

**Women In Development Programs And Gender Based Violence At A House Hold Levels In Uganda: A
Case Study Of Nyakinama Sub-County Kisoro Municipality**

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Abstract

Gender-based violence (GBV) is undoubtedly one of the most common forms of violence in the world. Recent multi-country studies, using a common methodology and definitions, have found high prevalence of physical and sexual violence against women by intimate male partners. GBV acts at household level include; beating, stabbing, burning, murder, wife inheritance among others (physical abuse); forced sex (sexual abuse); threats of abandonment or abuse, confinement to the home and threats to take away custody of the children (psychological abuse); denial of funds, denial of food and basic needs, and controlling access to health care, employment to mention but a few (economic violence). The objective of this study was to explore and describe the relationship between GBV and women participation in development programs especially at household levels in Nyakinama Sub County, Kisoro district using a sample size of 50 respondents. This study was purposive by design. It involved a combination of both qualitative and quantitative methods, where the quantitative method involved the use of questionnaires and qualitative method involved the use of interviews and focus group discussions. The study found imbalances of power in gender inequality and discriminatory patriarchal practices against women to be root causes of GBV, where patriarchal attitudes often favor men over women. The study found out that GBV has negative impacts on the household's wellbeing. Household productivity in terms of food reduces and the survivors can lose jobs whose end result is increased poverty characterized through isolation, vulnerability, powerlessness and physical weakness of the survivors but also GBV perpetrators. Some of the direct costs include treatment and support for abused women and bringing perpetrators to trial and the indirect costs include days of work lost (by both the abused and the abuser). The study recommended that preventing the recurrence of violence and mitigating its consequences are essential to any comprehensive effort to reduce GBV. Such responses must involve multiple sectors in the community, from law and justice to education and health.

Keywords: Women, Development Programs, Gender Based Violence and House Hold Levels

Background of the study

Gender-based violence (GBV) is one of the most widespread but least recognized human rights violations in the world. Gender-based violence is a phenomenon of epidemic proportions prevalent in many families, communities, societies and cultures around the world (Oyediran and Isiugo-Abanihe, 2005). Violence against women is perhaps the most widespread and socially tolerated violation of human rights, cutting across borders, race, class, ethnicity and religion (UNECA 2012). Although women and girls are overwhelmingly the targets of GBV, to a lesser extent men and boys either directly experience or face the consequences of some form of gender-based violence during their lifetime, especially when they are perceived to be acting outside prescribed social norms. for men. It includes a wide range of perpetrators from intimate partners and family members, through strangers to institutional actors such as police, teachers and soldiers. GBV includes physical, sexual, psychological and economic abuse; human trafficking; practices such as female genital cutting, forced marriage and honor crimes; and widespread sexual violence and exploitation during and after conflict and natural disasters. Survivors may face long-term physical and mental health problems, as well as social exclusion and a reduced ability to maintain economic security. Several studies report that such spousal GBV is widespread (Abramsky et al. 2011; Jewkes, 2002; Koenig et al. 2003; Saffitz 2010); however, the prevalence of marital violence is higher in African and Latin American countries (Abramsky et al. 2011). Gender-based violence (GBV) was reported by 9 out of 11 countries in the Southeast Asian region, namely Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. Four countries have enacted domestic violence legislation – Indonesia (2004), India (2005), Thailand (2007) and Nepal (2008). Research and public advocacy on awareness, prevention, protection and elimination of gender-based violence have been carried out in the nine countries mentioned above.

Gender-based violence in Africa, as elsewhere in the world, is a complex problem rooted in structural inequalities between men and women, young and old. Studies conducted in sub-Saharan Africa indicate a high prevalence of emotional, physical and sexual violence against women (Jewkes et al. 2002; Koenig et al. 2003; Nyamayemombe et al. 2010; Saffitz 2010). Similarly, population-based surveys conducted in East and Southern Africa also indicate a high prevalence of physical violence by spouses, ranging from 13% in South Africa to 49% in Ethiopia, and sexual violence by spouses, ranging from 7% in South Africa to 59 % in Ethiopia. (Keesbury and Askew 2010). These studies find a strong statistical association between household socioeconomic status and the risk of gender-based violence, particularly intimate partner violence. Violence in poor households costs women and their families in terms of security, sustainable livelihoods and well-being. Families affected by domestic violence are often in communities with high crime rates and tensions that undermine the safety of women and their children in those families and communities.

