

**AN ASSESSMENT OF NATIONAL GENDER POLICY IN ELIMINATING GENDER  
VIOLENCE IN KALINGALINGA-LUSAKA DISTRICT**

**BY**

**CLARA CC CHIFULWA**

**MASTER OF SCIENCE IN COUNSELLING**

**A DISSERTATION SUBMITTED TO UNIVERSITY OF ZAMBIA IN COLLABORATION  
WITH ZIMBABWE OPEN UNIVERSITY IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE AWARD OF A MASTER OF SCIENCE IN COUNSELLING.**

**2018**

## **ABSTRACT**

The study assessed the national gender policy in eliminating gender violence in Kalingalinga-Lusaka district. Gender-Based Violence (GBV) is a global health, human rights, and developmental issue that go beyond 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-Sahara African Countries and Zambia is not an exception. A descriptive case study research design was employed. In this study, the sample consisted of 50 respondents from Kalingalinga compound, Lusaka district. Qualitative data was analyzed thematically. This was chosen because it allowed common emerging themes to be grouped together. Quantitative data was manually analyzed to come up with pie charts and tables. Simple random sampling technique was applied to select the police officers from Kalingalinga Police station and Care international limited. Simple Random sampling was used to help target a group which is suitable to bring out rich information related to the central issue being studied for in-depth analysis. The researcher used a closed ended questionnaire and interview guide as the primary data collection instruments. To collect data Self-administered structured questionnaires were used to collect demographic data, knowledge on the prevalence of Gender Based Violence, causes, effects and solutions.

In terms of institutional frameworks in place to eliminate gender based violence (GBV) there was a National gender policy spear headed by Ministry of gender and coordinated by the Policy Analysis Coordinating committee (PAC).

As regard to prevalence of GBV in kalingalinga compound it was high to such that in 2016 there was 18, 540 cases of GBV compared to 18, 088 in 2015. Common of these were wife battering, forced sexual intercourse, and child defilement. As a result, there are a lot of negative effects and on sexual life, mental health, and infidelity among couples. The study therefore, recommended counseling to couples and sensitization about the effects of GBV.

## Table of Contents

ABSTRACT.....	i
COPYRIGHT.....	v
DECLARATION.....	vi
DEDICATION.....	vii
ACKNOWLEDGEMENT.....	viii
<b>CHAPTER ONE: INTRODCUTION.....</b>	<b>1</b>
Overview.....	1
1.1. Background.....	1
1.2. Statement of the problem.....	3
1.3. Purpose of the study.....	4
1.4. Objectives of the study.....	4
1.4.2. Specific objectives.....	4
1.5. Research questions.....	4
1.6. Significance of study.....	4
1.7. Theoretical frame wake.....	5
1.8. Delimitation .....	6
1.9. Definitions of terms.....	6
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>7</b>
2.0. Overview.....	7
2.1. Institutional framework put in place to eliminate Gender Based Violence.....	7
2.2 Gender Based Violence .....	10
2.4. The existence and prevalence of Gender-Based Violence.....	14
2.5. Causes and effects of Gender Based Violence.....	18
2.6 Summary of Literature Review.....	22
<b>CHAPTER THREE: METHODOLOGY.....</b>	<b>25</b>
3.1. Overview.....	25
3.2. Research Design.....	25

3.3. Research Site.....	25
3.4. Target population.....	26
3.5. Sample Size.....	26
3.6. Sampling Technique .....	26
3.7. Data Collection instrument.....	26
3.8. Process of Administering Questionnaires.....	27
3.9. Data Analysis.....	28
3.10. Presentation of Data.....	28
3.11. Ethical Issues.....	28
3.12. Limitations.....	28
<b>CHAPTER FOUR: DATA PRESENTATION.....</b>	<b>29</b>
4.1 Overview.....	29
4.2. Demographic Characteristics.....	29
4.2.1 Distribution of Respondent by gender.....	29
4.2.2. Education level of respondents.....	31
4.2.3. Age distribution.....	31
4.3.0. Examining the institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence.....	32
4.3.1. The kinds of cases Health workers report to police or security forces.....	33
4.3.2. Police procedures and practices.....	33
4.3.3. Private Location of interviews with GBV complainants at the police.....	34
4.3.4. Government responsibility for pressing charges in criminal proceedings.....	35

