TRENDS AND PATTERNS OF GENDER-BASED VIOLENCE AND HELP-SEEKING BEHAVIOUR IN ZAMBIA:
A CASE OF OLD MARKET COMPOUND OF LUKULU DISTRICT.

BY

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LUSAKA
2016
DECLARATION

I, Earnwell Mutakwa, hereby declare that this dissertation represents my work, has not previously been submitted for any degree at this or any other University. All published work or materials from sources that have been incorporated have been dully acknowledged and adequate reference thereby made.

Signature of Researcher .............................

Date .............................
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CERTIFICATE OF APPROVAL

This dissertation of Earnwell Mutakwa is approved as fulfilling part of the requirements for the award of the degree of Master of Arts in Population Studies at the University of Zambia.

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ABSTRACT

This study established the trends and patterns of Gender-Based Violence (GBV) in Old Market Compound of Lukulu District of Zambia. Specifically, the study investigated the existence and prevalence, causes and effects, and help seeking behaviour. Both quantitative and qualitative techniques were used in collecting data. Purposive and interval sampling methods were used to select respondents for the study. Focus Group Discussions provided qualitative data on experiences of GBV, types and solutions. Structured Questionnaires were administered to 100 respondents. Qualitative data were analysed thematically while quantitative data was analysed using MS Access, MS Excel and Statistical Package for Social Sciences (SPSS). The findings demonstrated that Gender-Based Violence like in any other district in Zambia exists in Lukulu. Its major causes are environmental, socioeconomic and cultural practices. The established trends and patterns show that physical GBV had the highest observable effects while emotional has the most dehumanizing effect and longest in terms of experience, depending on one’s resilience. Sexual violence was noted to have long lasting impact and led to unwanted pregnancies, abortions, maternal mortality, school drop-out, STI and HIV and AIDS infections. It was noted that the younger generation suffered more physical and sexual violence but reduced with increase in age, while emotional violence increased with increase in age. It was also noted that physical (76%) and emotional (18%) violence are more common than sexual (6%) violence, but have not been receiving much attention as compared to sexual violence. Emotional and sexual violence have psychological effects on the victim which lead to depression and trauma if not well managed. The study has demonstrated that the experience of Gender-Based Violence is higher among women of reproductive age especially those who are in a union of marriage with a man who abuses alcohol and drugs. The study also realised that there is a strong relationship between GBV and background characteristics. When the background characteristics are high or favourable GBV will be low. However, it was also noted that the background characteristics are influenced by culture. The study has revealed that help seeking behaviour among GBV victims, especially among men was negative. Therefore, the study proposed to integrate GBV issues in both formal and informal education and practices by providing primary institutions with knowledge and skills to prevent GBV at grass root level.

KEY TERMS: Gender-Based Violence, Trends and patterns, and Help-seeking behaviour.
DEDICATION
This dissertation is dedicated to my parents, brothers and sisters who faithfully stood by my side in all challenging moments I went through.
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ACRONYMS AND ABBREVIATIONS

AIDS........Acquired Immune Deficiency Syndrome
ARHA........Adolescent Reproductive Health Advocates
ASAZA.......A Safer Zambia
CEDAW.......Convention on the Elimination of all forms of Discrimination Against Women
CRC..........Convention on the Rights of Children
CSO........Central Statistical Office
GBV..........Gender-Based Violence
GIDD........Gender in Development Division
GRZ.........Government of the Republic of Zambia
HIV..........Human Immune Virus
KZF.........Keepers Zambia Foundation
LCMS........Living Conditions Monitoring Survey
NGO.........Non-Governmental Organisation
SADC........Southern Africa Development Community
SPSS.........Statistical Package for Social Sciences
STI..........Sexually Transmitted Infections
ToC.........Theory of Change
VSU.........Victim Support Unit
WLG.........Women Lobby Group
WLSA........Women and Law in Southern Africa
YWCA.......Young Women Christian Association
ZDHS........Zambia Demographic Health Survey
ZSBS........Zambia Sexual Behaviour Survey
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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Gender-Based Violence (GBV) is a global health, human rights, and development issue that transcend geography, class, culture, age, race and religion, and touches every community in every corner of the globe. Sometimes known as violence against women, Gender-Based Violence is a problem that has become prevalent in the Sub-Saharan African Countries and Zambia is not an exception. Media reports indicate that it is a problem that negatively affects women and girls in particular.

According to GIDD (2000), GBV has become a serious issue demanding attention by all people regardless of age and sex. Gender Based Violence exists in Zambia and manifests itself in many forms. Some of the forms are acknowledged by society while others are not. This is because GBV is invisible and its existence is denied by some communities, families and individuals. These forms include early marriages, domestic violence (battery), murder, sexual abuse and exploitation, rape, defilement, incest, forced prostitution, sexual harassment, sexual cleansing and assault. In Zambia Gender-Based Violence manifests itself at three levels. These are; the individual or family level, the Community and the State. These three levels are mutually reinforcing.

In Zambia, ZDHS (2007) showed that GBV exists in Zambia. It exists as domestic violence and occurs across all socioeconomic and cultural backgrounds. The study showed that the percent distribution of women age 15-49 who had ever experienced physical violence since age 15, and the percentage who had experienced physical violence during the 12 months preceding the survey, by background characteristics. The data showed that almost half (47 percent) of all women have experienced physical violence since they were 15 and one-third of women experienced physical violence in the 12 months preceding the survey.

Lukulu being a remote district, lacks good social structures to fight such vices because the major stakeholders who include; the Non Governmental Organizations (NGOs) and Civil Society who
are directly involved in fighting the vice are not well established in the area. This has helped to up surge the problem.

Statistics relating to Gender-Based Violence in Zambia are mainly on domestic violence based on marital violence (ZDHS, 2014). Reports from Faith-Based organisations and Victim Support Unit are on the reported cases and do not include those cases that are not reported.

According to the Gender in Development Division (GIDD) report in GRZ (2000), violence against women and children has been strongly linked to the socio-economic situation of the households where such violence takes place. This creates a high correlation between GBV and poverty. In this regard, Gender-Based Violence has also been linked to education, employment, socio-economic status, marital status and age structure of the population. These variables can play a major role in identifying the trends and patterns of GBV in Lukulu.

1.2 STATEMENT OF THE PROBLEM
Gender-Based Violence (GBV) has been a growing concern for a long time now in Zambia. A number of studies have been carried out on the topic. Functioning within the socio-cultural and demographic frameworks, the studies have broadly been based on types, causes and effects of Gender Based Violence in few selected and accessible districts, mostly along the line of rail (ASAZA, 2013).

Despite the efforts to fight Gender-Based Violence, various studies and stakeholders indicate that, there has not been significant change in the incidence rate.

It is unclear to many people why Gender-Based Violence is still on the increase. It is against this background that this study will look at trends and patterns of Gender-Based Violence from a rural perspective in order to supplement on the existing knowledge. This will provide a cultural approach to the fight of Gender-Based Violence through analysis of available data and experiences.
1.3 **OBJECTIVES:**

Main Research Objective:

The general objective of the study was to establish the trends and patterns of Gender Based Violence in Old Market Compound of Lukulu District.

Specific Objectives:

In order to achieve the general objective, the following specific objectives were used;

a) Investigate the existence and prevalence of Gender-Based Violence in the Old Market Compound of Lukulu District.

b) Identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in the Old Market Compound of Lukulu District.

c) Examine the help-seeking behaviour of Gender-Based Violence victims in the Old Market Compound of Lukulu District.

1.4 **RESEARCH QUESTIONS**

Main research question:

What are the trends and patterns of Gender-Based Violence in the Old Market Compound?

Based on the specific objectives of the research, this study addressed the following questions:

i) Does Gender Based Violence exist and how prevalent is it in the Old Market Compound of Lukulu District?

ii) What are the causes and effects of Gender-Based Violence among women and girls in Old Market Compound?

iii) What is the help-seeking behaviour of Gender-Based Violence victims in the Old Market Compound?

Answering these questions helped establish the existence of Gender-Based Violence, causes and effects and help seeking behaviour. This provided a platform to establish trends and patterns of GBV.
1.5 RATIONALE / SIGNIFICANCE OF THE STUDY

The study seeks to establish the incidence of Gender-Based Violence in Lukulu District. This will help in coming up with customised methods of fighting Gender-Based Violence. Knowledge on the trends and patterns of gender-based violence will help in determining the existence and prevalence of Gender-Based Violence in Lukulu District. By establishing the trends and patterns of Gender-Based Violence, the findings of the study will significantly help to reduce Gender-Based Violence in Lukulu and to a large extent, Zambia. Thereby safeguarding the rights of girls and women in the country. This means that the knowledge that will be generated from the study will provide methods and strategies that will be employed to fight Gender-Based Violence at the lowest level of household and across all social settings. This study will generate information that will provide preventive measures that will serve as primary tools in the fight of Gender-Based Violence.

For the policymakers, the knowledge that this study has contributed will help in the domesticating of the United Nations Convention on Elimination of all forms of Discrimination Against Women (CEDAW). It will also help to interpret the policies to the understanding and satisfaction of the local people who will enhance the implementation of the current policies at the local level on Gender-Based Violence. This study will also be useful for future reviews and studies. The results will also be useful to the Ministry of Gender, Health, Law enforcement institutions, Central Statistics and Non Governmental Organizations (NGOs).

Overly, the research findings on the trends and patterns of gender-based violence will help fill in the knowledge gap. The findings will also help to redefine ways of fighting Gender-Based Violence. It will also bring on board the use of proactive (preventive) methods as opposed to the use of reactive (curative) methods.

1.6 SCOPE OF THE STUDY

This research was undertaken in the Old Market compound in Lukulu District, Western Province of Zambia. It specifically looked at the trends and patterns of Gender-Based Violence and help-seeking behaviour in the area from 2000 to 2014. The trends and patterns of GBV were categorized according to age, sex, economic status, marital status, education, occupation, causes and types of GBV.
1.7 DEFINITION OF TERMS:

In this research, the following terms were taken to mean:

**Gender:** Gender refers to the socially determined differences between men and women GRZ (2000).

**Violence:** Guenette, (1991) defines violence as a manifestation of power, an act or an attitude that degrades and renders one powerless. It is viewed as any form of oppression experienced by women on the basis of one’s gender. Therefore Violence is any action which causes suffering, pain or discomfort to one’s body, mind or social wellbeing or which diminishes her ability to make choices about her life (YWCA, 1994). It is any ill treatment, directed at a person who is vulnerable and is not in a position to seek redress. It diminishes one’s ability to make choices about his/her life. Gender based violence is an issue around which there is both commonality and difference the world over. Guenette, (1991), defines violence as a manifestation of power, an act or an attitude that degrades and renders one powerless. It is viewed as any form of oppression experienced by women/men on the basis of one’s gender.

**Trend:** A trend refers to a general tendency, movement, or direction or prevailing style which is a current fashion or mode (Oxford Advanced Learner’s Dictionary of Current English, 1974).

**Pattern:** According to Oxford Advanced learner’s Dictionary of Current English (1974) pattern refers to a regular form or repetitive form, order, or arrangement.

**Help-seeking behaviour:** According to Barker (2007) help-seeking behaviour is a form of social behaviour emitted to seek assistance from others.

According to the United Nations Declaration on Violence Against Women, Gender-Based Violence is defined as any act of gender-based violence that results in physical, sexual or psychological/emotional harm or suffering on women, including threats of acts like coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Anti-Gender-Based Violence Act (No. 1 of 2011) states that gender-based violence committed in the presence of minor members of the family, is likely to cause mental, emotional, verbal and psychological abuse. This pattern of degrading or humiliating conduct towards a person, including; (a) insults, ridicule or name-calling; (b) threats to cause emotional pain or distress; (c) the exhibition of obsessive possessiveness which is such as to constitute a serious invasion of the
person’s privacy, liberty, integrity or security; or (d) any act, omission or behaviour constitute
gender-based violence.

Gender-Based Violence refers to violence perpetrated by people of the opposite sex. It is an
established fact that women and girls are usually the victims of gender- based violence because
of the unequal power relations between the sexes. However, men and boys are also victims of
violence but with a relatively smaller proportion. Gender-Based Violence usually manifests
itself as violence against women and girls. It is important to refer to the United Nations
definition of violence against women, which categorises Gender-Based Violence as Physical,
sexual and psychological violence occurring in the family. These include battering, sexual abuse
of female children in the home, dowry-related violence, marital rape, female genital mutilation
and other traditional practices harmful to women, spousal violence and violence related to
exploitation.

1.8 Operational Definition of the terms:
In this study, the following terms were used to mean:

Gender-Based violence: Violence perpetrated between people of the opposite sex particularly
that of men and/ boys on women and girls.

Help-seeking behaviour: The ability to recognise symptoms and that you have a problem that
may require intervention from someone else and ask for help.

Participant: Those who took part in Focus Group Discussion and In-depth Interviews.

Respondent: Those who were administered with questionnaires.

Trends and patterns: Ways in which Gender-Based Violence is occurring and general
development or changes in attitude and perception towards Gender-Based Violence. Trends and
patterns were also considered as the levels and shape formed by Gender-Based Violence and
were to be categorized by age, sex, marital status, religion (religious denomination), residence,
education, economic status, types and causes. Gender-Based Violence can be considered
domestic violence when it turns physical, emotional or even psychological. Trends and patterns
were also viewed in terms of employment, education, socioeconomic status and age structure of
the people.
CHAPTER TWO

LITERATURE REVIEW

This chapter starts by defining the concept of gender based violence and then reviews available literature followed by a review of the law.

2.1 Review of Literature

2.1.1 Existence and Prevalence of Gender-Based Violence.

2.1.1.1 Global Level

Brown (2004) argues that there are three types of violence that are most prevalent and these are physical, sexual and psychological. However, research detailing the multifaceted nature of violence and the extent of joint occurrence between different types of violence remains sparse hence need for other researches.

USAID (2012) reported that an estimated one in three women worldwide has been beaten, coerced into sex, or otherwise abused in her lifetime. Although statistics on the prevalence of violence vary, the scale is tremendous, the scope is vast, and the consequences for individuals, families, communities, and countries are devastating. Since the 1993 World Bank report on health highlighted gender-based violence as a priority public health concern, information on the prevalence of gender-based violence has increased dramatically. However, research detailing the multifaceted nature of violence and the extent of joint occurrence between different types of violence remains sparse. Also yet to be adequately addressed are the question of age at onset of different types of violence and whether the experience of violence in childhood might correlate to earlier onset of adult victimization. Gaining a better understanding of the age at onset is important for designing studies that identify risk factors for violence and properly targeting prevention programs.

Another report by UNFP (2014) reveals that the issue of gender-based violence reaches every corner of the world. The numbers of women and girls affected by this problem are staggering. According to World Health Organization (WHO) data from 2013, one in every three women has been beaten, coerced into sex or abused in some other way most often by someone she knows. One in five women is sexually abused as a child, according to a 2014 report.
Gender-based violence is not only a violation of individual women’s and girls’ rights. The impunity enjoyed by perpetrators, and the fear generated by their actions, has an effect on all women and girls. It also takes a toll on a global level, stunting the contributions women and girls can make to international development, peace and progress.

2.1.1.2 African Level

Violence against women is perhaps the most widespread and socially tolerated of human rights violations, cutting across borders, race, class, ethnicity and religion. The impact of gender-based violence (GBV) is devastating. The individual women who are victims of such violence often experience life-long emotional distress, mental health problems and poor reproductive health, as well as being at higher risk of acquiring HIV and intensive long-term users of health services. In addition, the cost to women, their children, families and communities is a significant obstacle to reducing poverty, achieving gender equality and ensuring a peaceful transition for post-conflict societies. This, in conjunction with the mental and physical health implications of gender-based violence, impacts on a state or region’s ability to develop and construct a stable, productive society, or reconstruct a country in the wake of conflict (United Nations Economic Commission for Africa, 2010).

