic: Factors influencing the prevalence of gender based violence among married women in West Budama County, Tororo District.

Researcher: Lynette Opendi, International Health Sciences University. Telephone contact: 0712886982 / 0701886982, E-mail: lopendi@yahoo.com, lopendi@gmail.com

The research assistant reads and explains the following to the study participant.

Study objective: To determine factors influencing the prevalence of gender based violence among married women in West Budama County, Tororo District.

Study Procedure: If you agree to participate in the study, you will be asked to complete an interview with a trained research assistant. The research assistant will record your answers with utmost confidentiality. You are therefore required to be as truthful as possible in your responses. The research assistant will ask questions about whether you have ever experienced gender based violence, the different types and what factors you think may influence gender based violence among married women.

Benefits: You will benefit from this study by contributing to the knowledge on factors influencing the prevalence of gender based violence among married women such that strategies can be designed to reduce incidences of gender based violence including any practical interventions that may be put in place to improve care services to victims of gender based violence.

Risks: No risks will be posed to your life as a result of participating in this study. However the interviewer might ask you some sensitive questions.

Reimbursement: You will not be paid for participating in the study.

Right to Refuse or withdraw from the Study: Your participation in this study is entirely voluntary, and you are free to take part or withdraw at anytime without jeopardizing you in anyway. You are also at liberty to answer all or some of the questions posed.

Confidentiality: The results of the study will be kept with strict confidentiality, and used only for research/academic purposes. Your identity will be kept confidential. All information will be kept on coded forms; you will not be required to reveal your names. Tape recorded messages will be erased immediately after data analysis and interpretation.

If I have further questions, I may contact Lynette Opendi on 0712886982 / 0701886982.

Statement of Consent

---------- has described to me what is going to be done during this study, the risks, the benefits involved and I will be available to take part in this study.

I understand that my decision to participate in this study will not affect my usual relations with anybody. During the utilization of any information obtained from this study, my identity will remain anonymous. I am aware that I may withdraw from this study at any time. I understand that by signing this consent form, I do not compromise any of my legal and/ human rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate.

Signature of participant ---------- Date ----------

Signature of Research assistant ---------- Date ----------

KAPONGO WACH MAYEYIROK

Wich wach mirango: Gi manenere gitiende makelo tiendi dhawirok kwong mon monywomere gi chwogi gin I saza ma West Budama I Tororo.

Jarangi tiendi wach: Lynette Opendi mawoki International Health Sciences University. Simo pere obedo 0712886982 kosa 0701886982. Email: lopendi@yahoo.com kosa lopendi@gmail.com

Jakony pa jarangi tiendi wach, soma akatito ri jafuonjirok gime

Atonga ma fuonjirok: Ridho gimanenere makelo tiendi dhawirok kwong mon gi chow majonywomere I saza ma West Budama I Tororo.

Ngeri mafuonyirok: Kinen iyeyo bedo ifuonyirok, ibino peiyin kinen iyeyo chow penjirok gi jakony pa jarangi wach. Jakonyi pa jarangi wach bino ndiko radwoki perini manya lingiling. Gikenyo ikwayin bedo jaradieri paka nyalere iradwoki perini. Go bino penjini penji, kinene itieko nwango ngeri tiendi dhawirok ma mako chow gi moni majonywomere ingeri mapokere pokere gi tiendi gima ini iparo ni nyalo kelo gino.

Michi: Ibino nwango michi woki kwongi ifuonjirok kunyo iwodho rieko kwong gikiping manenere idiot makelo tiendi dhawirok idieri moni gi chow majonywomere. Ngeri timi no inyalo oro madwoko chien derino ma kelo tiendi dhawirok no idier mon gi chow majomywomere. Odoko bende inyalo ketho itimi ma medo konyo joma jotieko nwango litho inger no.

Kibenga: Ongonye kibenga miliketho ikwo perini I bedo kosa ihongo ma fuonjirok me. Kada ameno japenji nyalo ye penjini penyi magidinagida.

Dwoko chuli: Ongoye dwoko chuli morojie ma mako kwongi fuonjirkoi perini

Yeyo kwero kosa weyo funjirok: Bedo ifuonyirok me bedo abeda miyirok perini. Initye githwolo bedo ifuonyiroki kosa weyo ihongo moro jie ma ongonye kethini iteko ngeri moro jie. Initye ithwolo dwoko penyi jie kosa dwoko mani mani ma openyi.