Most of these studies looked at factors at the individual or family level, secondary community factors, or sociocultural factors such as gender inequality. Jewkes et al. (2002) found that domestic violence is strongly associated with "women's status in society and the normative use of violence as part of the exercise of power." The high rate of spousal GBV in Zimbabwe is worrying. In their analysis of data from the 2005-06 ZDHS, Nyamayemombe et al. (2010) looked at the relationship between GBV and women's status according to variables such as: age difference with spouse/partner, difference in education with spouse/partner, person who decides on the woman's monetary earnings, and participation in household decision-making. They found that these indicators were predictors of marital violence. According to the 2010–11 Zimbabwe Demographic and Health Survey (ZDHS), 30% of all women aged 15–49 reported having experienced physical violence since the age of 15, while 27% of women had experienced sexual violence since the age of 15, of which nine of ten cases were committed by the woman's husband, partner or boyfriend. Nyamayemombe et al. (2010), reporting on the results of the previous ZDHS (2005-06), found that 47% of currently married women aged 15-49 in Zimbabwe had experienced some form of spousal violence, with 28% experiencing physical violence, 29% emotional violence and 18% sexual violence.

In 2012, a study by Gender Links in South Africa found that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced some form of GBV (Gender Links 2012). The main perpetrators of this violence were men. For example, 76% of men in Gauteng, 48% in Limpopo and 41% in KwaZulu-Natal admitted to perpetrating GBV (Gender Links 2012).

A study of 1,306 women in three South African provinces found that 27% in the Eastern Cape, 28% in Mpumalanga and 19% in Limpopo had been physically abused by a current or former partner during their lifetime (Abrahams et al. 1999). The same study examined the prevalence of emotional and financial abuse experienced by women in the year preceding the study and found that 51% of women in the Eastern Cape, 50% in Mpumalanga and 40% in Limpopo had experienced these types of abuse (Abrahams et al., 1999). Since the publication of the Jewkes et al study in 1999, there has been no follow-up to assess whether experiences of violence against women have decreased or increased in these three provinces. This is one of the limitations that reliable statistics on GBV are not regularly published in South Africa.

Another study conducted on a sample of 168 women from 15 rural communities in the Southern Cape estimated that on average 80% of rural women are victims of domestic violence. Interviews with 1,394 men working for three municipalities in Cape Town revealed that approximately 44% were willing to admit that they had abused their partners (Abrahams et al. 1999). Again, there was no follow-up study to assess whether GBV patterns had changed or remained the same in this area.

The Institute for Security Studies (2011) found that more than 50% of women in Gauteng had experienced intimate partner violence (IPV), while 80% of men admitted to committing offenses against intimate partners. Married women experienced the most IPV (53%); it is not clear whether the violence started before or after the marriage. 22 percent of unmarried women who were in an intimate relationship reported IPV, 21% experienced violence from a family member, and 83% of women who experienced violence had children living with them at the time.

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Problem statement

Kisoro District like any other part of the world has the issue of Gender Based Violence (GBV) deeply rooted in cultural beliefs and ideologies. Men are seen as superiors, while women are seen as their property and workers who maintain and care for their families. Therefore, men commit violent acts such as beatings, sexual abuse and physical injuries. Unfortunately, victims are reluctant to speak up and report their abuse. For example, women suffered serious injuries and stopped engaging in productive activities such as agriculture for the well-being of their families. This situation has therefore prompted the researcher to conduct a study on GBV against women and how it affects their participation in development activities especially at the household level and try to find out what can be done to eradicate domestic violence in this area.

Specific objectives of the study

1. To establish the relationship between Gender Based Violence (GBV) and women in development programs at household levels in Nyakinama Sub County, Kisoro district
2. To find out the causes of different forms of GBV on women in development in Nyakinama Sub County, Kisoro district
3. To find out the effects of GBV on women and development programs in Nyakinama Sub County, Kisoro district
4. To establish the measures to control GBV at household levels in Nyakinama Sub County, Kisoro district