According to Dunkle et al (2004) Gender-based violence is a key health risk for women globally and in South Africa. In South Africa, data analyzed from 1,395 interviews with women attending antenatal clinics in Soweto, South Africa, between November 2001 and April 2002 to estimate the prevalence of physical/sexual partner violence (55.5%), adult sexual assault by non-partners (7.9%), child sexual assault (8.0%), and forced first intercourse (7.3%). Age at first experience of each type of violence was modeled by the Kaplan-Meier method, and Cox hazard models with time-varying covariates were used to explore whether child sexual assault and forced first intercourse were associated with risk of violent revictimization in adulthood.

In the same study (Dunkle et al, 2004) Child sexual assault was associated with increased risk of physical and/or sexual partner violence (risk ratio = 2.43, 95% confidence interval: 1.93, 3.06) and with adult sexual assault by a non-partner (risk ratio = 2.33, 95% confidence interval: 1.40, 3.89). Forced first intercourse was associated with increased risk of physical and/or sexual partner violence (risk ratio = 2.64, 95% confidence interval: 2.07, 3.38) and non-significantly
with adult sexual assault by a non-partner (risk ratio = 2.14, 95% confidence interval: 0.92, 4.98). This study confirms the need for increased attention by the public health community to primary and secondary prevention of gender-based violence, with a specific need to reduce risk among South African adolescents.

Zimbabwe Central Statistical Office (2007) reported that violence is widespread in Zimbabwe with a quarter of women reporting having experienced sexual violence at some point in their lives in a household survey. Divorced and separated women reported the highest percentage of sexual violence (44 percent), married women reported 29 percent, widows reported 27 percent, and never married women reported 10 percent. Another study conducted by the Musasa Project from 1995 – 1997 found that 46 percent of the respondents had been the victims of sexual abuse, with 25 percent of the victims reporting that their intimate partner had forced them to have sex (in the year prior to the study). The study revealed that the highest proportion of women reporting forced sex were in the most formal types of union (33 percent for women with a magistrate’s wedding) and had their own income or knew their partner had a girlfriend.

In the same study (Zimbabwe Central Statistical Office, 2007) a woman who has an income, or who has some legal entitlements within her marriage may feel that she has the right at times to refuse sex. The same may hold for women who know that their partners has other girlfriends, or when a partner is drunk or on drugs in other words, those women who may feel that they have the right to refuse sex in certain incidences are most at risk of forced sex (potentially physical violence) by their intimate partners.

Namibia Ministry and Health and Social Services (MoHSS) (2008) in conjunction with World Health Organization carried out multi-country study in Namibia with a sample of 1,500 women in Windhoek between the ages of 15 and 49 years. Of respondents who had ever married, lived with or had a regular sexual partner, 17 percent reported ever having experienced sexual violence at the hands of an intimate partner. Six percent of their sample of women reported experiencing sexual violence by a non-partner. Twenty-one percent of the sample reported sexual abuse before the age of 15 years. Of those who reported their first sexual experience before the age of 15 years, 33 percent of the women stated that they had been physically forced. Among non-partnered women, the most commonly reported perpetrators of sexual violence were boyfriends (55 percent).
The 2003 Demographic and Health Survey in Ghana reported that 19.8 percent of men and 34 percent of women consider it acceptable for husbands to beat their wives if she goes out without telling him. Unless specifically called upon by the police service's Domestic Violence Victim Support Unit, police seldom intervene in cases of domestic violence, in part due to a lack of counselling skills, shelters, and other resources to assist victims. As such, women virtually never file complaints with civil authorities even though 72 percent of respondents in a survey done by the Division for the Advancement of Women reported that wife-beating was common (UN, 2005).

There is also a widespread belief that a husband is entitled to sexual intercourse with his wife at his command and he may impose this entitlement by force. Ten percent of men and 19.9 percent of women in a 2003 survey considered it justified if a husband beat his wife for refusing to have sex with him.

Rape of underage girls by men within the family circle, such as brothers, fathers and stepfathers remains a big problem. A study by the Division of Women’s Advancement in Ghana found that women are most at risk of sexual violence between 10-18 years.

A study done by Alemu and Asnake (2007) on violence against women is a general problem in Ethiopia, where culturally based abuses, including wife beating and marital rape, are pervasive social problems. A July 2005 World Bank study concluded that 88 percent of rural women and 69 percent of urban women believed their husbands had the right to beat them. While women had recourse via the police and courts, societal norms and limited infrastructure prevented many women from seeking legal redress, particularly in rural areas in Ethiopia.

2.1.1.3 Zambian Level

In Zambia, ZDHS (2007) showed that GBV exists in Zambia. It exists as domestic violence and occurs across all socioeconomic and cultural backgrounds. The study showed that the percent distribution of women age 15-49 had ever experienced physical violence since age 15, and the percentage had experienced physical violence during the 12 months preceding the survey, by background characteristics. The data showed that almost half (47 percent) of all women have experienced physical violence since they were 15 and one-third of women experienced physical
violence in the 12 months preceding the survey. This study however was based on marital violence (ZDHS, 2015).

The study conducted by PLAN Zambia in 2005 revealed that gender – based violence exists in PLAN Programme Units and is prevalent in all sites. This therefore clearly shows that Gender-Based Violence exists at global and national level. At global level literature shows that it exists in physical, sexual and psychological while in Zambia it exists in the same forms but psychological is considered as emotional.

All these studies have shown that Gender-Based Violence exists and is prevalent at global, continental and national level.

2.1.2 Causes and Effects of Gender-Based Violence

2.1.2.1 Global Perspective

Dunkle et al (2004) argue that Gender-Based Violence is widely recognized as an important public health problem at global level, both because of the acute morbidity and mortality associated with assault and because of its longer-term impact on women’s health, including chronic pain, gynecologic problems, sexually transmitted diseases, depression, post-traumatic stress disorder, and suicide. Gender-based violence is generally understood to include physical, sexual, and psychological abuse from intimate partners, sexual violence by non-partners, sexual abuse of girls, and acts such as trafficking women for sex.

According to Raya (2006) the major causes of Gender-Based Violence at global level for Indigenous women gender discrimination within Indigenous and non-Indigenous arenas and a context of ongoing colonization, militarism, racism, social exclusion, poverty-inducing economic and development policies. Therefore the two scholars have indicated that the major causes of Gender-Based Violence are poverty, exclusion, racism, developmental policies and militarism.

WHO (2014) data also indicates that women who have been physically or sexually abused are 16 per cent more likely to have a low-birth-weight baby, and they are twice as likely to have an abortion. In some regions, they are 50 per cent more likely to acquire HIV, according to a 2013 report from UNAIDS.
2.1.2.2 **African Perspective**

Diawara in the Book *Femmes et Violence en Afrique* (Diawara: 2005) argues that violence perpetrated against women and girls constitutes an obstacle to the achievement of the objectives of equality, development and peace. Violence is a violation of the universal rights and fundamental freedoms of the human being partially or totally, preventing women from enjoying the rights and liberties they are entitled to. Diawara goes on to argue that reality in the case of violence perpetrated against women, the protection and promotion of fundamental rights and liberties are not always secured and constitute an issue of destabilizing concern to the African States in spite of the adoption of the texts, protocols and conventions, such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

Another study acknowledges that at the root of the problem of gender violence is the gendered nature of society where society places a higher value on the males. Boys are socialised to appreciate and value themselves and to perceive females as of a lesser value (YWCA:2005). This leads to a general disregard for women and girls and lack of respect for their rights as human beings. This attitude permeates from the individual to the family to institutions in the community and to the State level. Thus gender itself needs to be addressed.

Diawara further notices that since the Nairobi Conference, a lot has been learnt on the forms, causes and consequences of violence against women, as well as on their effects and the steps to take to combat them. Diawara makes an interesting observation that in all societies, in various degrees, women and girls are exposed to physical, sexual and psychological violence regardless of the income, culture, social and professional class. Furthermore, the low status ascribed to women at economic and social level, can also be one of the causes and consequence of the violence perpetrated against them.

In South Africa Fuller, Pino and Ngwane (2008) carried out a study that revealed that poverty increases a woman’s vulnerability to forced marriages, and may be more prevalent in some African and Indian communities. These are likely to occur where the family seeks to protect the family name against disgrace arising from premarital relationships of pregnancy, or where a girl
is forced to marry into a specific caste, tribe or ethnic group. Such marriages may also be used to ensure economic stability, or a woman may be given to a Chief to secure status for the family.

ZWRCN (2005) argues that women in Zimbabwe are still subject to societal discrimination and violence due to the fact that their ‘subordinate position within the home is deeply entrenched in both traditional and current legal, religious and social structures.’ Across all sectors of society, entrenched social and cultural norms that perpetuate the gender inequalities between the sexes continue to play a major force in fueling the spread of discrimination of women based on their sex. Illiteracy, economic dependency and prevailing social norms prevent women, rural women and girls in particular, from combating societal discrimination.

In Ghana, the major causes of Gender-Based Violence Polygamy is particularly prevalent in the three northern regions, polygamous marriages, forced and early marriages which are common with 40 percent of females married before 20, and 30 percent of females saying a family member chose their partners. There is no law that regulates the property division between spouses both during marriage and divorce and Female genital mutilation (FGM) is traditionally practiced and accepted by several ethnic groups in northern Ghana.

A July 2005 World Bank study in Ethiopia concluded that 88 percent of rural women and 69 percent of urban women believed their husbands had the right to beat them. While women had recourse via the police and courts, societal norms and limited infrastructure prevented many women from seeking legal redress, particularly in rural areas. Discrimination against women is perpetuated by customary traditions with abduction and rape, always followed by early marriage, seen as the norm in some parts of the Ethiopian society.

2.1.2.3 Zambian Perspective

One research on Gender-Based Violence in Zambia was done by Women and Law in Southern Africa (WLSA), which culminated in a book “Gender Violence-The Invisible Struggle” (WLSA: 2001) found out that gender violence within the family is invisible. The community and agents of Justice Delivery System tend to collude in keeping it invisible, resulting in untold suffering to those who are violated.
The GRZ (1999) study on violence involving children does provide a context to understand the problem of gender based violence as it affects children. The study was a Situation Analysis of Orphans and Vulnerable Children (OVCs) revealed that 70% of Zambians lived below the poverty line at the time of the study. It documented that nearly $\frac{3}{4}$ of this number are children with little or no quantitative or qualitative difference between orphans and vulnerable children and others.

The study also revealed that the percentage of persons living in poverty was higher in rural areas as compared to persons living in urban areas.

A study that was conducted by PLAN in Zambia in 2005 also carried out a study in Chadiza, Chibombo, Mansa and Mazabuka that revealed that poverty was the major cause of GBV.

It was further revealed that in 1996, 4.1 million children were under the age of 18 years in the world. Of this number 13% were orphans. It was also noted that the proportion of orphans increased with age.

From the foregoing, it is clear that Zambia has a crisis when considering the issue of children as most of them could be described as vulnerable. The major crisis is not only as a result of high poverty levels, but families have to cope with increased dependency which has been occasioned by the loss of the productive age group to HIV and AIDS. This vulnerability has resulted in child sexual abuse.

The research also indicates that school children are more at risk of sexual abuse by teachers. However, the study did not provide ways through which child abuse could be reduced. Thus this study will contribute to filling the identified gap of information pertaining to Gender-Based Violence patterns and trends in rural districts in Zambia taking a case of Lukulu.

The other study GRZ (1999) involved children in prostitution. Interviews were conducted in Lusaka, Chirundu and Kapiri Mposhi. Six hundred and twenty eight children participated in the study. The findings revealed that friends, relatives and guardians did provide significant support to the children in prostitution. It was however noted that the percentage of children in prostitution who were living alone was higher in smaller towns. It was also observed that the majority of children (81.4%) had ever attended school and of these 73% of this number were in
the age group 15 – 17 years and 22% in the age group 10 – 14 years. Only 15.4% of all respondents were attending school at the time of the survey, although the percentage of those attending school and those who were not attending school increased with age.

It was further reported that one in three children involved in prostitution had lost one parent, while 28.3% had lost both parents while 34.1% indicated that their parents were still alive. The 2.2% did not know the whereabouts of their parents and whether they were alive or not.

From these results it can be concluded that high levels of poverty perpetrated by HIV and AIDS lead to prostitution and forced early marriages and prostitution which are the breeding grounds for gender-based violence. However, this study was limited in scope in that it only looked at children hence could not reflect the trend and pattern of Gender-Based Violence.

The other study done by The Young Women Christian Association in 1999 related to this was on incest. The study found that incest occurs, but is rarely reported to the Police (YWCA: 1999). In addition the study noted that the concept of incest was problematic partly because there were no words in the local languages that were a direct translation of the term. The study also revealed that incest is a hidden crime that is rarely discussed and much less reported to the Police. This is because when unveiled, incest results in stigmatization, which is another reason why victims do not report it to the Police. Culturally incest is linked to witchcraft. As such, there is tolerance for incest among some ethnic groups, when it is done for ritual purposes. Incest affected both females and males and there are no support services for victims of incest.

From this study, it can also be noted that culture plays a role in creating an environment for GBV. It can also be concluded that help seeking behaviour is low. It is negatively affected by barriers such as dominant social norms, lack of self-confidence, inadequate services, and lack of resources and strong, reliable, legal and social systems.

The effects of gender–based violence are many. According to Diawara (2005), for many women, the decision to break the silence results in fighting not only with the abuser, but with key members of the family. It also results in social isolation and loss of personal security. The study further revealed that a woman may not only find herself suddenly homeless, but her marriage threatened as well. It was also noted that where there are children, without a stable marriage support for them would suffer as a result of Gender-Based Violence. Thus, faced with these
seemingly overwhelming obstacles, women may opt to live in situations of abuse. The researchers argue that society is not ready to confront violence, and from the family to the national level, cries of the victims have fallen on deaf ears. Thus the invisibility of gender-violence is perpetuated by all.

A study done by PLAN Zambia in 2005 revealed that the effects of Gender-Based Violence include; Wife battery which is a common problem affecting women, early forced marriage affects girls and boys cattle herding and various forms of child labour affect all children especially orphans and vulnerable children.

In conclusion, the study done by WLSA (2001) revealed that gender violence is an invisible struggle, which puts the burden of proof on the victim. The victim has to make visible the gender violence that they experience against many odds. It can seem from the perspective of the victim that they are “fighting the world”, and opting out of the search for justice can be very appealing.

Most victims’ struggle starts from the family and continue as they go in search of justice from the various structures. The study also revealed that the structure’s major challenge lies in breaking the silence and calling gender violence what it is. Among the structures, the Police play a critical role and there is a great expectation from the populace that Police will respond to gender violence expeditiously; however this expectation is yet to be fully realized.

2.1.3 Help-seeking behaviour

IASC (2008) recognizes the multi-sectoral nature of Sexual and Gender-Based Violence (SGBV) prevention and response. Using comprehensive programming to develop and implement SGBV strategies at country level, UNHCR’s Action against SGBV promotes a multi-sectoral approach to tackling SGBV. The relevant sectors include health care, protection (including safety, security and legal support) and psychosocial support, all of which are closely linked and entail specific activities. Protection interventions complement positive coping mechanisms and community responses, and include safety and security measures in all context settings. Health, often the first service provided to SGBV survivors, addresses the physical, mental and psychological consequences of SGBV. Health services can also provide education and invaluable preventive information. Legal support activities should contribute to redressing a culture of impunity, and include training and capacity-building to strengthen law enforcement and the judicial system, as
well as the provision of legal advice and representation for survivors. Psychosocial care provides survivors of SGBV with the support and tools needed to deal with personal trauma, stigma and possible exclusion from their families and community.

At global level, there is limited information on Gender-Based Violence help-seeking behaviour. The data available is on methods to help the survivors and victims of Gender-Based Violence.

According to ZDHS (2007) Women who experienced both physical and sexual violence were more likely to seek help (56 percent) than women who experienced only physical violence (43 percent), or women who experienced only sexual violence (40 percent). Women who are unemployed are less likely to seek help (43 percent) compared with women who are either employed for cash (47 percent) or are employed but are not paid in cash (51 percent). Divorced, separated or widowed women are also more likely to have ever sought help to end the violence than other women.