Nyalingling: Radwoki ma fuonyiroki bino bedo nyaling line aka ibino oro gi atonga ma fuonyiroki kende. Ngeyirok perini bino bedo nyaling ling paka chiki yeyo. Wachi angeya jie ibino kano. Kibino nyutho nyingini I papula aponga. Wachi angeya jie mayido otiek mako itepi kosa ipapula ibino reyo woko ichowe ma girangeya motieki wodho.

Kineni anitye gi penyi mani mani anyalo luwo gi Lynette Opendi I simu inyikuta me 0712886982 kosa 0701886982.

Wach ma yeyirok

……otieko tito rani atonga ma fuonjirok ma mako kwongi kibenga gi bero manwangere I iye. Aniang paka yeyirok paran ifuonyirok me kibino gudo tiyiroki paran gi dhano morojie. Iororieko ma anwango I fuonyirok me bino dongi adonga paka nitye. Agwoko maber paka anyalo weyo fuonyirok I hongo moro jie. Aniangi ni ka aketho chingan I papula ma yeyirok me, kile chando kwo parani ma makere gi chiki. To kende nyutho ni atieko bedo gi winjo gi niagi tiendi rango girangeya ma ani woni ayeyere gibedo itimi mere.

Chingi Jafuonjirok…… Ndelo……

Chingi Jakony pa jarangi wach……..Ndelo……..

Serial No……

QUESTIONNAIRE FOR RESPONDENTS

Socio demographic characteristics

1. Age: ……..
2. Religion: 1-Anglican……2-Catholic……3-Moslem……..

   4-Pentecostal…….5-Other (specify)……..

3. Tribe…….

4. Highest Education level: 1-None…….…….2-Primary……..….

3-Secondary……..……4-Tertiary……

5. Occupation: 1-None……2-Paid employee……..3-Peasant……

   4-other (specify)……

6. Type of marriage: 1-Wedded……2-Civil……3-Customary……4-Cohabiting….

7. Form of marriage: 1-Polygamous……2-Monogamous……

Gender Based Violence

Since you got married, has your husband ever done the following?

8. Push you, shake you, or throw something at you? 1-Yes……2-No…….

9. Slap you or twist your arm? 1-Yes……2-No……

10. Punch you with his fist or with something that could hurt you?1- Yes…...2-No...…..

11. Kick or drag you? 1-Yes……2-No…….

12. Try to strangle you or burn you? 1-Yes……..2-No……

13. Threaten you with a knife, gun, or other type of weapon? 1-Yes……..2-No…….

14. Attack you with a knife, gun, or other type of weapon? 1-Yes……2-No……

15. Physically force you to have sexual intercourse with him even when you did not want to? 1-Yes…….2-No……..

16. Force you to perform any sexual acts you did not want to? 1-Yes…….2-No……

17. Say or do something to humiliate you in front of others? 1-Yes…….2-No…….

18. Threaten you or someone close to you with harm? 1-Yes……..2-No…….

Cultural Practices

19. Do you think cultural practices impact on gender based violence among married women? 1-Yes……2-No……..

If No, give reasons for your answer

1-Cultural practises give men and women equal power in marriage

2- They promote unity in marriage

3-They protect women from GBV

4- Others (specify)…….

20. Does alcohol and substance abuse influence GBV among married women?

1-Yes……2-No……..

If no, please elaborate……..…….……..

21. In your experience, does the payment of bride price make a married woman more vulnerable to GBV? 1-Yes……..2-No……..

If no, give reasons for your answer

1-Bride price is a sign of respect for the woman's family

2-It is prestigious

3-GBV can occur even when bride price is not paid

4- Others (specify)…….

22. If a man has multiple partners, does this influence gender based violence among married women? 1-Yes……2-No…….

If no, give reasons for your answer

1-Even in monogamous marriages, GBV occurs to married women

2-As long as the man treats all the women the same way, GBV will not occur

3- Others (specify)…….

23. Do you think widow inheritance influences gender based violence among married women? 1-Yes……..2-No…….

If no, Please explain your answer

1- These days, widow inheritance is not common
2- GBV can occur even without widow inheritance

3- Others (please specify)……..……

THANK YOU SO MUCH FOR YOUR TIME!

Namba…….

PENJI RI JOMADWOKO

Mondo dwoki penji maluwere me I adieri paka nyalere

1. Oro nin……..
2. Dini Perin: 1-Mungereza…….2-Katulika…….3-Musiramu……4-Mulokole…….
   5-Manmorojie (Titi)…….
3. Nono perin……..
4. Achuchier ma fuonjirok: 1-Ongoye ……..……..2-Kiri ikilasi abiriyo…….
   3-Kala ikilasi abiriyo……..…….4-Madala ma malo……..……..….
5. Tichi perin: 1-Ongoye…..2-Ichulin itichi……3-Jafur…….4-Manmorojie (Titi)…..
6. Ngeri manywomiroki: 1-Mugole…….....2-Inyimi jodhumi……..