Methodology

The study discussed the relationship between Gender Based Violence (GBV) and women in development programs at household levels, the causes of different forms of GBV on women, effects of GBV on women and development programs and the measures to control GBV at household level in Nyakinama Sub County, Kisoro district. It involved a combination of both qualitative and quantitative methods, where the quantitative method entailed the use of questionnaires and under qualitative method the use of interviews and focus group discussions. The study was strictly conducted within in Nyakinama Sub County, Kisoro district. The researcher used a population of 58 individuals. The respondents were expected to provide an insight of their understanding about GBV and women participation in development programs especially in Nyakinama Sub County, Kisoro district. The total sample for this study constituted 50 respondents who included women, men and local leaders in Nyakinama Sub County, Kisoro district. Therefore, using the total population of 58 members with a confidence of 95% (0.05), the sample was derived from the working as follows;

$$n = \frac{N}{1 + Ne^2}$$

Where n=Sample size

N=the population

e=the errors of margin and

1 is the constant of proportionality

Therefore, $n = \frac{N}{1 + Ne^2}$

$$n = \frac{58}{1 + 58(0.05)^2}$$

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$$n=58/1+58(0.0025)$$

$$n=58/1+0.145$$

$$n=58/1.145$$

$$n=50.65$$

$$\text{Hence } n=50$$

The justification for this small sample was due to anticipations of the limited access to desired number of respondents. Nevertheless, the small number of respondents provided informative and extensive interviews that were comprehensive to support their argumentations. Given the qualitative nature of the study, the strength did not lie in having a sample size that was as large as possible, but in in-depth understanding the relationship between GBV and women participation in development programs especially in Nyakinama Sub County, Kisoro district. The researcher analyzed the data collected using both qualitative and quantitative data analysis. Using Qualitative data analysis, data collected was expressed in form of words. The raw data collected as part of the research study was used to provide explanations, understanding and interpretation of the phenomena (GBV and women participation in development programs). It was then conceptualized and analyzed which helped the researcher in analyzing the research questions. With Quantitative data analysis, data was coded and assigned numerical and descriptive values. The analyzed data was then tabulated to ease presentation and reporting. Pie charts in this case were used to analyze data. This helped the researcher to enter clear data prior presentation, interpretation and analysis. Coded data was tailed and entered in the SPSS & STATA program to facilitate presentation and using tables and figures and percentages (Nelson et al., 2022).

Results

Table 1: The causes of different forms of GBV on women in development

The causes of different forms of GBV on women in development	Sex				Total frequency	Total percentage (%)
	Male		Female			
	Freq	%	Freq	%		
Imbalance of power in gender equality and discriminatory patriarchal practices	3	6	4	8	7	14
Influence of culture, tradition and religion	6	12	7	14	13	26
Lack of economic independence among women	3	6	3	6	6	12
Alcohol and drug abuse	9	18	11	22	20	40
Possession of fire arms or guns	2	4	2	4	4	8
Grand Total	23	46	27	54	50	100

Source: Field data September, 2023

Imbalance of power in gender equality and discriminatory patriarchal practices was cited as one of the causes of different forms of GBV on women by 14% of the respondents, 26% suggested the influence of culture, tradition and religion as another cause, 12% suggested lack of economic independence among women, 40% females

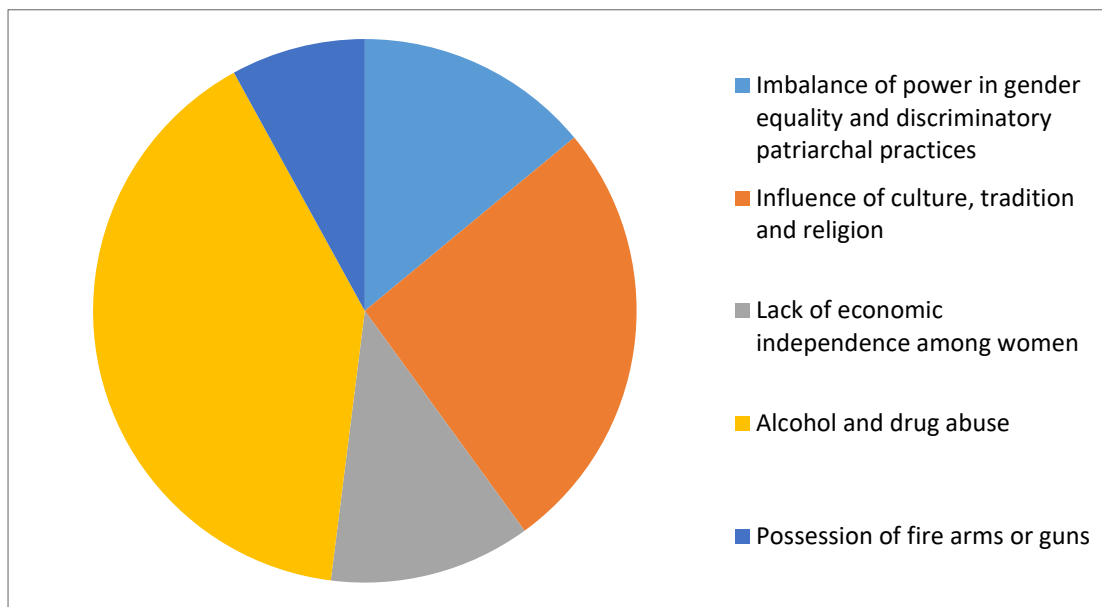
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suggested alcoholism and drug abuse, and 8% suggested that GBV can be inflicted on women as a result of possession of fire arms or guns. This was further presented using a pie chart as below;