With regard to residence, women in urban areas reported a slightly higher percentage of help seeking behaviour to stop violence than their counterparts in rural areas (47 percent compared with 45 percent). Women living in Western province are more likely to have ever sought assistance to end violence against them (66 percent) than women in other provinces. Less than forty percent of abused women in Eastern, Luapula, and North-Western provinces have ever sought help. There are no strong patterns when considering help seeking behaviour and the wealth status or woman’s level of education, those who have more than secondary education are less likely to have sought help compared with uneducated women or women with lower education. Women in the lowest and highest wealth quintiles reported the highest percentage of help-seeking behaviour (49 percent each).

This research however does not give information on help-seeking behaviour of women and men categorized according to age, marital status and education level especially in rural communities to warrant analysis.

Having looked at various studies that have been done on Gender-Based Violence, review will now shift to the policy.
2.2 The Review of the Law

2.2.1 The United Nations Committee on the Rights of Children and Women

The United Nations Committee on the Rights of the Children and women, in its concluding observations on Zambia’s initial report on the convention, expressed concern on several issues concerning the legal situation of children and women. The committee recommended that domestic legislation was not in line with the Convention on the Rights of the Children and women and some aspects of customary law were in opposition to the provisions of the Convention. They recommended that a review of existing laws be undertaken including the customary law in order to bring them in line with the provisions of the Convention. In addition customary law in this country represents the customs and practices of the 73 ethnic groups found in Zambia and this body of law is not written, therefore the approach to its revision needs to take this into account (GRZ: 2004).

2.2.2 SADC Declaration

Zambia signed the SADC Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence against Women and Children in 1999. In order to implement the programme, the Government appointed a technical committee to review all matters pertaining to violence against women and children and to make recommendations on all measures necessary to address the problem, including proposing of the new legislation. The Committee presented a report on ‘The Strengthening of Laws; Enforcement Mechanisms and Support Systems Relating to Gender Based Violence, particularly against Women and Children.’ The committee made the following recommendations;

• An integrated approach on combating gender violence should be adopted by putting in place an institutional framework.

• In all legislative provisions, the age of the child should be raised from 16 to 18 years because in the Zambian context, an 18 year old is still in school and in the custodianship of parents or guardians;

• The tradition and customary laws be codified into written laws;
• The Republican Constitution should expressly provide for women’s and children’s rights especially with respect to gender based violence and violence against children;

• The Republican Constitution and National Laws should only domesticate the international and regional instruments which are relevant to Zambia;

• The office of Director of Public Prosecutions should further be decentralised to the districts in order to speed up the process of prosecution;

• Government and NGOs should have a deliberate sensitisation programme on gender violence;

• Government should address the socio-economic imbalances between women and men by implementing deliberate empowerment programmes for women such as, credit scheme, allocation of land and other means of production to women; and

• Government, NGOs and other stakeholders should establish where possible a database on gender – based violence.

2.2.3 The Constitution of Zambia

The Constitution of Zambia is the supreme law of the land and it does not provide for women’s and children’s socioeconomic rights and their protection against discrimination. However under section 11 of the Constitution does not allow discrimination, yet under section 23 (e) it allows discrimination in that in this Article the expression "discriminatory" mean, affording different treatment to different persons attributable, wholly or mainly to their respective descriptions by race, tribe, sex, place of origin, marital status, political opinions colour or creed whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description. In the draft Constitution, article 79 guarantees the right for protection from discrimination and declares laws and customs that permit discrimination against women void. The draft Constitution has broadened the Bill of Rights and new rights have been included (GRZ: 2005:Articles 32–94). The Draft Constitution gives courts the discretion to use international law, however a self–executing provision would have been preferable so that courts do not exercise discretion but are bound to use international law. Further under article 79 of the Draft Constitution, it provides protection of
women against all forms of violence and defines violence. There are also provisions for children’s rights, which are not available in the current Constitution.

It can be deduced that the constitution has played a role in fostering GBV because it has failed to recognise women’s rights. This means women empowerment policies and programmes have not received the blessing of the constitution. In a way, this means that the constitution has failed to empower women instead; it has reduced their status quo.

### 2.2.4 The penal Code

The Penal Code is the principle piece of legislation on criminal law, which provides for a variety of crimes and their punishment, however; this legislation is in the process of review and the Penal Code Amendment Bill 2005 was under consideration. This was due to the fact that this piece of legislation like so many others is a legacy from Zambia’s colonial past that has been overtaken by events. New crimes have arisen which were not covered by the Penal Code such as sexual harassment, gender-based violence, selling or trafficking of children, to mention but a few.

The challenge lies in the approach taken in reviewing different pieces of legislation affecting women, whereas a comprehensive review of all laws relating to children might allow for dealing with inconsistencies in the various pieces of legislation. For instance the lack of a uniform definition of who a child is. The CRC needs to be domesticated as well as other international instruments, which impinge on children’s rights such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on Consent to Marriage, Minimum Age for marriage and Registration of Marriages, which, place an obligation on State Parties to take appropriate measures to abolish such customs, ancient laws and practices by ensuring complete freedom in the choice of a spouse, eliminating completely child marriages and the betrothal of young girls before the age of puberty, establishing appropriate penalties where necessary (GRZ: 2000).

### 2.2.5 The National Gender Policy

The National Gender Policy 2000 acknowledges the existence of GBV in Zambia and indicates that it has been in existence for a long time. The National Gender Policy outlines the
manifestations of Gender-Based Violence as follows: femicide or female killing, spouse battering, property grabbing, rape in and outside marriage, incest and defilement especially of girls/children and sexual harassment particularly at places of work.

The National Gender policy has only outlined and described forms of Gender-Based Violence. It has not provided measures to address the vice. This research however, will categorize the forms as physical, sexual violence and emotional violence among women aged 15 to 49 which will help establish patterns and trends of Gender-Based Violence and help seeking behaviour.

The review of the law has shown that there are several policies and measures that have been put in place at global, regional and local levels to address Gender-Based Violence, but the vice is still on the increase. This indeed prompts further studies.

2.3 Patterns and Trends of Gender-Based Violence

ZDHS (2007) shows that the major forms of gender-based violence in Zambia are physical (47%), emotional (26%) and sexual violence (17%). These forms of violence predominantly affect women in the age group 15-49 (W15-49) negatively and they are perpetrated by men either by being former partners (20%) or current partner (70%). According to ZDHS (2001/2002), the gender dimension of HIV and AIDS has exacerbated the problem of poverty among women in the age group of 24-29. Poor women are more susceptible to gender based violence and unprotected sex and therefore more vulnerable to HIV and AIDS. The ZDHS (2015) also indicate that 47% of women aged 15-49 experienced physical violence since childhood.

The model below explains the relationship between some related variables; occupation, residence, education, economic status, culture and environment, and Gender-Based Violence.

2.3.1 Determinants of Gender Based Violence

Fig1: Determinants of Gender Based Violence (ZDHS, 2007)
Literature has it that there is a relationship between or among economic status, education levels, occupation, area of residence, culture, and Gender-Based Violence. This relationship is influenced by the environment or social setting through which indigenous knowledge can play a vital role when included in determining the effects of Gender-Based Violence (ZDHS, 2007).

The available evidence suggests that Patterns and trends of Gender-Based Violence are also dependent on educational levels, area of residence, economic status and social norms. With the increase in education levels there is improvement in the area of residence, economic status and change in social norms. There are also improvements in access to justice and security, social welfare or vice versa. These variables are not only expected to improve, but also determine the levels, trends and patterns of gender-based violence.

2.4 Types and examples of Gender-Based Violence (GBV)

Gender-Based Violence occurs across all socio-economic and cultural backgrounds. But experience has shown that Gender-Based violence varies greatly by background characteristics such as age, education, residence, occupation, marital status and economic status. It has been reported that Gender-Based Violence is categorized by the type, which can be physical, sexual or emotional. Physical violence is a type of abuse characterized by actions which include beating, kicking, biting, burning, strangling, assault using weapons such as guns, knives, shamboks, electric cables and razor blades. It also includes spouse battery, battery of Child and intimate partner. Sexual violence includes defilement (having carnal knowledge of a child below the age of 16 years) while incest is sex between two people who are related by blood, for example, father and daughter or sister and brother. Rape is having sex without the consent of the partner. Sexual violence include genital inspection by partners, insertion of objects into sexual organs, exposing children to pornographic materials, sexual harassment at the place of work, indecent assault against females. Emotional violence is a subtle form of GBV which cannot be seen physically or identified through medical examination and include the following: intimidation, deprivation of liberty, coercion, humiliation, undermining self-esteem and threats which can be verbal or non-verbal. This is the most common GBV and in most cases, it goes unnoticed.

These forms of violence are higher among women and it is biased towards women of 15-49 years age group. This age group is predominantly still in their reproductive age ($W_{15-49}$). The majority
of these women are in a union with a man which increases their vulnerability. Other literature reveals that Gender-Based Violence reduces with the increase in the level of education, economic status, occupation and residence. However, ZDHS (2007) revealed that domestic violence is not directly related to education levels, economic status, residence, occupation or marital status and number of children. It is assumed that with increase in levels of education, economic status, occupation or employment and residence. It is anticipated that with this enlightenment, Gender-based violence should reduce but this was not the situation which indeed prompted the question why?

2.5 **Relationship between gender-based violence and background Characteristics**

The relationship between Gender-Based Violence and background characteristics can be summarized as;

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Dependent Variable</th>
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<tbody>
<tr>
<td>Education</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>Economic status</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
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<tr>
<td>Marital Status</td>
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<td>Social norms</td>
<td></td>
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*Fig. 2 Relationship between gender-based violence and background characteristics (Mitchell, 2012)*

The figure above shows interacting variables that determine the prevalence of Gender-Based Violence. When the variables are optimum, the prevalence of GBV is low, while when they are unfavourable, GBV prevalence increases or tends to be higher.

2.6 **SUMMARY OF LITERATURE REVIEW**

The review of literature has shown that several studies on the issue of Gender-Based Violence have been undertaken. The studies reveal that GBV does exist in Zambia. As such, it is an issue that needs to be addressed if women and children who are the most affected have to not only
participate in national development but also enjoy their human rights. Literature further reveals that gender based violence is experienced at three levels, these are; the family, the community and the state. According to GRZ (2008), these three levels are mutually reinforcing.

The review has also shown that at the root of the problem of Gender-Based Violence, lays the gendered nature of society. This is where society places a higher value on males than females. In addition the unequal relations of power make women and girls vulnerable to violence. According to GIDD (2008), it is estimated that another important contributing factor to GBV in the Zambian context is the high poverty levels with over 75% of the children living below the poverty line. According to available literature, it has been stated that there isn’t much difference between orphans, vulnerable children and children with parents or guardians (CSO, 2012). As such, providing strategies to alleviate poverty at the family and community levels are important steps to combating Gender-Based Violence.

Literature has also shown the effects of gender based violence and the need to address them. However, the review has revealed that research on Gender-Based Violence is still in its infancy and there is a need for more studies (GIDD, 2008).

The literature has also revealed that there is still a lot of work to be done to review and strengthen the legal and policy environment for women and children especially girls. In terms of laws that protect women and children, it was revealed that very few women and children have access to the law. While the few that access the law do not have a clear understanding of the law and their rights. This makes it very difficult for them to use it when they are violated against (GRZ, 2000).

According to some studies Gender-Based Violence is not always a surprise attack by a stranger. In fact, the scenario is far less probable that an assault may be by someone the victim already knows. Gender-Based Violence involves grey zones in communication. According to some experts, factors such as alcohol, drug abuse or even politeness can cloud a person’s resistance. Thrust into the spotlight on communities, in the courts, and on national television, the personal trauma of Gender-Based Violence on victims has since assumed a place on the national agenda.

Suffice to say, signs of public sympathies with the victims are not only increasing, but have also heightened public concern. Coupled with indigenous knowledge about Gender-Based Violence
in Zambia and the increasing readiness of victims to speak out, this may in itself provide for a better platform for the fight of Gender-Based Violence (CARE, 2013).

CSO (2007), shows that the major forms of Gender-Based Violence in Zambia are physical (47%), emotional (26%) and sexual violence (17%). These forms of violence predominantly affect women in the age group 15-49 (W15-49) negatively and they are perpetrated by men either by being former partners (20%) or current partners (70%).

According to ZDHS (2007), 47% of women in this age group experienced physical violence from childhood. It has also been observed that poor women are more susceptible to Gender-Based Violence and unprotected sex and therefore more vulnerable to HIV and AIDS. According to ZDHS (2001/2002) the gender dimension of HIV and AIDS has exacerbated the problem of poverty among women in the age group of 24-29 years.

Employed women receiving payment in cash, widows, divorced, separated, with less than 4 children, with primary education, reside in urban areas and women whose spouses get drunk frequently are at higher risk of experiencing violence than other women (ZDHS, 2007).

Having looked at various works on the subject matter, the review indicates that despite the massive campaigns on the subject and punishing of the perpetrators, there is no analysis on trends and patterns of gender-based violence. Lack of categorization of GBV according to background or demographic characteristics of the population makes it difficult to know whether the campaigns are successful or not. In this regard, this research will look at the trends and patterns of Gender-Based Violence and help seeking behaviour in Zambia in relation to Lukulu District of western province of Zambia. This will help establish the root cause of gender-based violence and recommend more realistic and indigenous based model to fight the scourge.
2.7 THEORETICAL FRAMEWORK

This study will be guided by four theories. These are:

2.7.1 Violence against Women Theory

According to Garske (1996) theories of why violence against women occurs provide insight into the changes necessary to prevent and eradicate that violence. This theory holds that the majority of violence committed against women is committed by men. The theory also argues that the root cause of woman abuse is the pervasive social belief system that posits male superiority over women as natural and preferred.

Furthermore, there exists a broad-based social belief that women are inferior and that it is their role to be subservient to men. We also acknowledge that this belief system of “domination over” can be adopted by women as a framework for relationships to men as well as their relationships with one other.

Feminist theory has been used to fight Gender-Based Violence in all societies across the globe. Feminism is not only a discourse that involves various movements, theories, and philosophies which are concerned with the issue of gender difference, but also advocates for equality of women, and campaigns for women's rights and interests. According to Carole (1977), the history of feminism can be divided into three waves. The first wave was in the nineteenth and early twentieth centuries. The first wave looked at equal rights for women and men. This focused on legal issues, primarily on gaining women’s suffrage. The second wave was in the 1960s and 1970s and looked at every area of women’s experience, including family equality between women and men with demands for a woman’s right to determine her own identity and sexuality. It was also concerned with equal pay, equal education and equal opportunities in work places, financial and legal independence and free 24-hour day care for children.

The third wave extends from the 1990s to the present it is based on an end to discrimination against lesbians (equal rights for lesbians and gay men), reproductive rights for women and freedom from violence and sexual coercion. Feminist theory emerged from these feminist movements. It is manifest in a variety of disciplines such as feminist geography, feminist history and feminist literary criticism (Laskow, 2003).
According to Davidow (2002), feminism refers to a series of campaigns for reforms on issues such as reproductive rights, domestic violence, maternity leave, equal pay, women's suffrage, sexual harassment, and sexual violence, all of which fall under the label of feminism. The movement's priorities vary among nations and communities and range from opposition to female genital mutilation in one country to opposition to the glass ceiling in another. These various theories have given rise to the fight against gender-based violence.

Schiebinger (1999) argues that feminism has altered predominant perspectives in a wide range of areas within Western society, ranging from culture to law. Feminist activists have campaigned for women's legal rights (rights of contract, property rights, voting rights); for women's right to bodily integrity and autonomy, for abortion rights, and for reproductive rights (including access to contraception and quality prenatal care); for protection from domestic violence, sexual harassment and rape; for workplace rights, including maternity leave and equal pay; and against other forms of discrimination.