3-Manyanononono……..4-Obedo mameremere……..

7. Kiti nywomi:

1-Nyichwo achiel gimoni aryo kadho malo……

2-Nyichwo achiel gi dhako achiel……..…

Dhawirok kwong mon gi chow majonywomere

Nyuka inywomere, chworin otiekoye timo gime kwongini?

7. Dhirini, yukini kosa dwirin gi gimoro jie? 1-Eyi…...2-Bee……..

8. Opayini kosa owilo chingini? 1-Eyi……..2-Bee…….

9. Ogoyini gi adol kosa gi gimoro mayido nyalo miyini litho? 1-Eyi…..2-Bee…….

10. Gwe yini kosa ywayini? 1-Eyi……..2-Bee……..

11. Temo deyini kosa wangini? 1-Eyi……..2-Bee…….

12. Bwokini gi apala, mundu kosa kineki morojie? 1-Eyi……..2-Bee…….

13. Rodhini gi apala, mundu kosa gi gineki morojie? 1-Eyi……2-Bee…….

14. Oro meni ma romini ma mitirok inger manywol gi go kada nende yido ikimoti?

1-Eyi……..2-Bee……

15. Romini nindo kodini ingeri morojie mayido ikimito timo? 1-Eyi…….2-Bee…….

16. Wacho kosa timo gimoro makwanyo dwong perini inyimi jomegi? 1-Eyi……2-Bee……

17. Pirini kosa nyatoro machiegini kodini gi gimanyalo miyin litho? 1-Eyi…..2-Bee……

Timi manyanononono

18. Iparo ni itimi manyanononono nyalo medo thielo gi ridho tiendi dhawirok kwong moni majonywomere gi chwogi gin? Eyi……..Bee……..

Mondo medi tito iradwok ma penjino?.....

…….

……

…….

19. Medho madho misala sigara gi giman man nyalo kelo tiendi dhawirok idieri moni majonywomere gi chwogi jo? Eyi……..…..Bee….....

Amedi tito iradwok perini……...

…….……

…….

……

……..…

20. Inger maini woni itieko bedo gi kikangasa, ngeri machulo kosa tero nywom bende nyalo kelo tiendi dhawirok idieri chow gimoni majonywomere?

Eyi……Bee……

Mondo medi tito iradwok perini…….……

.....

……

……..…..

21. Lunjo chitho nyalo bedo tiendi gimakelo dhawirok idier moni gi chow majonywomere? Eyi……Bee.....

Medi tito iradwok perini.....

…….…….

…….

……

……..…

22. Kinen chworin nitye gi mon aryo kadho malo meno bende nyalo kelo tiendi dhawirok idier nywomirok pa nyichwo gi dhako? Eyi……Bee……

Mondo medi tito iradwok perini……..

…….…….

…….…….

…….

…….

……

WALWA SWA RUHONGO PERIN MITYEKO MIYO!

KEY INFORMANT GUIDE

1. What do you understand by gender based violence?
2. How long have you dealt with cases related to gender based violence?
3. What are the common types of gender based violence suffered and reported by married women in West Budama County?
4. On average, how many cases of gender based violence per month are reported by married women?
5. What are the socio demographic characteristics of the married women who reported suffering gender based violence?
6. In your view, what factors influence gender based violence among married women?

7. Do you think cultural practises impact on gender based violence among married women? Yes……No……. Please elaborate on your answer
8. Does alcohol and substance abuse influence gender based violence among married women? Yes……No……Explain your answer
9. In your opinion, does the payment of bride price make a married woman more vulnerable to gender based violence? Elaborate on your answer
10. If a man has multiple partners, does this impact on gender based violence among married women?
11. Do you think widow inheritance influences gender based violence among married women? Elaborate on your answer
12. Are you aware of policies in place regarding gender based violence? Yes….No…..Do you think they are adequate in supporting victims of gender based violence?
13. What have you done to support victims of gender based violence?
14. What else do you think can be done to further reduce gender based violence incidences among married women? ***THANK YOU SO MUCH FOR YOUR TIME!***

GIRANENA MA WACH MADONGO

1. Ango mingeyo kwong dhawirok pa dhako gi chwore?
2. Hongo ango mitieko tich kwong banyini ma mako dhawirok padhako gi chwore majonywomere?
3. Ngeri tiendi dhawirok mene moasamore mamako mon gichwo inywomirok pajo ma moni majonywomere isaza ma West Budama jotieko goyo koko mere?
4. Ngeri tiendi dhawirok mene moasa ngere kisi dwe ma mon majonyomere jogoyo mere ikisidwe?
5. Moni majonywomere majogoyo I West Budama jochalle nedi? Itiyirok gi jomani, itegino pajo, inywomirok pajo? Inywoli pajo, itimi pajo, ikiti jo kodi I kisoma pajo?

