

FACTORS INFLUENCING THE PREVALENCE OF GENDER BASED VIOLENCE AMONG MARRIED WOMEN IN WEST BUDAMA COUNTY, TORORO DISTRICT.

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SUMMARY

The study sought to determine factors influencing the prevalence of gender based violence (GBV) among married women in West Budama County, Tororo District.

This was a descriptive cross sectional study. Pre tested structured questionnaires and interview guides were used for data collection.

The study found that the prevalence of GBV among married women in West Budama County, Tororo was 85.4%. Types of GBV suffered include physical abuse (29.9%), psychological abuse (30%) and sexual abuse (40%). Socio-demographic factors influencing GBV among married women was age, low education level, religion and occupation. Other factors influencing GBV included polygamy, alcohol and substance abuse, cultural practises like payment of bride price and widow inheritance.

Recommendations include the need for cultural practises to be demystified and stereotypes broken by community members and cultural institutions. 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.

Key descriptive words

Prevalence, gender based violence, married women

ABSTRACT

Objective

This study sought to determine factors influencing the prevalence of gender based violence (GBV) among married women in West Budama County, Tororo District. Despite support given by the Mifumi Project to victims of GBV in Tororo, cases remain rampant. Little seems to be known about factors influencing the prevalence of GBV among married women in West Budama County, Tororo.

Methods

This was a cross-sectional study that used a structured questionnaire with some questions adapted from the 2003 Kenya demographic health survey. Face-to-face structured interviewing was performed and 724 married women, aged 18 to 70 participated. Key informant interviews with focal persons from the Mifumi Project and community leaders were done. Focus group discussions were also carried out with the married women.

Results

Prevalence of GBV among married women in West Budama County was 85.4 percent. Types of GBV suffered by the women included physical abuse, psychological abuse and sexual abuse. Women's low educational level, age and having no source of income were risk factors for GBV. Other factors influencing GBV among married women was polygamy, alcohol and substance abuse, cultural practises like widow inheritance and the payment of bride price.

Conclusions

The prevalence of GBV among married women in West Budama County is high. Types of GBV suffered are physical, sexual and psychological abuse. Women aged 36-46 years, with low educational level, Catholics and peasants suffer more GBV than their counterparts. Factors influencing GBV are polygamy, alcohol and substance abuse, cultural practises like the payment of bride price and widow inheritance.

BACKGROUND

The United Nations Population Fund (UNFPA) Theme Group, 1998¹, defined gender based violence (GBV) as violence involving men and women where the female is usually the victim; it is derived from unequal power relationships between men and women. It includes, but is not limited to physical, sexual and psychological harm.

Overwhelmingly GBV is perpetrated by men against women. GBV is a universal problem, irrespective of wealth, education, religion, economic or social status (Borwankar et al, 2008²). The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and families is universal and has direct links to health problems. (Population Reference Bureau, 2010³)

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, 1999⁴; Guedes, 2008⁵).

It is perhaps the most widespread and socially tolerated of human rights violations. The toll GBV extorts on the dignity, autonomy and health of women is shocking: "Worldwide, one in three women has faced gender based violence" (UNFPA, 2005⁶). 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, 2005⁷).

According to the demographic and health survey (DHS) 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 Data, 2006⁸).

In Tororo, according to the Mifumi Project annual report 2007-2009⁹, in November, December and January, 128, 157 and 183 cases of domestic violence were reported by women across their 10 advice centres respectively. Despite efforts by the Mifumi Project and other agencies, cases of GBV remain high in Tororo hence the need for a study to determine factors influencing the prevalence of GBV among married women in West Budama County, Tororo.

OBJECTIVES

1. To determine the prevalence of married women suffering gender based violence in West Budama County, Tororo.
2. To establish the types of gender based violence suffered by married women in West Budama County, Tororo.
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.

METHODS

This was a descriptive cross sectional study. Cluster sampling was used for the quantitative study while purposive sampling was employed for the qualitative study. Pre tested structured questionnaires were used to collect data among the general respondents. The Kish and Leslie formula was used to obtain the sample size of 362 which was multiplied by 2 to cater for design effect hence the final sample size was 724 married women.

Interview guides was utilised for the 3 health workers from Mifumi Project and one community leader from each of the four selected sub counties who were key informants. 10 married women from each of the four sub counties were involved in focus group discussions.

RESULTS

The study found that the prevalence of GBV among married women in West Budama County, Tororo District was 85.4%. 618 of the 724 married women interviewed said they had suffered at least one type of GBV. The types of GBV suffered by the married women include physical (29.9%), psychological abuse (30%) and sexual abuse (40%).

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

Socio-demographic factors influencing GBV among married women was age, low education level, religion and occupation. Other factors are shown in the table below

Table 2: Factors influencing GBV among 724 married women in West Budama

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]

DISCUSSION

About eight in ten married women reported having ever suffered at least one type of GBV at the hands of their spouses. 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...”

A key informant from the Mifumi Project revealed that they receive between 180 to 210 cases related to GBV reported in a month.

One of the community leaders said:

“...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; About 40% of women in Bolivia, Cameroon, Columbia, Kenya, Peru and Zambia reported suffering domestic violence (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).

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.

From the 618 respondents who reported suffering GBV at least once, about three in ten respondents pointed out that they suffered physical abuse. Qualitative results indicate that there is a similarity.

One participant said that testified how on several occasions she has been beaten by the husband. 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:

“...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...”

Another 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 the concept of marital rape is not given the due attention that it deserves.

A quarter of the respondents reported psychological torture. 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.

CONCLUSIONS

The prevalence of GBV among married women in West Budama County, Tororo is high. The types of GBV suffered by the women are physical, sexual and psychological abuse. Women aged 36-46 years, with low educational level, Catholics and peasant suffer more GBV than their counterparts. Factors influencing GBV are polygamy, alcohol and substance abuse, cultural practises like the payment of bride price and widow inheritance.

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