2.7.2 Theory of Change

The other theory that is useful in the study of Gender-Based Violence is the Theory of Change (ToC). According to Mitchell (2012) the Theory of Change (ToC) draws on the experience of a range of actors delivering programmes and services addressing violence against women and girls, including donor agencies, women human rights defenders, women’s rights organizations and other civil society organizations. It reveals that the best way to fight Gender-Based Violence is through change in all sectors starting from the individual to national level in terms of traditions, perception, policy formulation and implementation.

Since these beliefs pervade so much of our society and its institutions, eradicating violence against females will require changes at the most fundamental levels of society. These changes must eliminate policies and practices perpetuated by the male-dominated culture that sexualize women as sex objects. This not only demeans their value but also restricts their participation in decision making. It further dehumanizes them with labels, control their rights over their own bodies, and marginalize and demean their presence. Changing these underlying patriarchal beliefs and practices will lead to changes in social norms and behaviours, bringing positive benefits to both women and men, and all forms of relationships as concerted (Garske, 1996).
2.7.3 Conflict Theory

Oberschall (1973), states that conflict theory suggests that human behaviour in social contexts results from conflicts between competing groups. It understands human society in terms of conflict between social classes. Other proponents of conflict theory have described different versions of conflict theory. A common theme is that, different social groups have unequal power, though all groups struggle for the same limited resources. According to the conflict perspective, society is constantly in conflict over resources, and that conflict drives social change. Conflict theory has been used to explain diverse human behaviour, such as educational practices that either sustain or challenge the status quo, cultural customs regarding the elderly, and criminal behaviour. The theory further explains that variations in the social organization of violence determine the resources available to men and women in the struggle for control, and condition prevailing ideologies about sexuality. Historical changes in sexual roles are explained as results of shifts in these resources. Similarly, conflict theory can be used to understand Gender-Based Violence. The unequal power relations between men and women which are the major contributing factors to the causes of Gender-Based Violence can also be explained using conflict theory.

2.7.4 Pro-feminist Theory

Pro-feminist concept is most often used in reference to groups and individuals who are actively supportive of feminism but are not in feminist movements yet advance efforts to bring about gender equality. Schiebinger (1999) argues that the approach includes anti-violence work with boys and young men in schools, offering sexual harassment workshops in workplaces, running community education campaigns, and counselling male perpetrators of violence. Pro-feminist approach also advocates for the development of gender equity curricula in schools. This work is sometimes in collaboration with feminists and women’s services, such as domestic violence and rape crisis.

This study therefore took a pro-feminist approach based on conflict perspective on the causes and functional approach on the prevention methods for Gender-Based Violence.

Under the Pro-feminist framework in relation to domestic violence, studies draw focus of Gender-Based Violence by reviewing data from two major approaches or sources. This study will be
guided by two conceptual frameworks; institutional (normative) and legal (legislative) frameworks. The two frameworks however are indispensable and strongly related in that one is a policy while the other is a policy implementing system. The institutional and legal frameworks are based on the need to fight Gender-Based Violence both at global and national level. The institutional framework involves organizations such as Non-Governmental Organizations, Churches, Schools, Hospitals, Civil Society Organization, Courts, Police, Community, Family and government wings that are involved in the fight of Gender-Based Violence. These institutions have raised awareness and have tried to address the debilitating effects of Gender Based Violence. The Legal framework is based on the formulation of the law to fight the vice. This reinforces the already existing legislation and periodic review of its effectiveness with specific focus on prevention of violence on women and girls. This however needs prioritizing Gender-Based Violence cases in courts and enforcing timely adjudication of GBV cases. The concern of Gender-Based Violence has led to policy formulations like National Action Plan for the elimination of Gender-Based Violence (2008-2013), Anti-Gender-Based Violence Act (2011) and the strengthening of legal instruments to fight Gender Based violence.

The framework establishes signatories’ legal obligation to take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.
CHAPTER THREE

METHODOLOGY

3.0 Introduction

Research methodology is a very wide term that involves all strategies that describe where, how and when data are to be collected and analysed (Chilisa and Preceece, 2005). Tacit in the term, methodology is rationalizing the choices on: research design; population, sample, sampling procedures, data collection procedures and analysis. This chapter serves to describe the methods that were used in this study. It describes the research design, target population, sampling methods and sample size, data collection tools and analysis, and finally ethical issues. This research used both qualitative and quantitative methods, and it was descriptive in nature.

3.1 RESEARCH DESIGN

The research employed both qualitative and quantitative (multimethod) approaches. The sample population was selected from the Old Market Compound. This was used to represent the population of Lukulu. The study ensured that there was an in-depth description and understanding of the phenomenon under study. A descriptive case study research design was employed. A descriptive survey design was chosen because it involved describing the state of affairs as they existed. Kerlinger (1969) in Kombo and Tromp (2006), state that descriptive studies are not restricted to fact findings, but may often result in the formulation of important principles of knowledge and solution to significant problems. They are more than just a collection of data. They involve measurement, classification, analysis, comparison and interpretation of data.

3.1.1 Data Collection:

Primary data was collected using the following methods;

a) Focus Group Discussions: A total of two focus group discussions were held. One was held with eight females and the other one with eight males. Focus Group Discussions were used to investigate types of gender-based violence occurring in the research site and was very useful in getting different points of view on gender-based violence especially from a gender perspective.

b) Self administered structured questionnaires: A total of hundred structured questionnaires were used to collect information on knowledge on the prevalence of Gender Based Violence, causes, effects and solutions, and help seeking behaviour.
c) Key Informant Interviews: A total of eight key informant interviews were held with representatives of institutions which had a key role in issues of gender-based violence. These included the Police (Victim Support Unit), teachers, Court officials, health personnel (Lukulu Police Station and Lukulu Mission Hospital) and Church Representatives. Others were Non Governmental Organisations representatives (ARHA) and Ministry of Community Development Mother and Child Health representative, the Women Lobby Group (WLG). These helped to identify focus group discussion participants.

Secondary data were obtained through the review of literature. The following documents were reviewed; Zambia Demographic Health Surveys, Gender Based Violence Survey (2006), Zambia Sexual Behaviour Survey and 2006-2010 Living Condition Monitoring Survey (2012), 2010 Census of Population National Analysis and Summary Reports (2012). The review of literature revealed what is already known about the subject under study, especially the trends and patterns of Gender-Based Violence at national level and also locate the study by identifying the gaps that the findings would fill in the existing body of knowledge on gender based violence.

3.2 STUDY SITE
The study was conducted in the Old Market compound of Lukulu District. Old Market compound is the biggest residential compound in Lukulu District. It has a mixed population of educated, uneducated, mixed sexes and age groups. It also has varied marital statuses and different economic statuses, including mixed tribes though dominated by Lozis and Luvales. Other tribes found in the area include the Lunda, Mbunda and Nkoya. Old Market Compound is predominantly a business community, though the site comprises of people in both public and private sector.

3.3 TARGET POPULATION
The major target groups in this research were girls and women of various age groups who were the main victims of gender-based violence. However, boys and men who were mostly assumed to be perpetrators of gender-based violence and at times victims were also included in the study to avoid biased results. The research looked at women categorized according to socio-economic strata, employment and education levels. This helped identify the trends and patterns of Gender-
Based Violence according to these variables. The target population was gotten from lists provided by police and the local council. The police and the local council provided residential addresses for the candidates for the study whom the researcher followed to their homes.

3.4 SAMPLING FRAME:
The names of victims of Gender-Based Violence and activists were obtained from the victim support unit, local court, Women Lobby Group and hospital, and this served as sampling frame. A list of homes from Old Market Compound was provided by the Council and provided a sampling frame for self administered questionnaires. House hold heads were the target population.

3.5 SAMPLING TECHNIQUES
Random and non random sampling were used.

**Random sampling** this is where randomization is involved such that each member stands a chance to be selected. Systematic or interval sampling was used where respondents were chosen at an interval of three. Every $3^{rd}$ ($K=3$) name on the sampling frame was included in the sample for the study. The sampling fraction was $f = \frac{n}{N} = \frac{100}{300} = 0.33$. The study sampled 33% of the population (households). The elevation factor was $E = \frac{N}{n} = \frac{300}{100} = 3$ meaning one respondent represented three people (Kombo and Tromp, 2006).

**Non random sampling** this is a non randomization technique in which the participants who are selected meet the characteristics needed in the study. Purposive sampling was used in identifying participants in this study. Purposive sampling was used to select participants for focus group discussions in Ngweshi and Samuchapa areas of old market compound.

3.6 SAMPLE SIZE
The sample size is the total number of respondents that answer to the requirements of a given study that have the same characteristics (Kombo and Tromp, 2006). This study had a sample size of 124. The study conducted; 2 Focus group discussions, 8 key informant interviews. A total of 100 self administered structured questionnaires were administered to various groups of people including men. The response was overwhelming on the questionnaires because the study received the responses on time. The study used 100 respondents to answer questionnaires so that tables would be generated from the results and provide meaningful generalisation. It used 24 participants because of the bulkness of qualitative data in form of views, opinions and experiences of the participant. Eight participants were female who participated in the female
Focus Group Discussion in Ngweshi and eight others were male participants in Samuchapa Focus Group Discussion. The last eight were key informants who were selected purposively from institutions and organisations that were involved in Gender-Based Violence activities. Hundred were respondents who were sampled from the sampling frame.

A sample size of 124 was used to have clear and understandable impression of findings of the study from the quantitative part. Furthermore, it is easy for generalizations and inferences.

3.7 DATA COLLECTION TECHNIQUES
3.7.1 Pre-Test

A pre-test is an initial data collection aimed to ensure that the research instruments and questions are standards for a given study. It is against this background that the researcher went out into the field to collect data before the actual data collection so as to standardize the instruments.

The pre-test was sequential based on the objectives that were chronologically given from the first up to the last one.

The nature of the data collected were both qualitative and Quantitative based on the in depth interview, focus group discussions and questionnaires.

3.7.2 Quantitative Data:

To collect quantitative data Self administered structured questionnaires were used to collect demographic data, knowledge on the prevalence of Gender Based Violence, causes, effects and solutions. Other data were collected from census of population 2010, Demographic health surveys, institutions; Lukulu Mission Hospital (in Patient Register), Lukulu Police Station (VSU), Mulongo Local Court and Lukulu Magistrate Court this helped in giving patterns and trends of Gender-Based Violence.

3.7.3 Process of administering Questionnaires

A list of homes from the council was used to sample respondents at an interval of three. Questionnaires were physically given to the respondents in their respective homes. Contained in the questionnaires was the researcher’s name and instructions with regard to the whole research process. The purpose of the study (to establish the trends and patterns of Gender-Based Violence in Old Market Compound of Lukulu which was strictly for academic purposes at the University
of Zambia). Also disclosed were issues to do with confidentiality and consent. The respondents were not allowed to write their names on the questionnaire and anonymity was therefore assured. They were also allowed to withdraw if they were not comfortable with the study.

3.7.4 Qualitative Data:
A Focus Group Discussion interview was used to collect information on the perceptions, types and experiences of the people on Gender-Based Violence and established the way forward.

3.7.5 Interview Process:
Having purposively sampled the participants, the study proceeded to inform them of the meeting place as a group. We greeted the participants and introduced ourselves. We informed them that we are students at the University of Zambia pursuing a degree. We informed them that the purpose of the study was to establish the trends and patterns of Gender-Based Violence in Lukulu. Participants were told of their rights in the study that they were free to choose to pull out anytime they felt uncomfortable. Furthermore, we assured the participants of anonymity and that they would remain untraceable in the study. Questions were read out to the hearing of every participant who answered through a discussion among themselves while notes were being taken. At the end of the discussion, the participants were thanked.

3.8 DATA ANALYSIS
Qualitative data on personal experiences and narratives were analysed thematically. Quantitative data was analysed using computer software. These were; MS Access which was used for data entry, MS Excel for data screening, coding, sorting and analysis and SPSS (descriptive statistics) was used for development of graphs, charts and analysis.

3.9.0 ETHICAL ISSUES:
Due to unpredicted behaviour of human beings and sensitivity nature of the subject, the study sought Permission from University of Zambia Ethics Committee, Civic and Traditional authorities and the researcher assured respondents and participants that the information that was collected would be kept secret and used for study purposes only.

3.9.1 LIMITATIONS
Collecting data on Gender-Based Violence was challenging because some of the women could not disclose issues of domestic violence due to cultural factors because they were not allowed to do so.
Collection of data on GBV was sensitive in that it required the establishment of a rapport between interviewers and the respondents or participants.

Similarly, the research required assurance of privacy.

Collection of data also required the permission from various stakeholders due to its sensitive nature.

In order to ensure that the study was successful, the following were done;

- The research assistants received special training on Gender-Based Violence and data collection.
- Interviews were conducted with maximum privacy and a good rapport was established.
- Permission was sought from relevant authorities.
CHAPTER FOUR
FINDINGS

4.1 Background Characteristics of Respondents

4.1.1 Age distribution

The table below shows the age distribution of the respondents. Respondents between 15 and 19 years constituted 8%, those between 20 and 24 constituted 24%, those in the ages between 25 and 29 years made 20%. Respondents between 30 and 34 years constituted 16%, and 12% were aged between 35 and 39 years. Those aged between 40 and 44 years were 10%, 45 and 49 years made 6% and 3% of the respondents were 50 years and above.

Table 4.1.1 Age distribution of respondents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>0</td>
<td>8</td>
<td>24</td>
<td>20</td>
<td>16</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

4.1.2 Sex of the Respondents

The figure below demonstrates the sex of the respondents. The research included both sexes. 65% of the respondents were female and 35% were male.

![Sex of the Respondents](image)

Figure 3: Sex of the respondents
Source: Field Data (2014)
4.1.3 Education level

The figure below shows the level of education of the respondents. Respondents that did not have any form of education were 11% while those with primary education were the majority making up 60%, those with secondary education were 24% and 4% had tertiary education. The remaining 1% of the respondents did not give response.

![Education Level](image)

Figure 4: Education level of respondents
Source: Field Data (2014)

4.1.4 Economic Status

There were only two distinct socioeconomic classes that the research revealed among the respondents. Respondents who belonged to the low economic status (class) were 89%. Those who were in the middle economic class were 11% and none of the respondents belonged to the high class. The bar graph below shows the economic status of the respondents.

Among the participants, 11 representing 69% of the participants said they were poor. Three of the participants standing for 19% said they were neither poor nor rich. They formed the middle class according to the classification of Lukulu. One participant could not state her status which represented 6% of the participants.
The figure below shows the economic statuses of the respondents in percentage.

![Economic status](image)

Figure 5: Economic status of Respondents
Source: Field Data (2014)

### 4.1.5 Marital Status

Table 4.1.5 shows the marital statuses of the respondents. Those that were single were 20% while those that were married were 45%. Respondents that were divorced 10% while those who were separated were 15% and the other 10% percent were widowed.

Table 4.1.5 Marital Status of Respondents

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Widow/er</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>20</td>
<td>45</td>
<td>10</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

### 4.1.6 Employment Status

The figure below shows the employment statuses of the respondents. The majority of the respondents were unemployed making up 76% while those that were employed made up 24%. Those who were employed included people in the civil service and Non-Governmental Organizations.
4.1.7 Family size

The table below shows the average number of children that respondents had and the household size against marital status. Divorced respondents had five children on average with a household size of six. Widows and widowers had on average seven children with a household size of eight. Those who were married had three children on average and with a household size of six while those who were separated had two children on average with a family size of three. Of those singles who responded half did not have any child while the other half had one child with unknown family size because most of them were still living in the homes of their parents or relatives.

Table 4.1.7 Family size of Respondents

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Average number of children</th>
<th>Family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>divorced</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>widows</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>married</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>separated</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>single</td>
<td>0.5</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)
4.2 Existence and prevalence of Gender-Based Violence

4.2.1 Knowledge of Gender-Based Violence

According to the findings from the questionnaires, less than 50% of those without any form of education knew about Gender-Based Violence. Respondents who had primary education and had heard about gender-based violence were 60%, those with secondary education and had heard about GBV were 80%. All respondents with tertiary education knew about GBV. The majority of the people with GBV knowledge were female while males were the minority. Respondents with highest knowledge on GBV were singles followed by the separated and then those who were married. The widows expressed least awareness of the vice and then followed by the divorcees.