Pie chart 1: The causes of different forms of GBV on women in development



The effects of GBV on women and development programs

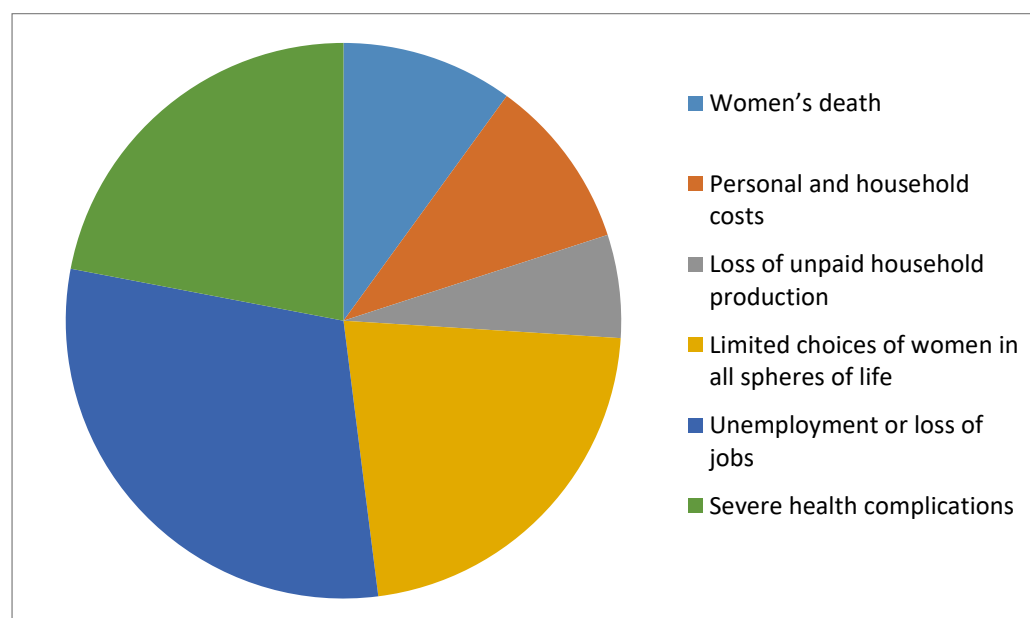
While exploring the effects of GBV on women and development programs in Nyakinama Sub County, Kisoro district, the researcher obtained the following results from the respondents;

Table 2: The effects of GBV on women and development programs

The effects of GBV on women and development programs	Sex				Total frequency	Total percentage (%)
	Male		Female			
	Freq	%	Freq	%		
Women’s death	2	4	3	6	5	10
Personal and household costs	2	4	3	6	5	10
Loss of unpaid household production	2	4	1	2	3	6
Limited choices of women in all spheres of life	5	10	6	12	11	22
Unemployment or loss of jobs	7	14	8	16	15	30
Severe health complications	5	10	6	12	11	22
Grand Total	23	46	27	54	50	100

Source: Field data September, 2023

GBV leads to women's death hence affecting development programs especially at household level as stressed 10% of the respondents, GBV leads to personal and household costs increase as suggested 10%, loss of unpaid household production cited by 6%, leads to limited choices of women in all spheres of life as suggested by 22% suggested, 30% suggested that due to GBV, women suffer unemployment or lose their jobs and get severe health complications as suggested by 22%. This was further presented using a pie chart as below;

Pie chart 2: The effects of GBV on women and development programs

The measures to control GBV at household levels

In the researcher's interaction with the respondents that sought to establish the measures to control GBV in Nyakinama Sub County, Kisoro district, the following results were obtained;