4.4.0. Investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District.....	35
4.4.1. Received training on sexual violence or other forms of gender-based violence.....	36
4.5.0. Identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.....	37
<b>CHAPTER FIVE: DISCUSSION OF THE FINDINGS.....</b>	<b>39</b>
5.1 Overview.....	39
5.2. institutional framework put in place and problem faced by the government and cooperating partners in the process of eliminating gender based violence.....	39
5.3. Existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District.....	40
5.4. The causes and effects of Gender-Based Violence among women and girls in Kalingalinga Compound.....	41
5.5. Summary.....	43
<b>CHAPTER SIX: CONCLUSION AND RECOMMENDATION.....</b>	<b>44</b>
6.0 Introduction.....	44
6.1. Conclusion.....	44
6.2. Recommendations.....	44
6.3.1. Government Control of Use of Alcohol.....	44
6.3.2. Compulsory Screening of Violence Survivors.....	45
6.3.3. Training of Health Personnel.....	45
6.3.4. Improvement of Drop-in-Centres.....	45
6.3.5. Security at Drop- in –Centre.....	45
6.3.6. Community Initiative.....	45

REFERENCES.....46

APPENDIX A: Questionnaire for police, care international and Kalingalinga clinic officers....A

APPENDIX B: Short Interview Form for officers.....B

## **COPYRIGHT**

All rights reserved. No part of this dissertation may be reproduced in any form or by any means without permission from the author or from the University of Zambia.

**DECLARATION**

CLARA CC CHIFULWA, I declare that the dissertation and its contents represent my own original work and has not previously been submitted for an award of degree at University of Zambia or any other University and where other people's work has been used, they have been duly acknowledged.

Signed

CLARA CC CHIFULWA .....

SUPERVISOR.....

DATE .....



## **DEDICATION**

This project is dedicated to my daughter Chimwemwe, my siblings, my office supervisors, class mates, lecturers, my supervisor Dr Ndhlovu and all those who helped me shape my academic life, for their love, sacrifice, understanding, support and encouragement which have made it possible for me to get this work done.

Above all, I would like to thank Almighty God, the Father for granting me good health and grace throughout the academic period. Thank you indeed for the help rendered to me.

## **ACKNOWLEDGMENT**

First and foremost, I would like to thank the Almighty God for being with me throughout my journey in obtaining the Master of Science in Counselling degree. To my family, I wish to thank you all. To my colleagues at school and work places, am grateful for your encouragement, support and time for being there for me. Above all, I acknowledge with sincere gratitude to my research supervisor Dr Daniel Ndhlovu, for his insight and guidance in the writing for this thesis.

## LIST OF ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
CEDA	-	Convention on the Elimination of all Forms of Discrimination
CEDAW	-	Convention on the Elimination of all forms of Discrimination against Women
CSO	-	Central Statistics Office
DFSA	-	Drug-Facilitated Sexual Assault
DIC	-	Drop in Center
EU	-	European Union
FGM	-	Female Genital Mutilation
GBV	-	Gender Based Violence
GIDD	-	Gender in Development Division
GRZ	-	Government Republic of Zambia
HIV	-	Human Immunodeficiency Virus
MOSHSS	-	Ministry and Health and Social Services
NGO	-	Non-Governmental Organisation
SADC	-	Southern African Development Community
SGBV	-	Sexual Gender Based Violence
SRHR	-	Sexual and Reproductive Health and Rights
STIs	-	Sexually transmitted infection
UN	-	United Nations
UNFP	-	United National Food
USAID	-	United States Agency for International Development.
WHO	-	World Health Organisation
WLSMA	-	Women and Law in Southern Africa
YMCA	-	Young Men's Christian Association
ZDHS	-	Zambia Demographic Health Survey
ZNAP-GBV	-	Zambia National Plan of Gender Based Violence
ZWRCN	-	Zimbabwe Women's Resource Centre and Network

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Overview**

This chapter presents the background to the study and defines the problem that the study attempts to address. It states the purpose, objectives and research questions that need to be answered. The chapter further reflects on the significance, theoretical framework, Operational definition of terms and organisation and provides the summary of the chapter.

### **1.1 Background**

Gender-Based Violence (GBV) is a global health, human rights, and development issue that go beyond 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-Sahara 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. Statistics relating to Gender-Based Violence in Zambia are mainly on domestic violence based on marital violence (ZDHS, 2014).

Reports from Faith-Based organizations 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 Zambia. However, legal provisions existed in the penal code to protect citizens against all forms of violence. The intestate and succession Act Cap 59 of 1989 was there to protect widows and widowers against property grabbing. However, the enforcement of this act has not been vigorous enough to protect women and girl children from violence, sexual harassment and abuse. Another measure that government took to address the problem of gender violence was the establishment of the victim support unit (VSU) in 1994. However, this only became operational in 1996 as part of the Zambia police reform program to specifically deal with victims of crime especially women, children and the aged. In addition to government efforts, interventions such as the introduction of drop-in centers and shelters for battered women and abused children and counseling services to victims and perpetrators of violence have been undertaken by various NGOs.