The majority of the people with GBV knowledge were female while males were the minority. Respondents with highest knowledge on GBV were female singles followed by the separated and then those who were married. The widows expressed least awareness of the vice and then followed by the divorcees. Among those who had knowledge about GBV revealed that radio, church, police and friends were the main sources of information. Other sources were the newspapers, workshops and civic organizations. Gender-Based Violence exists in old market compound.

During the Focus Group Discussion the majority of the participants knew about Gender-Based Violence. They also showed that Gender-Based Violence existed in three forms. These were physical, sexual and emotional. It also revealed that the most prevalent form was physical.

As the participants from both Ngweshi and Samuchapa in the focus group discussion echoed:

“We do know about Gender-Based Violence and understand it and that it exists in our area. It comes in form of physical, sexual and emotional. The most prevalent one is emotional then followed by physical and lastly sexual.”

Among those who had knowledge about GBV, the study revealed that radio, church, police and friends were their main sources of information. Other sources were the newspapers, workshops and civic organizations.
4.2.2 Experience of Gender-Based Violence

About 80% of the female respondents had experienced GBV since 2000. Of the female respondents who had experienced GBV since 2000, 60% experienced GBV in the last twelve months and about 35% experienced some form of GBV when they were pregnant.

The table below shows Gender-Based Violence categorized according to types and age structure. Data in the table reveal that physical violence is the most experienced with 77% followed by emotional with 17% and sexual violence with 6%. The data further reveals that females in the age group 20-24 have the highest experience of physical violence of 19% followed by the age group 25-29 with 16%. Age group 30-34 years had 13%, those between 35-39 years had 9%, for age 40-45 years it was 8%, those between 45-49 years it was 5%, and those aged 50 years and above it was 2%. The two age groups 20-24 and 25-29 accounted for half of all experiences of physical violence. The experiences of physical violence among the respondents reduced with increase in age.

Emotional violence is the second type of GBV with 17%. Emotional violence was highest 4% among respondents in 20-24 years age group, 3% for age groups; 25-29, 30-34 and 35-39 years. 40-44 had 2% and 1% for age groups 45-49 and 50 and above. The age group 15-19 years had less than 1%.

Sexual violence was lowest with the occurrence percentage of 6 in relation to other types of violence. This mostly affected women in 15-19 years age group with the highest percentage of 67% followed by the 20-24 age group with 17% while other age groups accounted for the 16%.
The table below shows Gender-Based Violence categorized according to marital status and age structure. The table further demonstrates that of the married respondents who experienced some form of violence were mostly between 20 and 40 years of age, 44% of the respondents who were single were in the age group 20-24 and had the highest victims of violence. The most vulnerable divorcees were in the late thirties and forties while the most vulnerable separates were mainly between 25 and 39 years. As for the widows and widowers the most vulnerable were mainly in their late forties and in the 50+ age group.
Table 4.2.2b **Experience of GBV against age group and marital status**

<table>
<thead>
<tr>
<th>AGE</th>
<th>single %</th>
<th>married %</th>
<th>divorced %</th>
<th>separated %</th>
<th>Widow/er %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15-19</td>
<td>19</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20-24</td>
<td>44</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25-29</td>
<td>28</td>
<td>20</td>
<td>0</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>30-34</td>
<td>6</td>
<td>18</td>
<td>15</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>35-39</td>
<td>2</td>
<td>16</td>
<td>18</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>40-44</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>45-49</td>
<td>0</td>
<td>7</td>
<td>33</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>50+</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

Overly, the study also showed that those who were married had higher experience of Gender-Based Violence than other groups. This was followed by those who were separated and the divorced and then the widowers and widows, and finally the singles had the least experience of GBV.

Data has also shown that the ratio of experience of Gender-Based Violence according to sex is 5:1 female to male respectively.

On average there are 35 cases of GBV nature that are reported to different institutions in the district per month, 26 are female victims and 9 male. Only 12 of these go to police per month and only 4 are taken to magistrate court of which 3 are withdrawn and 1 is resolved at court with obvious punishment of a fine.
4.2.3 The perpetrators of Gender-Based Violence

Gender-Based Violence perpetrators in Old market compound of Lukulu include both males and females. They are in all levels of society; both educated and uneducated. According to the respondents, perpetrators include the spouse, boyfriend, relatives, employers and or workmates, teachers, police and acquaintances.

The married revealed that most of the perpetrators of GBV are their husbands. Of the women interviewed 60% of Women who were in their second marriages said that they were abused by their former husbands. In the same way women who were divorced and those on separation answered in the same manner. Singles, young women and boys revealed that they were abused by their own parents, teachers and boyfriends in the case of girls. The girls that said that the main perpetrators of the violence they experienced were their former boyfriends were 58%, those who said current boyfriends were 20%, those that said their guardians were 8%. Respondents that said their employers and teachers were 5% and others constituted 4%. For those on separation, all of them indicated that the perpetrators of the violence they experienced were their spouses. This was exactly what was also found among the divorced, abused by their former spouses. The widows and widowers mentioned that they were abused by their in-laws.

The data showed that 80% of the perpetrators of GBV were male and 20% were female of the same age group; 15-49 years with the majority of male perpetrators in the age between 15 and 49 while women its between 20 and 44 years with a ratio of 1:5 (1 to 5) female to male.

In the Focus Group Discussions for both females and males in Old Market, it was disclosed that the majority of the perpetrators were males who were seen to have domineering authority in homes. The perpetrators were between 15 and 49 years.

Female participants in Ngweshi Group Discussion indicated that:

“As females, we are saying the main perpetrators of Gender-Based Violence are men who think that they own homes. The men who do that are old, above 20 years.”

While a Focus Group Discussion at Samuchapa for male participants resounded that:

“Women are the ones who provoke us, that is why we beat them.”
4.2.4 Characteristics of the perpetrators

It was realized that the perpetrators of Gender-Based Violence were mainly drunkards who spent their money on alcohol but could not fend for their families. These perpetrators were mainly male who had primary or less education with low economic status. However, there were also traces of GBV cases whose perpetrators had secondary education even tertiary but were mainly emotional.

The other characteristic that was highlighted by many respondents was smoking, alcohol and drug abuse. It was clearly indicated that men who liked beating up their wives, kicking, slapping, insulting and hurting were mainly under the influence of marijuana. The women whose husbands smoked and reported to have been abused constituted 40%.

Intimidation was another characteristic that was mentioned during the study. It was revealed that men used all forms of threats both verbal and non-verbal to intimidate their spouses. Furthermore, it was discovered that in some few cases, a woman whose spouse was an abuser, worked out a revenge on the children in a way to punish the spouse indirectly or retaliated directly on the spouse and equally became a perpetrator also.

One other characteristic pointed out in the study was possessiveness. This was mostly biased towards men. It was understood that in some cases, women were not allowed to do their own businesses to support and improve the household income. Instead, men wanted to be the sole source of income which would guarantee them maximum authority and control over their spouses.

Acquaintance was another characteristic that was discovered mainly among the abusers for the young people. Respondents indicated that perpetrators have a tendency to acquaint themselves with the potential victims especially for sexual violence. Sometimes it would involve ‘buying the potential victim with gifts’.

For sexual violence especially among the minor, it was realized that most of the perpetrators were involved in rituals.
Through the Focus Group Discussion, the participants confirmed that the majority of the perpetrators were those who liked intimidating, possessive, abused alcohol and drugs, and friendly.

By way of confirming, participants from both Ngweshi and Samuchapa Focus Group Discussion said:

“Perpetrators of Gender-Based Violence like befriending, blackmailing and helping. The majority like drinking beer and smoking dagga.”

4.2.5 **Frequency of Gender-Based Violence**

According to the information obtained from the in-patient registers, women married to drunkards and drug abusers had the highest GBV prevalence followed by widows. Divorced and separated women were only abused sometimes while singles had the least GBV prevalence.

4.2.6 **Trends and Patterns of Gender-Based Violence in Old Market**

Figure 7 and 8 below show GBV dynamics in the past five years in Lukulu. According to the in-patient register, Victim Support Unit, local court data and Sancta Maria, GBV cases have been on the increase overly. On average, there are 35 cases of GBV that are recorded per month with women recording 26 and men 9. From 2010 there is a marginal rate of increase in GBV by 1.7. The increase was noted on the males with 1.8 but a negligible reduction among females of 0.1. Generally, the data shows that women experienced more Gender-Based Violence than males.

![Figure 7 (Trends of Gender-Based Violence)](image)

Source: Field Data (2014)
The figure below explains the general trend of Gender-Based Violence in Old Market Compound in a period of five years (2010-2014). The trend shows a general increase in Violence among males and a slight reduction among females.

4.2.6 Trends and Pattern of GBV in Old Market Compound

![Trends and Patterns of Gender-Based Violence](image)

Figure 8 (Patterns and Trends of Gender-Based Violence)
Source: Field Data (2014)

4.2.6.0 Trends and Patterns of Gender-Based Violence by type and age-group

The table below shows the trends and patterns of GBV by type and age-group as percentage of age group. The data shows that out of the total number of cases reported from 2010 to 2014, 77% were physical, 6% were sexual and 17% were emotional.

Table 4.2.6.0 Trends of Gender-Based Violence by type and age-group

<table>
<thead>
<tr>
<th>AGE</th>
<th>physical %</th>
<th>sexual %</th>
<th>emotional %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>70</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>20-24</td>
<td>79</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>25-29</td>
<td>80</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>30-34</td>
<td>81</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>35-39</td>
<td>75</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>40-44</td>
<td>80</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>45-49</td>
<td>85</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>50+</td>
<td>67</td>
<td>0</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)
4.2.6.1 **Physical Violence:**

The majority of the people who suffered physical abuse were women in the reproductive age group. The major forms of physical violence that were experienced by the group included; slapping, kicking, canning, whipping with a stick, biting, pinching, hitting with kitchen utensils and flogging, and stabbing. Boys under the age 15 were more vulnerable to physical violence than their counterparts.

4.2.6.2 **Emotional Violence:**

This was made up of both verbal and non-verbal assault. It included defamation of character, witchcraft accusations, indecent assault and honor killing. According to the table, emotional violence was the second highest. It increased with increase in age from 20 years among women and from 32 years among men. Women below 20 years of age suffered deprivation. This manifested through early marriages.

4.2.6.3 **Sexual Violence:**

This was reported among women below the age 25 years. This included defilement, sexual harassment, early marriages, rape and incest. For older groups, it included widowhood practices and coercion.

Overly, physical and emotional violence increased by 0.7 and 0.3 respectively while sexual violence decreased with 0.4 as shown by figure 8 below.

![Trends and Patterns of GBV by Type](image)

Figure 9: Patterns and Trends of GBV by type
Source: Field Data (2014)
4.3. **Causes of Gender-Based Violence**

The study revealed that the major causes of GBV were beer drinking, drug abuse, finances, infidelity, jealousy, traditional customs and indiscipline. Other factors were; poverty, lack of education, occupation, residence and marital status.

![Causes of Gender-Based Violence by Percentage](image)

**Figure 10:** Causes of Gender-Based Violence by percentage

Source: Field Data (2014)

The findings of the study clearly explain that there were several causes of GBV that were highlighted during the study. There were culturally, socially and economically based causes.

The study revealed that culture played a significant role in determining the state of GBV in an area. Nearly 54% of the respondents who had gone to Sikenge stated that they were advised to keep quiet in meetings and never reveal anything about their marriage. They stated that culture taught that men are the owners of the homes hence could not question their decisions. They further revealed that some men who went to Mukanda were possessive and hence could not allow them to begin their own businesses.

Other traditional practices such as widowhood practices; sexual cleansing and honor killing were very noted. Early marriages, misconceptions about the cure of HIV and AIDS, and rites of passage were also noted to be causing GBV.

Tied to this were the religious beliefs that fostered patriarchal system which promoted the headship of a man. Respondents from Catholic Church indicated that their husbands were more
liberal and encouraged them to go to school or start businesses were 62%. Those from protestant churches that stated that their spouses were rigid and could not support them in any socioeconomic development were 56%.

The social causes were considered to be the major cause of GBV according to the respondents. These included; alcohol, drug abuse and infidelity. Alcohol and drug abuse constituted 40% of the causes. Of the respondents who said that the major cause of GBV were alcohol and drug abuse, 66% indicated that alcohol was the highest followed by drugs. Domestic conflicts which included; infidelity, jealousy and lack of trust made up 32%. Lack of education and peer pressure accounted for the 28%.

During the Focus Group Discussion the majority of the participants showed that Gender-Based Violence is caused by beer drinking, drug abuse, infidelity and early marriages. Participants also said that women were more vulnerable to Gender-Based Violence than men because of the traditional customs that families followed.

For example, female and male participants from Ngweshi and Samuchapa Focus Group Discussions respectively emphasised that:

“We do know and acknowledge that GBV is as a result of beer drinking, smoking and drug abuse. Other causes are infidelity, early marriages and dependency on men. We further feel that females are the ones prone to Gender-Based Violence because they are powerless and patriarchal tendencies followed by our families favour men.”

Other factors which contributed to the prevalence of GBV were poverty, lack of education, occupation, residence and marital status.

4.3.1 Factors influencing the causes of GBV

The figure below shows factors that influenced the causes of GBV. According to the respondents, poverty accounted for 40%. The variable poverty was measured using employment status and monthly income. Participants also said that they were poor and could only manage a meal per day and the type of structures they lived. CSO (2006) indicates that poverty levels in Lukulu reduced to 75% from 98% in 1998. The majority of the women who said were poor and their husbands drunk beer or smoked dagga revealed that they experienced domestic violence
almost every week. They stated that they could not leave their matrimonial homes because of the children whom they could not sustain. On the contrary, men indicated that they beat up their wives because of laziness and indiscipline. Study statistics also showed that women who were poor suffered more of physical violence while those employed or had stable income suffered more of emotional abuse like denial of sex by their spouse.

Both male and female respondents indicated that residence has a strong influence on GBV. Old market compound has a lot of bars and many houses where local beer (Kacipembe or Kacasu) is brewed and sold. Dagga is also sold in these places. Many people are at a higher risk of getting involved in these illicit activities which are primary factors to the causes of GBV.

Education also came out strongly as a factor influencing GBV. According to the data obtained from Sancta Maria counseling Centre, most of the reports about GBV were from women between 20 and 34 ages with basic, secondary and tertiary education, the physically challenged, the poor and the aged. The responses from the questionnaires revealed that people who were the worst victims and suffered most cases of GBV were those without education and those with primary education. According to the study, among women, one’s education level reduces vulnerability by 18% especially for physical violence. The level of vulnerability reduces with
increase in the level of education while the level of reporting increases with increase in education level up to secondary level and then drops at tertiary level.

In terms of marital status in relation to GBV, the study revealed that 93% of the female singles under 29 were vulnerable to GBV as opposed to their male counterparts who were less than 10% vulnerable. Women in marriage between 15 and 49 years old were more vulnerable to GBV. Widows and widowers above 40 years were the most vulnerable. Those separated in the age between 25 and 39 were most vulnerable in their status and those who were divorced between 30 and 49 years age group. Marital status indirectly caused GBV by 10%. In relation to marital statuses, the married were more vulnerable to GBV than any other status.

Occupation was least to influence the occurrence of GBV among women by 8% according to the findings. Women whose husbands or boyfriends were police officers or court officials suffered more GBV than those whose husbands or boyfriends were in different areas of specialization in Old Market Compound.

The majority of married Female participants said that:

“My partner takes advantage of me because I do not work to earn my own money. At times I think he abuses me because of the nature of his job. He works at the place where I should go to report. So I cannot report because his workmates will support him.”

4.4 Effects of Gender-Based Violence

According to the study, the effects of GBV ranged from quarrels to death. There were psychological, emotional and physical effects.