6. Ineno perin won ango makelo dhawirok idieri moni monywomere gi chwogi jo I West Budama?
7. Iparo ni kula manono nitye matek kosa thielo tiendi kelo dhawirok idier mon majonywomere gi chwogi jo? Eyi.....Bee.....
   Mondo titi ithutho I radwwok perin
8. Iparo perini won, iparo ni medho, madho misala, madho sigara gi gimanman nyalo kelo tiendi dhawirok idieri chow gimoni majonywomere?
   Eyi.....Bee..... Miyi giranena?
9. Ineno perin nitye timi manya nononono manyalo kelo tiendi dhawirok me ideri chow gimoni majonywomere? Mondo miyi giranena?
10. Kinen chworin nitye gimoni kweth (meno aryo kadho malo) timi me bende nyalo kelo tiendi dhawirok idier mon majonywomere gi chwogi jo? Mondo medi ye tito Iradwoki perin?
11. Lunyo chitho kelo tiendi dhawirok idieri chow gi moni manyonywomere? Mondo titi giranena magida agido ji?
12. Nitye chik ma makere gi dhawirok idier mon majonywomere gi chwogi jo mingeyo? Eyi.....Bee.....Iparoni jo konjo moni i dhawirok idier mon majonywomere gi chwogi jo?
13. Itieko timo ango ma thielo jomajotieko podho itiendi ngeridhwirok me?
14. Ango man doko miparo minyalo dwoko ngeri dhawirok me chien kwong moni manywomere?

WALWA SWA RUHONGO PERIN MITYEKO MIYO!

FOCUS GROUP DISCUSSION GUIDE

1. What do you understand by gender based violence?
2. Mention examples of gender based violence often experienced by married women in your community?
3. How many of you have ever suffered any of these in your marriage?
4. What factors do you think influence gender based violence among married women in West Budama?
5. In your view, are there cultural practises that influence gender based violence among married women? Please give examples
6. If your spouse has multiple sexual partners, does this lead to gender based violence among married women?

7. Do you think the payment of bride price impacts on gender based violence among married women? Please elaborate on your answer
8. In your opinion, does alcohol and substance abuse impact on gender based violence among married women? Give examples
9. Does widow inheritance influence gender based violence among married women? Please explain citing examples
10. What has been done to support married women who suffer gender based violence in your community?
11. What else do you think can be done to reduce gender based violence among married women in West Budama South county

THANK YOU SO MUCH FOR YOUR TIME!

KITIPA MAGWOKO NYAMO DOKO TIRO

1. Ango mingeyo kwong tiendi dhwawirok pa dhako gi chwore?
2. Miyi giranena mamako tiendi dhawirok padhako ginyichwo ma jonywomere I diere perin kosa kama iwoki iiye?
3. Adi kwongi winii majotieko nwango ngeri girachandame inyomroki mewini?
4. Ango makelo tiendi ngeri dhawirok me kwong mon gichwo majonywomere I West Budama?
5. Ineno perin nitye timi manya nononono manyalo kelo tiendi dhawirok me ideri chow gimoni majonywomere? Mondo miyi giranena?
6. Kinen chworin nitye gimoni kweth (meno aryo kadho malo) timi me bende nyalo kelo tiendi dhawirok idier mon majonywomere gi chwogi jo? Mondo medi ye tito Iradwoki perin?

7. Iparo ni chulo thoki gi gikimichimanini ri thuki thako bede nyalo kelo dhawirok idier mon majonywomere gi chwogi jo?
8. Iparo perini won, iparo ni medho, madho misala, madho sigara gi gimanman nyalo kelo tiendi dhawirok idieri chow gimoni majonywomere? Miyi giranena?
9. Lunyo chitho kelo tiendi dhawirok idieri chow gi moni manyonywomere? Mondo titi giranena magida agido ji?
10. Ango ma ochowi timo i thielo jomajotieko podho itiendi ngeridhwirok me?
11. Ango man doko mi paro ni inyalo timo kosa chweyo dwoko chien chandirok ma mako mon majonywomere gi chwogi jo isaza ma West Budama?

WALWA SWA RUHONGO PERIN MITYEKO MIYO!!!