The national gender policy which was adopted in March 2000 aimed at achieving the following goals and objectives. The first one was to promote awareness through campaigns to change harmful and negative cultural practices of society especially health and media personnel; the police and other security and defense agencies towards gender issues. The policy also aimed at encouraging victims through appropriate mechanisms to report cases of all forms of violence and sexual abuses to the relevant law enforcement agencies. It also hoped to establish a mechanism to coordinate the effort of the police, social welfare worker and media personnel in dealing with cases of gender violence. The expansion and strengthening of the operation of the police victims support unit to effectively cover the entire country was another aim of the gender policy.

Building the capacity of law enforcement agencies to handle cases of gender violence by increasing their skills in counseling, psychology, social work, gender and human rights was another aim of the policy. Other aims of the policy were to deal with rehabilitation of the victims of gender violence, to promote and conduct awareness campaigns targeted at women and men on the existence of legal provisions in the penal code and the Intestate Succession Act as well as other laws protecting women and those with disabilities against violence, sexual harassment and abuse. It also aimed at improving women's participation in law enforcement and crime prevention.

## **1.2. Statement of the Problem**

Brown (2004) propounded that sexual and gender-based violence is an extensive worldwide and pervasive problem which is also a violation of human rights. This type of violence is so extensive that it affects a lot of women, girls, and children and eventually everyone all over the world. It is estimated that worldwide, 1 in every 3 women has been battered, coerced into sex or abused by a man in her lifetime. Moreover, about 20% of women worldwide are reported to have been abused by men with whom they live (UN, 2000).

The above situation translates to approximately 25% of women worldwide who have their human rights violated by the violence implying that they are stripped of their freedom and self-esteem. Such an extent of violence implies that a number of survivors are rendered helpless, vulnerable and even more dependent on men. The extent of the effects of sexual and gender-based violence of such magnitude means that sexual and gender violence survivors outnumber the available restorative services such as counseling, health-related services and shelter in Zambia (Carole, 1977). If sexual and gender-based violence is this rampant, then there is need for further research in this field. A lot of research has been done on why violence exists and to establish the effects of sexual and gender-based violence and the risk behaviour associated with it but still remains unknown about how the policy put in place has combated Gender Based Violence in Kalingalinga compound. The few studies that have been done reveal a number of inadequacies in the management of sexual and gender violence survivors (Davidow, 2002). It is for this reason that this researcher will take a different perspective and be pre-occupied with actual experiences of sexual and gender-based violence survivors with a view of finding out how much the National Gender based Policy has helped in eliminating Gender Based Violence in Lusaka District.

### **1.3. Purpose of the study**

The purpose of this study was to assess how much the National Gender policy has helped in eliminating Gender based violence in Lusaka district.

### **1.4. Objectives of the Study**

#### **1.4.1. Specific Objectives**

1. To examine the institutional framework put in place by the government and cooperating partners in the process of eliminating gender-based violence.
2. To investigate the prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District.
3. Identify effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.

### **1.5. Research Questions**

1. What are the institutional frameworks put in place to address Gender based Violence?
2. How prevalent is Gender Based Violence in the Kalingalinga Compound of Lusaka District?
3. What are the effects of Gender-Based Violence among women and girls in Kalingalinga Compound?

### **1.6. Significance of the Study**

The study sought to establish the how the National Gender policy has eliminated Gender Based Violence in Kalingalinga compound in Lusaka District. This was in coming up with customized 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 Lusaka 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 Lusaka and to a large extent, Zambia. There by 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 were employed to

fight Gender-Based Violence at the lowest level of household and across all social settings. This study generated information that will provide preventive measures that would 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 would 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 would 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.

### **1.7. Theoretical Framework**

This study was guided by the theory of Violence against Women. 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



century's. 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.

### **1.8. Delimitation**

This study was focused on selected Kalingalinga residents in Lusaka District. Kalingalinga was chosen as there was a number of reported Gender Based Violence. The hospital and police reports showed that Kalingalinga has the highest rate of gender based violence in Lusaka, hence, it was very imperative for this study to be carried out in Kalingalinga Compound.

### **1.9. Definition of Terms**

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.

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.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0. Overview**

The chapter reviews the relevant literature on the effectiveness of the National Gender Policy in alleviating Gender based violence. The chapter further discusses literature relevant to the objectives of the study which includes to examine the institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence, investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District and identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound. A literature review serves as a major tool for gathering and analyzing information. Therefore, a literature review is defined as a review of written documents that present a logically argued case found on a comprehensive understanding of the current state of knowledge in regard to a research topic.