The table below demonstrates the major effects suffered by Gender-Based Violence victims. Respondents that stated women in the age group 15-19 years who suffered GBV and were infected with sexually transmitted infections (STIs) and or HIV and AIDS were 40%. Those that said that they had suffered assault which included dislocations, swollen faces and body were 20%. Respondents who said GBV resulted in quarrels constituted 20%. Those that did not give response were 20%.
For males and females under 15 years, the main effects were abandonment, STI and HIV and AIDS infections, orphan hood, disabilities, withdrawal, school dropout, early and unplanned pregnancies, early marriages, abortions and child delinquencies.

About 40% of respondents indicated that women between 20 and 24 years who suffered GBV were assaulted and or infected with STIs and or HIV and AIDS. The other 20% said that they suffered depression and about 2% revealed that they had miscarriage or still births due to abdominal injuries. There were traces of other effects, however could not add to 1%.

The findings of the study also showed that 29% of the female respondents between 25 and 29 years age group said that women of this age group were more prone to assault, trauma (17%), STIs and HIV&AIDS infections (14%), quarrels and loss of property with depression being the least. This was similar to the women in age group 30-34. Women of age group 35-39 years had assorted experiences of GBV effects. Trauma was considered to be the main effect followed by assault, depression, desertion, breakups and infections.

For the age group 40-44, the most notable effect is depression followed by beer drinking, trauma and assault. Other effects included divorce, desertion and separation. Similarly, the 45-49 age group, 40% of the respondents said that women in this age group who suffered GBV developed depression, 20% said that they suffered loss of property, trauma and family breakup. Those aged 50 years and above, indicated that they suffered trauma, depression, desertion, loss of property and divorce.

In the course of the Focus Group Discussion, the majority of the participants revealed that the major effects of GBV were; divorce, separation, trauma, loss of property and trust, infections, assault and beer drinking.
Table 4.4 Age Group in Relation to the Effects of GBV

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NO RESPONSE</th>
<th>ASSAULT</th>
<th>BEER DRINKING</th>
<th>DEPRESSION</th>
<th>DIVORCE</th>
<th>DESERTED</th>
<th>LOSS OF PROPERTY</th>
<th>LACK OF TRUST FOR MY PARTNER</th>
<th>QUARRELS</th>
<th>SEPARATION WITH INFECTED WITH STIS AND HIV &amp; AIDS</th>
<th>TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>20-24</td>
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<td>40</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>25-29</td>
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<td>29</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>30-34</td>
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<td>30</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>35-39</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>40-44</td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>45-49</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>50+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

As the participants from Ngweshi and Samuchapa in the Focus Group Discussions echoed:

“The major effects of Gender-Based Violence are divorce, separation, trauma and loss of trust. Other effects are; infections, loss of property, assault and beer drinking.”

In a nutshell, for younger ages, the effects are more of physical such as assault and infections but reduce with increase in age, but depression (emotional effects) increases with increase in age. Respondents who said depression, assault, infections and trauma were the severest effects were 40%.

4.5 Help Seeking Behaviour

4.5.1 Sources of Help for GBV Victims

The major sources of help for those who suffered GBV included friends, family, neighbor, police, church and social organizations.

The table below shows that the biggest percent, 27% of the respondents said that they sought help from spouse’s family, 17% were helped by their own family, 11% were helped by police and court and the same percentage were helped by a friend. Others were helped by social organizations 9%, religious leaders 8% and neighbours 4%. The other 13% did not sought help from anywhere.
The married had the highest proportion of those who sought help. However, the biggest fraction of the help was from their own family who included the aunties, uncles, grandparents and cousins. The least source of help was from friends among the married because they feared that their problem could become a community issue by sharing it with neighbours.

Those never married or singles were the second with 20% record of reporting cases and experiences of GBV. Most of the female singles reported or sought help from their own family, police and friends. However, singles also had a small percentage, 5%, who did not report the cases. The separated were third in terms of reporting their cases of GBV.

Table 4.5.1 Marital Status and Source of Help

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>SOURCE OF HELP</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FRIEND</td>
<td>SPOUSE'S FAMILY</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>MARRIED</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>WIDOW</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>WIDOWER</td>
<td>0</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

Data shows that the main institution that was involved in resolving or providing help was the spouse’s family. Others were the police, the clergy, own family and neighbours. Those who could not inform any one were negligible.

It was revealed that among the divorced, the main help came from police or court. Other areas where the divorcees sought help were the church, social organizations like Women’s Lobby Group and social welfare. Quite a significant percent also indicated that they did not seek help from anywhere.

The findings of the study revealed that in Old Market Compound, widows got help from social welfare, own family, spouse’s family, the clergy and friends. In terms of not seeking help, they
were the least with a percent less than 1. Their helping seeking behaviour was almost 100%. As opposed to their counterparts, the widowers who sought help mainly from their in-laws and their own family. However, they were the least to seek help in comparison to other statuses.

In the Focus Group Discussions, the majority of the participants sought help from their families, friends and neighbours. Females rarely go to the police because of distance and ill reception. Men however did not seek help because of stigma.

Participants in Ngweshi Focus Group Discussion revealed that:

“We go to the in-laws, parents, friends and neighbours to ask for help but we are not given adequate help. In the same vain we do not go to the police because the Police station is very far and there is no good welcome. Furthermore, we think that the perpetrators should be punished by taking them to prison.”

While participants in the Focus Group Discussion in Samuchapa pointed out that:

“We do not report cases of Gender-Based Violence that we experience because we fear to be laughed at. Others report to police where the perpetrator is fined by the court or withdrawn. We need a police post in Old Market to be arresting the perpetrators of Gender-Based Violence and both men and women should be counselled.”

People without any formal education and those with primary education got help mainly from their own families or religious leaders. Those with basic, secondary and tertiary education sought help mainly from their own families. However, police was only involved for major cases. In most incidences, police was also involved when families failed to address the case.

4.5.2 Quality of Help rendered

The figure 11 below shows the quality of help rendered to the victims of GBV by different institutions. The data reveals that the best help was offered by police and followed by one’s family. The other institutions that offered good help were the church and social organizations.
4.5.3 How cases of GBV were resolved

Table 4.5.3 How Cases of GBV were resolved

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>counselling</th>
<th>Imprisonment of perpetrator/ fine</th>
<th>separation</th>
<th>divorce</th>
<th>No action</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;15</td>
<td>0</td>
<td>60</td>
<td>0</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>15-19</td>
<td>50</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>20-24</td>
<td>80</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>25-29</td>
<td>78</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>30-34</td>
<td>73</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>35-39</td>
<td>67</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>40-44</td>
<td>70</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>45-49</td>
<td>75</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>50+</td>
<td>80</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Field Data (2014)

The table above demonstrates how cases of GBV were resolved in Old market Compound of Lukulu District. Under the age 15 years defilement and sexual harassment were taken to court and the perpetrators were imprisoned. Assault, desertion, early marriages and child labour resulted in fine. Cases in which the perpetrator was a juvenile, most of them were discontinued or ended in a fine. The majority of women above 19 years who experienced GBV were
counseled. A good number did not take action while those between 30 and 44 years took cases to court and were given warrant of separation or divorce for those in a union of marriage.

4.5.4 **Accessibility of help**

According to the figure below, 55% of the respondents said that help was accessible from own family, church, friends and police. Respondents that said that help was not accessible were 25% while 20% could not give any response. The pie chart below summarizes the findings on accessibility of help.

![Accessibility of help](image)

Figure 13: Accessibility of help

Source: Field Data (2014)

4.5.5 **Barriers in accessing help**

The barriers that were noted by the respondents in accessing help were stigma, intimidation, and increased rivalry in the home for couples. Other barriers were threats by the perpetrator, fear and poverty (especially when the perpetrator is a bread winner). Lack of knowledge about what to do and information on places where to report to. Other points noted were lack of commitment by those who could help. Others were; lack of trust in the people who could help, distance, delayed judgment and corruption.

4.6 **Measures that should be taken to prevent Gender-Based Violence**

4.6.1 **Integration of Indigenous Knowledge in Gender-Based Violence (GBV) prevention**

According to the responses gathered from the question on whether indigenous knowledge affects the prevalence of GBV, 74% agreed while 20% refused and 6% did not have any response. The fact that tradition and culture demand that women should not say anything in public has resulted
in women suppressing their emotions, torture and other forms of violence in the name of protecting their marriages. The belief that to be beaten by one’s husband is a sign of love has worked against women’s plight.

4.6.2 Integration of GBV issues in cultural practices

From the public domain, the following were seen to be significant in fighting GBV:

Including GBV issues in informal education (initiation) like Mukanda and Sikenge. The majority of the people interviewed clearly indicated that strengthening the traditional structures to be responsive to GBV can help reduce the vice. Riddles, folklores, myths and legends should be responsive to the demands of modern times. It was added that these traditional methods of imparting wisdom should be dynamic and creative in meeting modern cultural demands.

Inclusion of GBV issues in traditional practices like widowhood practices, rite of passage, marriage ceremonies and traditional ceremonies such as Likumbi lyamize and Kazanga. There is need to strengthen the values, customs and practices of the people which promote and retain the role of women and girls in the family and community as a whole. Integration of GBV in cultural practices was also considered to be one way by which GBV could be prevented. This could help break the barriers in terms of communicating sex and gender education at household and community level especially during rite of passage and widowhood practices.

4.6.3 Prevention Policy Mechanisms.

Policy prevention mechanisms that respond to the cultural needs aimed at transforming cultural practices should be established. The existing laws like Anti Gender-Based Violence Act, National Gender-Policy and other policies related to violence should defend and promote programs against GBV.

According to the study, there were many ways that were proposed to be used to prevent Gender-Based Violence. A well-coordinated GBV policy prevention mechanism that includes sensitization, establishment of GBV mainstreaming activities, punishing of perpetrators, establishment of fast track court on GBV cases, integration of GBV in cultural practices, empowering of women and girls, improvement of the reporting systems of GBV cases and preventing alcohol and drug abuse can help reduce GBV.
According to the figure below, sensitization of the people about the dangers of violence was considered to be the most significant method to prevent GBV. This method was inhibited by lack of resources both human and material to use. Lukulu community radio was noted to be one way by which sensitization could be done but there were no organizations or institutions to run the programmes.

![Methods that can be used to prevent GBV %](image)

**Figure 14: Methods that can be used to prevent GBV as a percentage**
*Source: Field Data (2014)*

The other mechanism that was suggested by which GBV could be prevented was through the establishment of gender mainstreaming activities. This however was countered by the absence of organizations to manage these activities. Women Lobby Group could not manage to do this due to financial constraints, lack of transport and unwillingness of women.

Punishment of the perpetrators through fine or imprisonment was seen to worsen the relationship between the perpetrator and victim. To some extent it increased vulnerability of the victim and resulted in increased poverty especially in the cases where the perpetrator was the bread winner.
Establishment of fast track court for GBV cases in the magistrate court to quicken the judicial process could reduce case withdraws. It was also noted that cases of GBV nature took long to be reported.

Empowerment of women and girls could also prevent GBV. Empowerment of women in terms of skill development and knowledge about their rights and obligations could bring about self-esteem among women that would be a fundamental tool to protecting themselves against abuse.

Alcohol and drug abuse could also prevent GBV if combated.
CHAPTER FIVE

DISCUSSION OF FINDINGS

The chapter discusses the findings of the research on trends and patterns of Gender-Based Violence and help seeking behaviour based on the objectives in relation to literature review and theoretical frameworks.

5.1 Existence and Prevalence of Gender-Based Violence

The findings from both qualitative and quantitative research instruments revealed that Gender-Based Violence (GBV) like in any other area exists in Old Market Compound of Lukulu District. It exists in all the major three forms and it agrees with other studies as shown by Brown (2004). These are; physical, sexual and emotional. Emotional (psychological) could be the highest in occurrence but due to its hidden effects it receives less or no attention hence almost unheard-of though very prevalent. Mostly it manifests in separation, divorce and depression. Knowledge about Gender-Based Violence is mostly dependent on one’s education level. The highest reported GBV cases are physical and then sexual though lowest in record. People tend to report physical GBV at police when they are turned away from hospital because of not possessing a police report that would allow the hospital personnel to attend to them. GBV is most prevalent among female in the reproductive age. It is common among people who are in a union of marriage or cohabiting or in a relationship with a man. This means that the relationship between a man and a woman poses greatest risk of one’s suffering GBV and marriage is one such kind of a relationship. However, the longer one stays in the relationship, physical violence decreases but emotional violence increases.

The study findings like ZDHS (2007) and ASAZA (2005) showed that the percentage distribution of women aged 15-49 who had experienced GBV since age 15 by background characteristics was almost half of the women population. The findings of this study however have gone further to establishing a frequency of Gender-Based Violence against the background characteristics which have given the pattern and trend of GBV. Gender-Based Violence has an occurrence rate of 35 reported cases/month and 1.25 occurrences per day in Old Market Compound. However, physical and emotional violence had an origin code of 2 and 3 meaning one person experiencing physical and or emotional form of violence twice or thrice which shows
that the frequency of physical and emotional GBV is high. Generally, GBV is on the increase by 1.7 in the period under review. For males it is on the increase with 1.8 while there is a negligible reduction among females.

Based on the findings of the first objective, Gender-Based Violence exists in Old Market Compound in three forms. This is as a result of unequal power relations between men and women which are the major contributing factors to the causes of Gender-Based Violence which can also be explained using conflict theory Oberschall (1973). Conflict theory suggests that human behaviour in social contexts results from conflicts between competing groups. It understands human society in terms of conflict between social classes. This therefore fits well with the findings on the first objective.

Given the observed trend, it can be extrapolated that in the next decade, there will be more males experiencing GBV than females and probably more cases of male victim than female given that men start reporting cases of GBV that they experience. The marginal reduction among females was as a result of formulation and implementation of GBV policy, sensitization coupled with the awakening period regarding Gender issues. However, among males, the increase is attributed to drunkenness, drug abuse and female retaliation. If not properly understood, fighting GBV will have negative impact on the men and make them lose their grip on the family.

Perpetrators of Gender-Based Violence were mostly male. Male to female ratio in terms of perpetrators was 1:5 which means 80% of the perpetrators were male and 20% were female which can also be explained that women and girls are 80% more vulnerable to GBV than men.

Perpetrators of GBV possess one of or all common characteristics of intimidation, possessiveness, acquaintance, and abuse of alcohol and or drugs.

5.2 Relationship between Gender-Based Violence and Background Characteristics:

This subsection discusses the relationship between Gender-Based Violence and background characteristics. This analysis would help the study come up with trends and patterns of GBV.

5.2.1 Age, sex and marital status of respondents in relation to Gender-Based Violence

The majority of the respondents were between 15 and 49 years with the age group 20 to 34 having the highest proportion. This agreed with ZDHS (2007) that indicates that the percent
distribution of women in age 15-49 had ever experienced physical violence. Studies that have been carried out were based on marital violence. This study has therefore filled in the gap by describing Gender-Based Violence categorized according to sex, age, marital status and type. According to the findings of the study, single women below 30 years are more prone to Gender-Based Violence especially those between 20 and 29 years than single women in other age groups. This is usually perpetrated by their boyfriends either current or former. This is because of the tendency to depend on and cohabit with their boyfriends. It can be suggested that females in this same age group also suffer from peer pressure (pressure from both peers and society to get married), drink alcohol and others are involved in drug abuse. The study went further to deduce that GBV reduces with increase in age among singles. This is due to reduced dependency on the male folk, and increase in their ability to deal with peer and societal pressure.

The study showed that Gender-Based Violence was highest among married women and this agreed with the findings of ZDHS (2007). The findings of the study revealed that women of age between 20 and 44 years especially the age group 20-34 suffered most GBV. This was attributed to the fact that women in this age group were recently married and were less than ten years in marriage. In this period spouses were still in process of knowing each other. The study also noted that GBV was common among marriages that were created as a result of pregnancy. This showed that marriages of convenience and fostered ones had a higher risk of experiencing GBV hence had a higher prevalence. The other gap that other studies left was the average age at which divorces that result from Gender-Based Violence occur. This study helped in revealing that divorces in Lukulu mostly occur between 30 and 49 years. It also noted that divorcees in this age group suffer more GBV from their in-laws or former spouses and this is common among families with less than 3 children. The majority of the widows were 40 years and above and widowhood increased with increase in age. GBV followed the same pattern and reflected the life expectancy of the country. There were more females than males in the research which gave a better platform for analysis. This further revealed that there is growing male apathy in terms of participation in issues of public concern.