Table 3: The measures to control GBV at household levels

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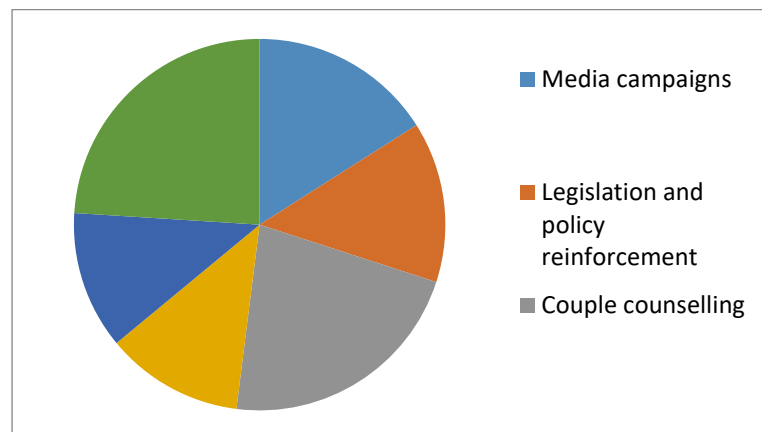
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The measures to control GBV at household levels	Sex				Total frequency	Total percentage (%)
	Male		Female			
	Freq	%	Freq	%		
Media campaigns	4	8	4	8	8	16
Legislation and policy reinforcement	3	6	4	8	7	14
Couple counselling	6	12	5	10	11	22
Empowerment of GBV survivors	3	6	3	6	6	12
Protection and giving shelter to GBV survivors	2	4	4	8	6	12
Legal and policy reforms	5	10	7	14	12	24
Grand Total	23	46	27	54	50	100

Source: Field data September, 2023

16% of the respondents suggested that media campaigns can help control GBV at household levels, 14% suggested legislation and policy reinforcement, 22% suggested couple counselling, 12% suggested empowerment of GBV survivors, 12% suggested the protection and giving of shelter to GBV survivors and 24% suggested legal and policy reforms as measures that can control GBV at household levels. Further presentation was made using a pie chart as below;

Pie chart 3: The measures to control GBV at household levels



Conclusions

Regarding the causes of different forms of gender-based violence, the researcher established that GBV especially against women is deeply rooted in culture. For instance, it was found out that some cultural beliefs and norms tend to favour men than women and as a result, women are abused by their partners and women accept it to be normal. For example, sexual violence where men use their partners for sex even when they are not ready to go into the act simply because they have it in perception that since their partners paid bride price, they own their wives and have control over them all the time. Therefore, when these women hesitate to do for their husbands as they wish, they beat their wives and abuse them verbally.

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In an investigation to find out the effect of GBV on women and development programs at household levels, it was found out that GBV has a great connection with economic decline since in the first place the majority of women are active in agricultural farming than their male partners and work hard to sustain their families. Therefore, when women are abused and injured for example, agriculture stand still and in addition a lot of costs are incurred by such families to nurse the injuries sustained by women.

In an attempt to establish the possible measures to GBV against women and as a way to boost household development, it was found out that collective efforts are needed to bring it to an end. For example, because GBV against women is firmly rooted in culture, religion and traditions, it is only possible to condemn the act when the masses are enlightened about how culture has continued to propel males' abuse their partners in one way or another. In addition, the government has also to revise her legal policies especially those regarding the access to legal help to enable women get helped such as enacting tough laws speculating heavy punishments to the male GBV perpetrators.

Recommendations of the study

There should be cultural civilization especially through sensitization by the relevant government bodies such as the Ministry of gender and Development to enable change in cultural beliefs such as Female Genital Mutilation, and over exercise of power by men on women. This helps in breaking the element of cultural rigidity especially through sensitization.

As part of promoting women's empowerment, there is a need to engage men, women, and youth

And girls in processes that ensure access to income-earning opportunities for women and girls by the government of Uganda. In the same vein, there is need for targeted, gender-sensitive interventions that stigmatize the participation of women and girls in the mainstream economy. The same interventions should also ensure that women are taught to appreciate that they can make a difference in their own lives and are not to be viewed as objects or mere recipients in the economic sphere. This should start at the primary school level. Institutions of higher learning, including colleges and vocational training centers, should continue to create platforms for women to have greater participation.

The government should work with CSOs if GBV is to be overcome. Some women are usually unable to access legal help not only because they are not aware of the existence of legal help but fear to expose their abuse by their partners and even when they opt for the help, it appears costly and bureaucratic. Therefore, where the government works with these organizations for example, legal help access is possible as these organizations act as advocates to the abused.

Young married women are particularly at the risk of spousal GBV, so there is a need to empower young women and adolescent girls by the church and government authorities. At the same time, age-sensitive development interventions need to be designed. It is also important that GBV-awareness messages are incorporated into the curriculum of secondary and tertiary schools.

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