### **2.1 Institutional framework put in place to eliminate Gender Based Violence**

According to Morrison and María, (2005) as evidenced by existing policies, strategies and institutional framework, the Government of Zambia has recognized the importance of gender in national development and is committed to the goal of gender equality, equity and empowerment of women. In line with international and regional commitments to gender and development, the Government's vision on gender is to achieve full participation of both women and men in the development process at all levels, in order to ensure sustainable development and attainment of equality and equity between the sexes. In this regard, Government adopted a National Gender Policy in 2000

Further, Chishimba (2002) pointed out that in order to facilitate the effective implementation of the National Gender Policy, the Government has mainstreamed gender into the Fifth National Development Plan (2006-2010) and prioritized gender mainstreaming interventions for socio-economic empowerment of women as encapsulated in the Gender and Development Chapter. Government has established an institutional framework, which includes the Office of the Minister of Gender and Women in Development; Gender in Development Division; Parliamentary Committee on Legal Affairs, Human Rights, Governance and Gender Matters; Gender Focal Points

in line ministries, provincial and district level Gender Sub-committees in 9 provinces and 52 districts.

Brown (2004) supported that the Government is yet to establish the Gender Sub-committees in the remaining 20 districts. Civil Society Organizations (CSOs) continue to play a complementary role to government efforts through advocacy and the implementation of local level gender mainstreaming activities. The key umbrella body is the Non-Governmental Organization Coordinating Council (NGOCC) that has affiliates of about 75 NGOs and CBOs that primarily work to improve the lives of women and girls in communities throughout Zambia. Despite these efforts, gender inequalities continue to exist at all levels as evidenced in all sectors of national development. A situation analysis of gender issues in Zambia reveals that some challenges still remain critical and fundamental to the country's achievement of its vision and goal on gender and the Millennium Development Goals (Chilisa and Precece, 2005). These include chronic and increasing poverty; institutionalized gender inequality as reflected in the low status and limited opportunities for women and girls; the multiple impact of HIV and AIDS and other chronic diseases on women and girls; gender based violence; low education achievement; limited employment or income generating opportunities; low levels of representation of women in all spheres of decision-making positions; and negative cultural practices that constrain women's advancement in economic, social, and political arena.

While Zambia is party to various international and regional instruments on gender, which include, amongst others, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW); Beijing Platform for Action; African Solemn Declaration on Gender; and the Southern African Development Community (SADC) Declaration on Gender and Development, these international and regional instruments for promotion of gender equality have not been domesticated nor comprehensively integrated into the national laws (Carole, 1977). It still remains unknown how much the National Gender policy has helped in eliminating gender-based violence in Kalingalinga compound of Lusaka district. Gender inequalities can be observed in the various spheres of development as which includes,

Davidow (2002) explained that in the political arena, government recognizes the need to promote equitable gender representation at all levels of decision making positions in accordance with the

African Union Solemn Declaration on Gender and the SADC Declaration on Gender and Development, which call for 50 percent and 30 percent representation of women in" decision making positions respectively (Diawara, 2005). However, there are still low levels of representation of women in all spheres of political decision-making. The proportion of seats held by women in the current Parliament is 12 percent; this is a decline from the 2004 situation where women occupied 14 percent of the Parliamentary seats. At local government level there are currently only 95 female Councilors (7% of the total number of Councilors) The factors that have contributed to low representation include among others, low education attainment, negative attitudes and prejudices against women, women's weak economic status and the lack of an explicit affirmative action policy. It still remains unknown how much the Government of the republic of Zambia has done in promoting women participation in political decision making in the area of Kalingalinga compound of Lusaka District.

According to Carole (1977) the programme is fully in line with Zambia's GBV-related policies and with the EU's framework for Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations (2016-2020) and in particular with the first thematic pivotal area on "Ensuring Girls and Women's Physical and Psychological Integrity". This includes eliminating all forms of violence against women and girls, including ending child, early, and forced marriages. It is also in line with the European Consensus on Development<sup>13</sup> and more in particular with the priority area "People", through tackling gender inequality and providing linkages to Sexual and Reproductive Health and Rights (SRHR) interventions, including comprehensive sexual education (CSE), emergency contraceptives and family planning. Overall, the protection of women and girls' rights are a key objective, progress against which lead to strengthened resilience and empowerment among this target group.

Garske (1996) advocated that the recent country household surveys have revealed that there is an intra-household gender dimension to inequality in Zambia that contributes to income poverty, particularly among women and children. According to the 2006 Living Conditions and Monitoring Survey, extreme poverty is more prevalent among female headed households at 57 percent than male headed households at 45 percent. The gender inequalities manifest themselves in various forms

including differential access to resources and limited access to and control over factors of production and employment.