5.2.2 Relationship between Education and Gender-Based Violence

The findings of the study indicate that there is a very strong relationship between education and Gender-Based Violence. This is similar to the study done by PLAN in Zambia which revealed
that education empowers women thereby reducing their vulnerability. The study noted that Education plays a significant role in determining the levels of GBV. Both formal and semi-formal forms of education are important in this cause. Increase in education also increases public awareness and reporting of GBV cases while at the same time reduce experiences by 18%. People without education suffer most GBV but are least in reporting while those with education have least experiences of GBV but highest in reporting. As opposed to the literature reviewed, people with secondary and tertiary education have least experiences of GBV but those with primary or without education have highest experiences of GBV. Therefore, strengthening education systems can help in curbing GBV. This is because education empowers women and girls with knowledge on their human and socio-economic rights which makes them to be self-reliant and reduce their dependency syndrome on men. In this regard it improves women’s social standing and economic status in society which effectively reduces their vulnerability.

5.2.3 Poverty and Gender-Based Violence

The findings of this study have shown that poverty and Gender-Based Violence are two sides of the same coin. The two have a cause-effect relationship. One is the cause and the other is the effect. Poverty creates a socioeconomic gap among people and groups leading to dependency and suppression. This is related to the findings of PLAN from the study done in PLAN units in Zambia which revealed that GBV was most prevalent among poor women. The findings of this study have shown that education tends to raise one’s employment opportunities and lift the economic status of women thereby reducing or closing the gap. Women who are single but employed earning cash or with monthly income least suffered GBV and are equal to their male counterparts. It was further realized that women who were married to service men regardless of their education level or employment status suffered GBV oftentimes. Similarly, unemployed women without monthly income suffer more GBV than their employed counterparts because of their dependency on men who are the main perpetrators. Findings of the study have also revealed that the poverty levels in Old Market are high and agree with CSO (2006) poverty profile that showed it to be 75% and this has been blamed on lack of employment especially among women which has greatly contributed towards Gender-Based Violence. This is in line with the Conflict theory and Theory on Violence against women.
5.2.4 **Residence and Gender-Based Violence**

There is a link between residence and Gender-Based Violence. The study has shown that residences of low socioeconomic status have high incidences of GBV due to low levels of education, absence of social facilities such as schools, hospitals, lack of decent accommodation, lack of safe clean water and electricity. This is in agreement with the situation analysis of Orphans and Vulnerable children carried out by GRZ in 1999 which disclosed that percentage poverty levels in rural areas were higher than in urban areas. This study further revealed that apart from rural areas, highly populated residences also create conducive environment for the manifestation of GBV. Densely populated areas have a higher affinity to illicit activities such as alcohol and drug abuse which are the major causes of GBV.

5.2.5 **Environment and Gender-Based Violence**

The findings of the study also showed that the home environment poses a great deal of influence on prevalence and experience of GBV. Children born out of wedlock and dependents living in the home create a lot of tension for the couple especially the woman. Separation and divorce have resulted from this tension. It was realized that the upbringing of the child can also impact on GBV. Boys and girls who were brought up seeing their parents (father) beating up their children and or their mothers, quarreling and fighting are made to think that is a model life. This was linked to the findings of ZDHS (2007) which showed that children who experienced GBV in their upbringing were more likely to be involved in GBV. In this regard, the historical background of an individual has a bearing on the experience of GBV. Similarly, poverty in the home breed social evils such as early marriages, negligence and disowning of children or family break ups which are antecedent factors causing GBV.

5.2.6 **Influence of Culture on Gender-Based Violence**

The study indicated that Gender-Based Violence is culturally based. It is also culturally determined in that there are several cultural practices that cause the vice. The study further noted that widowhood practices such as sexual cleansing have increased the prevalence of GBV cases but were not reported. These findings fitted well with the findings of WLSA (2001) which found that gender violence was invisible in families and communities because it hides in traditional practices. Other traditional ceremonies like Mukanda which have gained international
recognition have not customized their curriculum to include GBV issues. Traditional Marriage ceremony practices, payment of dowry and patriarchal family systems have increased women vulnerability to GBV.

The study also found that religion has also played a role in strengthening structures that foster GBV. Like culture, religion socializes boys to appreciate and value themselves and to perceive females to be lesser persons (YWCA, 2005). Main line churches promote patriarchal leadership styles which regard women to be of less value. This has led to a feeling of insecurity among the female folk. This feeling has exposed women to GBV vulnerability. This perception has permeated society and institutions thereby disadvantaging women in terms of education, employment opportunities and land acquisition. In this regard, poverty levels have continued among women.

5.3 Causes and effects of Gender-Based Violence

From the findings of both qualitative and quantitative research instruments, it was deduced that Gender-Based Violence is culturally and socioeconomically determined element. GBV on women is mostly cultural in that all the other causes emanate from culture. Early marriages, peer pressure, low social and economic statuses, ignorance coupled with lack of education and illiteracy, and misconceptions are all anchored on culture. Retrogressive cultural practices have lowered the social and economic statuses of women by not empowering them with skills and education to help them stand on their own. This is in agreement with Raya (2006) observations at global level and YWCA (2005) at national level. Similarly, culture has also inhibited progressive ideas that are meant to empower women. Like other studies, the findings of this study have revealed misconceptions about the cure of HIV and AIDS and patrilineal family ties that have promoted payment of dowry, property grabbing or property sharing in its simplified terms to be causes of GBV. The findings of the study also showed widowhood practices to have greatly contributed to the prevalence of the vice.

The findings of the study have shown that background characteristics such as poverty and residence have also influenced GBV. This is in agreement with the revelations made by ZDHS (2007), YWCA (2005) and GRZ (1999) that the percentage of persons (women) living in poverty in rural areas was at a higher risk of suffering GBV than in urban areas. Poverty among women makes them to be dependent on other people as it was observed in Old market where poverty
level was at 75% (CSO, 2006). This situation resulted in cases where girls have been given or have given themselves into marriage at an early stage or have been involved in illicit activities. Regarding residence, the study further noted that the presence of bars, unrestricted brewing and selling of local beer and lawlessness created an optimum environment for GBV.

The findings of the study have revealed new insights on the background characteristics that cause Gender-Based Violence. These were marital status and employment status. ZDHS (2007) observed that women who work and earn cash are more likely to suffer GBV. This study however noted that unemployed women were more dependent on their spouses which made them to be more vulnerable to GBV than their employed counterparts. It was realized that this condition makes them to be idle and get involved in illicit activities such as alcohol and drug abuse that would cause GBV. The study also showed that women in a fostered union of marriage or early marriage were likely to suffer Gender-Based Violence. The causes and experiences increase with increase in one’s exposure to the opposite sex especially those who abuse alcohol and drugs.

The theory on violence against women and conflict theory were useful in establishing the causes of Gender-Based Violence. The theory on violence against women holds that the majority of violence committed against women is committed by men. The theory also argues that the root cause of woman abuse is the pervasive social belief system that posits male superiority over women as natural and preferred (Garske, 1996). The findings clearly show that culture is a cause of Gender-Based Violence in Old Market Compound. Culture has created a socioeconomic gap between women and men, and girls and boys. This socioeconomic gap has given rise to conflicts that breed Gender-Based Violence which is explained by conflict theory (Oberschall, 1973). These theories were in line with the study in that they highlighted the primary causes of GBV.

In a nutshell, the findings of the study indicate that there are antecedent causes of GBV which include environment and some background characteristics like residence, poverty, employment and marital statuses. Some of these are not direct causes but indirect causes of GBV; they are preconditions or influence the causes in that they set a stage for the causes of GBV. Alcohol and drug abuse account for 40% of the causes, cultural factors 35% and socioeconomic factors 25%. This shows that alcohol, drug abuse, and cultural factors pose the greatest challenge to the cause of fighting GBV. If Gender-Based Violence is to be reduced these factors should be addressed.
5.4 Effects of Gender-Based Violence

The effects of Gender-Based Violence include wife battery, early forced marriage, child labour, social isolation, loss of personal security and property, and STI and HIV & AIDS infections. This is similar to the findings of Diawara (2000) on female Violence in Africa and a study by PLAN in Zambia which showed similar effects. This study has gone further to show that physical GBV has the highest observable effects while emotional has the most dehumanizing effect and longest in terms of experience depending on one’s resilience and could result into suicide. Sexual violence has long lasting impact and leads to unwanted pregnancies, abortions, maternal mortality, school drop-out, STI, and HIV and AIDS infections.

The findings of the study have given a trend in effects. The findings have shown that the younger generation suffers more physical and sexual violence but reduces with increase in age while emotional violence increases with increase in age. It has also been noted that physical and emotional violence are more common than sexual violence but do not receive much attention while sexual violence receives more attention.

Emotional and sexual violence have psychological effect on the victim which leads to depression and trauma if not well managed.

5.5 Help-Seeking Behaviour

The findings of the study from both qualitative and quantitative research instruments showed that Women who suffered both physical and sexual violence were the highest in reporting and seeking help. This was followed by those who experienced physical violence only and then sexual violence. The lowest were those who experienced emotional or psychological violence. This agrees with ZDHS (2015). This study categorized institutions that offered help to GBV actual and potential victims for easy comparison and analysis. There were basically two broad categories of institutions of help to GBV victims. These were primary and secondary institutions.

Primary institutions were those that were close to the victim as much as possible. These included; the home which was composed of the immediate home for the victim where the members observed or witnessed GBV cases and provided primary services to the victim of GBV. The home also included the neighbours, friends, spouse family and own family. Other institutions in this category were; the church and school. The church and school provided
mentoring and psycho social counselling services for victim of GBV and advised on the steps to take to resolve issues of similar nature. The church was mostly used by the married people while those under 20 years were mostly in school and found school to be a soft touch and sought assistance from school guidance and counselling teachers. However, cases that involved teachers are not successfully resolved at school. Families of the victim provided help in corroboration with the police. The home was seen to be the most important institution which needed to be provided with knowledge and skill in GBV prevention. Most of the GBV actual and potential victims seek help from these institutions.

Secondary institutions were those that provided secondary help to the victim. The institutions received information directly from the victim or a support group which could be a primary or secondary institution. These institutions were more concerned with the legal aspect of the cases and pursued judicial review of the cases. These institutions included the social organizations (NGOs), police and court. These institutions were more concerned with punishment of the perpetrator by imprisonment or fine depending on the magnitude of the case.

To provide a point of deviation in this regard, the study established the trend of Gender-Based Violence and help seeking behaviour in Lukulu. The trend was generally negative among men, poor and uneducated women. Statistics were better for primary institutions but bad for secondary institutions. Comparing GBV occurrence frequency and GBV reporting frequency, it can be deduced that only cases related to sexual violence and major assaults that required medical attention were reported which were also on several occasions withdrawn especially in cases where the perpetrator is the family bread winner. Only 11% of the cases of GBV reached these institutions but less than 1% of the cases were successfully and justly resolved in court. This means that there are several missing links and gaps between and among causes, effects and solutions of Gender-Based Violence in Zambia.

Tertiary institutions are one stop centers which provide tertiary services to the victims of GBV and accommodation to separate the victim from the perpetrator. These institutions are nonexistent in rural districts.

In terms of help, it was noted that primary institutions could provide the best and most effective help than secondary institutions if empowered with knowledge and skills of GBV prevention. This was because they were close to the actual and potential victims of GBV. In this regard,
these institutions could also prevent GBV. Secondary institutions were mostly concerned with addressing the effects. Tertiary institutions were not available which simply shows that these institutions and their services are not present in rural districts. Victims who are taken to such institutions for safety suffer separation and desertion.

This study found the Theory of Change and Pro-Feminist theories to be useful especially on the findings for the third objective in providing solutions to Gender-Based Violence. According to Mitchell (2012) the Theory of Change (ToC) draws on the experience of a range of actors delivering programmes and services addressing violence against women and girls, including donor agencies, women human rights defenders, women’s rights organizations and other civil society organizations. The best way to fight Gender-Based Violence is through change in all sectors starting from the individual to national level in terms of traditions, perception, policy formulation and implementation. In order to successfully address Gender-Based Violence, there is need to have behavioural change.

It was further noted that most of the GBV cases were resolved through counseling provided by primary and secondary institutions. However, there was also a big percentage showing no action taken on GBV cases among men, poor and uneducated women. This could be because of ignorance, fear and intimidation or stigma. It was noted that very few cases of GBV went to court and even if they went to court most of them were withdrawn. Most of the cases were poorly resolved due to cultural influences. Institutions and individuals who were tasked to resolve the cases were not gender sensitive. Therefore, these institutions need to be gender responsive in decision making and operation.

5.5.1 Accessibility of Help

Generally, help is accessible though it does not guarantee comprehensive safety of Gender-Based Violence victims. Accessing help is usually counteracted by threats by the perpetrator, rivalry in the home especially if the perpetrator is a spouse, and distance especially to secondary institutions which seemingly offer fair help, corruption and delayed judgment marred these institutions.
5.6 Prevention of Gender-Based Violence

There have been several strides in the country to fight Gender-Based Violence. These include; sensitization, creation of Women Groups, policing GBV and punishment of the perpetrators. These have not yielded any meaningful results in rural districts like Lukulu.

Gender-Based Violence is a socially and culturally determined vice. Its prevention is dependent on transformation of culture. Culture takes the antecedent (environment) or moderating role in GBV prevention, positive changes result in reduced incidences of GBV while negative changes can raise the occurrences of the vice. This transformation includes; customization of the programmes and policies to local communities and primary institutions which are the custodians of culture and centers of cultural change. These institutions also play a major role in community mobilization and education at the lowest level of a family. In order to successfully reduce GBV, cultural practices should integrate Gender-Based Violence since it is mainly a cultural issue. By integrating GBV into culture, women empowerment and education, gender-mainstreaming programmes and Gender-Based Violence policing and implementation would be easier. This is because it will break cultural barriers which are the major barriers in GBV communication. This is the bedrock to lifting the status quo of women hence reducing their vulnerability.

5.7 Analysis on Patterns and Trends of Gender-Based Violence

The general trend of Gender-Based Violence since 2010 is that there has been marginal increase in GBV by 0.6. This implies a 1.6 rate of increase in GBV. This increase is posing a great threat to the safety of human beings. In terms of age, the observed pattern was that women between the ages 20 and 49 years are more vulnerable to Gender-Based Violence and have a higher experience than other groups. This is because women in this age group are married and in their reproductive age. Those under 20 are in school while those that are 50 years and above have a significant percentage widowed, divorced or separated hence least exposed to perpetrators.

The general trend that was observed in relation to marital status and duration of marriage was that the frequency reduced with the length of one’s stay in marriage and to some extent parity. Women in their early years of marriage tend to have a higher experience of GBV. This reduces with increase in years in marriage. Single women and men are least exposed to GBV because of their low exposure to people of opposite sex. Early marriages which are sometimes both a cause and effect of GBV, peer pressure, low social and economic statuses, and misconceptions are all
cultural constructions. Retrogressive cultural practices have lowered the social and economic statuses of women by inhibiting progressive ideas that are meant to empower women. In this regard, culture has negatively influenced environment (home setting), school, church and workplaces making them to be gender irresponsive. If GBV is to be effectively fought, these institutions should be gender responsive by embracing gender responsive policies and programs.

It was also noted that education plays a key role in the prevalence and occurrence of GBV both to the perpetrator and to the victim. On one hand education empowers women with life skills which make them self-reliant. These skills are essentially fundamental to reducing vulnerability while on the other hand education helps potential and actual perpetrators to recognize victims as co-partners in development through respect and recognition of human rights and obligations. Without education, vulnerability increases with increase in ignorance and lack of self-esteem and skill. The trend is that; GBV is highest among the uneducated and reduces with increase in education. Education reduces one’s vulnerability by 18% meaning the higher one goes in education, the lesser the experiences of GBV.

In terms of types and effects, the trend revealed that the younger generation suffers more physical and sexual violence than the older generation. Physical and sexual violence mostly reduce with increase in age while emotional violence increases with increase in age up to 49 years. Sexual violence receives more attention followed by physical violence and last is emotional violence though it is one of the leading causes of depression and suicidal deaths.

In terms of help seeking behaviour, the trend basically among male victims is negative but for female it is quite positive but with a lot of barriers. There are three categories of institutions that deal with GBV or provide help to GBV potential and actual victims. The research has shown that widely used ones are primary and secondary. There are more Gender-Based Violence potential and actual victims who seek help from primary institutions than secondary and tertiary institutions. This is because of their closeness to the victim and perpetrator. However, skills have not been provided to such institutions making them quite ineffective.

In order to comprehensively address GBV, it is important to address the causes. Since GBV causes are more of cultural facet, they can be alleviated through cultural transformation. This can be done by the integration of GBV into cultural practices.
CHAPTER SIX
SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of the Findings

It has been noted that Gender-Based Violence exists in Lukulu in all its three major types which are physical, emotional and sexual and it is a health problem with serious cultural attachments. It is also a growing problem. It is caused by a number of factors which are mainly culture centered. These are early marriages, marriage systems such as patrilineal, widowhood practices, initiation, rite of passage and misconceptions about the cure of HIV and AIDS. Other causes are; alcohol and drug abuse, poverty and low socioeconomic status, lack of education, peer pressure, and religious beliefs. Some of the causes are antecedent meaning that they are indirect causes of GBV. These are preconditions or factors influencing the causes in that they set a stage for the causes of GBV. They include; environment and some background characteristics like residence, employment and marital statuses. All these revolve at lowering the socioeconomic status of women who are the main victims.

Physical Gender-Based Violence was the highest in occurrence with wife battery being the highest among couples. The general trend of Gender-Based Violence since 2010 is that there has been marginal increase in GBV rate of 1.6 despite all the efforts to curb the vice. Generally, it can also be deduced that women experienced more Gender-Based Violence than males. There was insignificant reduction in GBV occurrence among females which can be attributed to formulation and implementation of GBV policy. However, among males the increase could be attributed to drunkenness, drug abuse and female retaliation.

The general trend that was observed among the married was that the frequency of GBV reduced with the length of one’s stay in marriage and to some extent parity. Early marriages which are sometimes both a cause and effect of GBV, peer pressure, low social and economic statuses, and misconceptions are all cultural constructions. Retrogressive cultural practices have lowered the social and economic statuses of women and have inhibited progressive ideas that are meant to empower women. In this regard, culture has negatively influenced environment (home setting), school, church and workplaces making them to be gender irresponsible. If GBV is to be effectively fought, these institutions should be gender responsive.
The trend revealed on the effects of GBV is that the younger generation suffers more physical and sexual violence than the older generation. Physical and sexual violence mostly reduce with increase in age while emotional violence increases with increase in age up to 49 years. Sexual violence receives more attention followed by physical violence and last is emotional violence though it is one of the leading causes of depression and suicidal deaths.

There are three categories of institutions that provide help to GBV potential and actual victims. The research has shown that widely used ones are primary and secondary. Primary institutions are the ones that are mostly used because of their closeness to the victim and perpetrator. However, skills have not been provided to such institutions making them quite ineffective. Among male victims, help seeking behaviour is negative but female are quite positive but with a lot of barriers.

It can also be submitted that education plays a key role in the prevalence and occurrence of GBV both to the perpetrator and the victim and also in prevention. Education empowers women with life skills which make them self-reliant. This is fundamental to reducing vulnerability. Education also helps potential and actual perpetrators to recognize victims as co-partners in development through respect and recognition of human rights and obligations. It also helps in transmission and transformation of culture which are fundamentally significant in fighting GBV. Without education, vulnerability increases with increase in poverty levels.

The other component that the study has shown to play a role in reducing GBV is integration of indigenous knowledge. This can be done through domesticating GBV policies and including custodians of culture in policy formulation so that coordinated locally based methods are employed in the fight.

6.2 Conclusion

The main conclusion that can be inferred from the findings is that patterns and trends revealed in the study indicate that Gender-Based Violence is on the increase. It is highly prevalent among women in their reproductive age group. Culture plays a major role in the existence and prevalence of Gender-Based Violence. It also increases with worsening background characteristics like marital and economic statuses, residence and employment. Vulnerability reduces with increase in education among women in their reproductive age. Physical violence
has the highest observable effects while sexual violence has the most devastating effects and emotional violence has the longest duration of experience. Help seeking behaviour is negative among men but quite positive among women. This positive behaviour is for help sought from primary institutions. This sets a stage for analysis which prompts action among institutions that are charged with the responsibility of fighting Gender-Based Violence. The current institutions and the laws are mainly concerned with effects and punishment of the perpetrators.

Therefore, in order to comprehensively tackle the problem of GBV, there is need to involve everybody. This implies the use of all measures at our disposal to combat the vice, developing a system or model that involves all the institutions; primary, secondary and tertiary in fighting GBV. This means the primary institutions which include families, church and school should be empowered with the knowledge and skills in dealing with GBV by strengthening the care and support for the victim to enhance counsel or punishment of perpetrators since these institutions are the homes for both the actual and potential perpetrators and victims of GBV. This can also improve communication between and among the three institutions. The GBV legal framework should be customized to local conditions and respond to the cultural needs of the people. Finally, there is need to spend more on preventive measures than curative measures and to invest in primary institutions.

6.3 RECOMMENDATIONS

The findings of this study pose considerable challenges to the policy makers, implementers and the general public on Gender-Based Violence. The following are the recommendations:

1. There is need to engage custodians of tradition and customs in decision making. Traditional leaders, indunas, counselors, mentors, clergy and household heads should be empowered with knowledge and skills to deal with issues pertaining to GBV. A tripartite approach towards GBV should be developed at the lowest level of the community which includes traditional authority, the church and police to attend to GBV cases with the urgency they require to prevent GBV. This would ensure that these institutions are strengthened to enhance preventive measures and ensure execution of justice on the perpetrators.

2. There is need to develop an education curriculum that is inclusive. Both formal and informal education systems in Zambia should include Gender-Based Violence issues.
There is need to integrate GBV issues in cultural practices by streamlining and fostering gender responsive programmes in initiation ceremonies, marriage systems and practices, and widowhood practices.

3. There is need to develop a gender response living, learning and working environment. Develop, implement and evaluate gender response learning and work place policy. These policies will help lift the status quo of women which will help reduce their vulnerability especially those in their reproductive age.

4. There is need to develop an effective and systematic model to track GBV cases. The government should use a tripartite approach in dealing with GBV cases in that, the government works hand in hand with the Non-Governmental Organizations and the community. This would create an effective communication between and/ among primary, secondary and tertiary institutions to ensure that cases of GBV are resolved in the most amicable way. Emotional cases have not been considered significant though they have sometimes resulted in death. Therefore there is need to review policies and punishment relating to GBV offences by gender, age and type.

5. Policy makers and implementers need to formulate and domesticate policies that are pro to prevention of GBV than those that address (cure) effects of GBV in local languages. There is need to invest more in sensitization, empowering of women and girls and alcohol and drug abuse prevention to address GBV at its root and develop a behavioral toolkit that would create a positive help-seeking behaviour.

6.4 Recommendation for further study

It is recommended that a further study be carried out at a larger scale to provide a Zambian model to fight Gender-Based Violence.


GRZ (2000). The National Gender Policy, Lusaka: GRZ.


UN (2005). “Violence against women: The Ghanaian case”, Violence against women: a statistical overview, challenges and gaps in data collection and methodology and
approaches for overcoming them. Accra: Expert Group Meeting by the Division for the Advancement of Women.


Dear Respondent/Participants,

This serves to give you an understanding of the research and procedures that will be followed. Similar information in this form will be read to you alongside the questions with regard to each objective and its research instrument.

Further the implications for your participation are explained below, finally you are asked to sign this form to indicate that you have agreed to participate in this exercise.

Thanking you in advance.

1. **Description**

   This is an educational research; the researcher is a student at the University of Zambia pursuing a Master of Art Degree in Population Studies.

   This research is a major requirement for the researcher to complete this program. Therefore this study is purely academic.

2. **Purpose**

   The researcher wishes to explore Trends and Patterns of Gender-Based Violence in Old Market of Lukulu and it will be a case study.
3. **Consent**

   Participation in the exercise is voluntary. You are free to decline to participate in this exercise.

4. **Confidentiality**

   All data collected from this research is treated with utmost confidentiality. Participants/respondents are assured that they will remain anonymous and untraceable in this research.

   It is against this background that participants/respondents will only be identified through a number and not by name.

5. **Rights of Respondents and Participants**

   All efforts will be taken to ensure that the rights of participants as per research ethics are protected and respected. Participants/respondents are assured that they are free to ask for clarification at any point of the exercise and to inform the researcher if they feel uncomfortable about any procedure in the research.

6. **Declaration of Consent**

   I have read/heard and fully understand this document.

   I have agreed to participate in this study.

   Participant/Respondent number ............................

   Signature ............................

   Date: .............................
APPENDIX 2

TRENDS AND PATTERNS OF GENDER-BASED VIOLENCE AND HELP SEEKING BEHAVIOUR SURVEY

QUESTIONNAIRE

DATE OF INTERVIEW: ……/……/………….

INSTRUCTIONS: Fill in all blank spaces
Tick ☑ appropriate answer in the box
Do not omit any item of information

Some of the questions are very personal, however, your answers are crucial for helping to understand GBV situation in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.

SECTION A:
PERSONAL PARTICULARS:
1 Sex : MALE ☐ FEMALE ☐
2 Age: ...........................
3 Marital status: MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW/ER ☐
4 Level of education:............................
5 Number of Children:.........................
6 Family size:..............................
7 Employment status: EMPLOYED ☐ UNEMPLOYED ☐

SECTION B:
EXISTENCE AND PREVALENCE OF GENDER-BASED VIOLENCE
8 Have you ever heard about Gender-Based Violence? YES ☐ NO ☐
9 Have you ever suffered Gender-Based Violence? YES ☐ NO ☐
10 Who was the perpetrator

CURRENT HUSBAND/PARTNER . ☐
MOTHER/STEP-MOTHER . ...... ☐
FATHER/STEP-FATHER . ....... ☐
SISTER/BROTHER . .......... ...... . ☐
Anyone else? DAUGHTER/SON . ☐
OTHER RELATIVE . .............. . ☐
FORMER HUSBAND/PARTNER.... ☐
CURRENT BOYFRIEND ........... ☐
FORMER BOYFRIEND ........... ☐
MOTHER-IN-LAW ............... ☐
FATHER-IN-LAW ............... ☐
OTHER IN-LAW ............... ☐
TEACHER .................. ☐
EMPLOYER/SOMEONE AT WORK. ☐
POLICE/SOLDIER .................. ☐
OTHER.............................................

(SPECIFY)
11 What did he/she do to you? .......................................................................................................................... 

12 How often does he/she do this to you? Refer to Q11. 

OFTEN..................................☐

SOMETIMES..........................☐

NEVER ..................................☐

13 When was your first time to experience Gender-Based Violence?........

14 Did you experience any violence in the last 12 months? YES ☐ NO ☐

SECTION C:
CAUSES OF GENDER-BASED VIOLENCE
15 Does your spouse drink alcohol? YES ☐ NO ☐

16 Does he smoke or take any drug? YES ☐ NO ☐

17 Do you think beer drinking has influence on Gender-Based Violence? YES ☐ NO ☐

18 what do you think is the major cause of violence you experience/d? ..........................................................

19 what do you think is/are the major causes of Gender-Based Violence? .........................................................

........................................................................................................................................................................................

SECTION D:
EFFECTS OF GENDER-BASED VIOLENCE
20 What problems did you have as a result of Gender-Based Violence?.........................................................

........................................................................................................................................................................................

21 Among the problems you faced, which one do you think had severe impact?.............................

SECTION E:
HELP-SEEKING BEHAVIOUR
22 From whom have you sought help to stop Gender-Based Violence? 

OWN FAMILY ..................☐

HUSBAND'S FAMILY ....... ☐

CURRENT/LAST HUSBAND .. ☐

CURRENT/FORMER BOYFRIEND ☐

FRIEND..................................☐

NEIGHBOUR ..........................☐

RELIGIOUS LEADER..............☐

DOCTOR/MEDICAL PERSONNEL ☐

POLICE .................................☐

LAWYER.................................☐

SOCIAL SERVICE ORGANIZATION (e.g YWCA)............................................☐

OTHER ...........................................

23 Do you face any difficulty in accessing help? YES ☐ NO ☐
24 What are some of the barriers you face in accessing this help?

25 How do you rate the help you have received?

26 Do you think indigenous knowledge affects the prevalence of Gender-Based Violence?

YES  NO

27 If your answer in Q26 is yes, provide an explanation.

28 How can indigenous knowledge be used to fight Gender-Based Violence?

29 How are cases of Gender-Based Violence addressed in your area?

FAMILY  POLICE  COURT  SOCIAL SERVICE  ORGANISATION

30 How effective are the institutions in the fight Gender-Based Violence?

VERY EFFECTIVE  FAIR  INEFFECTIVE

31 What do you think should be done to prevent Gender-Based Violence?


APPENDIX 3

TRENDS AND PATTERNS OF GENDER-BASED VIOLENCE AND HELP SEEKING BEHAVIOUR SURVEY

FOCUS GROUP DISCUSSION

ENSURE THAT THERE ARE EIGHT FEMALES

I welcome you to this discussion.
- Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.
This discussion is exclusively for women and I would like you to;
- feel free to express yourselves,
- talk about any issue to do with GBV in detail,
- feel free to ask and answer questions.

QUESTIONS:

1  a) have you ever heard about Gender-Based Violence?
   b) what is Gender-Based Violence?
   c) does Gender-Based Violence exist in your area?
   d) what are some of the forms of Gender-Based Violence that exist in your area?
   e) what form of Gender-Based Violence is most prevalent in your area?

2  a) what do you think causes Gender-Based Violence?
   b) which group of people is mostly prone to gender-based violence?
   c) why do you think this group (Q2b) is the most vulnerable?

3  what are the effects of Gender-Based Violence?

4  a) who are the main perpetrators of Gender-Based Violence?
   b) what are the general characteristics of the perpetrators?

5  a) do people in your area report cases of gender-based violence?
   b) where do people who are abused or have gender-based violence cases report?
   c) how are these people (Q5b) helped?

6  a) what happens to the perpetrators of Gender-Based Violence?
   b) what should be done to the perpetrators of Gender-Based Violence to reduce GBV?
FOCUS GROUP DISCUSSION

ENSURE THAT THERE ARE EIGHT MALES

I welcome you to this discussion.
- Let me assure you that your answers are completely confidential and will not be
told to anyone and no one else will know that you were asked these questions.
This discussion is exclusively for men and I would like you to;
- feel free to express yourselves,
- talk about any issue to do with GBV in detail,
- feel free to ask and answer questions.

QUESTIONS:

1 a) have you ever heard about Gender-Based Violence?
   b) what is Gender-Based Violence?
   c) does Gender-Based Violence exist in your area?
   d) what are some of the forms of Gender-Based Violence that exist in your area?
   e) what form of Gender-Based Violence is most prevalent in your area?

2 a) what do you think causes Gender-Based Violence?
   b) which group of people is mostly prone gender-based violence
   c) why do you think this group (Q2b) is the most vulnerable?

3 what are the effects of Gender-Based Violence?

4 a) who are the main perpetrators of Gender-Based Violence?
   b) what are the general characteristics of the perpetrators?

5 a) do people in your area report cases of gender-based violence?
   b) where do people who are abused or have gender-based violence cases report?
   c) how are these people (Q5b) helped?

6 a) what happens to the perpetrators of Gender-Based Violence?
   b) what should be done to the perpetrators of Gender-Based Violence to reduce
      GBV?