Schiebinger (1999) propounded that according to the Labor Force Survey Report of 2005, the informal sector constituted the largest proportion of the labor force of which 51 percent of men and 34 percent of women were self-employed. Women's effective participation in the economic sector is also hampered by inadequate investment programmes for women and limited entrepreneurial skills. In the agriculture informal sector there are 83 percent females and 77 percent males. Climate change which is being experienced through droughts and floods, will adversely affect the livelihoods of those communities that depend on agriculture. Given that the majority of those dependent on agriculture are women, climate change is, thus, having a disproportionate impact on women.

## **2.2 Gender Based Violence**

Laskow (2003) added that according to the 2007 Zambia Fifth and Sixth Country Report on the implementation of CEDAW, Government recognizes that, Gender Based Violence (GBV), especially against women and children, continues to be an area of concern that requires immediate attention. A comparative analysis of the cases of violence against women and children shows that there is an increase in the number of reported cases of defilement from 306 in 2000 to 1,511 in 2005. Reported cases of rape increased from 1988 in 2001 to 308 in 2003 and then declined to 216 in 2005. Cases of GBV are not only limited to defilement and rape only, however, due to non-availability of data and information, the report was unable to provide information on other forms of GBV (CSO, 2015). Gender-based violence infringes upon the rights of women and girls and diminishes their abilities to protect themselves against HIV infection. Evidence on GBV shows that there is unequal power relation between men and women and a reflection of the low status and negative attitudes towards women. Further, violence against women and children is strongly linked to the socio-economic situation of the households where such violence takes place, with a high correlation between GBV and poverty. However, it is not known of how many cases of gender-based violence are reported in Kalingalinga compound of Lusaka District

According to the 2001/02 Demographic Health Survey, the HIV/AIDS prevalence rate for the 15-49 years age group is 15.6 percent. While this is a general trend, the risk of HIV infection among women and girls is higher and this is reflected by the high prevalence rate for women in the 15-49-year group at 18 percent compared to that of that of men at 13 percent. HIV/AIDS affects the ability of men, women, girls, and boys to effectively participate in socio-economic development. HIV/AIDS has a disproportionate impact on the lives of women and girls (GRZ, 1999).

Women and girls carry the brunt of the burden of caring for people living with AIDS and orphans while also securing a livelihood for the household. In addition, AIDS increases poverty by decreasing intergenerational transfer of life skills and knowledge on livelihoods, and reduces productivity in labor and thereby increasing poverty (Oberschall, 1973). HIV/AIDS, gender inequality and poverty are thus closely intertwined. From the above analysis, it can be concluded that mainstreaming gender into the political, social and economic sectors remains a major challenge in Lusaka district. Gender mainstreaming is constrained by the limited gender analytical skills, limited sex disaggregated and gender related statistics and data and limited appreciation of gender mainstreaming as a tool for achieving development goals. In addition, there is inadequate appreciation of the linkages between gender-based violence, HIV and AIDS and their implications on gender equality and women's empowerment (Wazilinda, 2007).

Mtonga and Wazilinda (2013) one of the researchers who studied the topic of gender violence was a case study of women at three centers in Lusaka district-YMCA, WLSA and legal aid clinic for women. The research was carried out in the year 2007 in Lusaka. The research aimed to study gender violence and its effects on married women. The research focused on women respondents between ages of twenty-four (24) and forty (40). This was established at the Drop in Center (DIC). The findings of this research revealed that those that experienced violence believed that they had to endure violence as part of their role in marriage and believed that it would stop because they had been taught that violence was to be expected in marriage. It was also established in this research that the majority of women who were interviewed had obtained some form of education, though most of them did not finish secondary school. It revealed that most of the educated women did not report cases for abuse to the drop-in centers because the stigma attached to it. Some of the forms and patterns of violence that were exposed were; wife battery-which is physical beating that

includes being kicked, slapped, stabbed, pushed or burned, including any threats to cause physical harm. The statistics also showed that there are more cases of physical violence which are reported to most of the drop-in centers, and it is women who are usually battered mostly for marital affairs and jealousy. The research also described abandonment as a form of violence. It categorized as a form of psychological abuse because it destroys the self-confidence of most women and leads to low self-esteem. It stated that most men usually abandon their wives and children and go to cohabit with other women (Morrison and María, 2005).

Wazilinda (2007) explained that the wives and children are usually left without food or money resulting in rent defaults and children stopping school. Other forms of violence that were identified were forced sex and forced child bearing. Though marital rape is not considered as an offence in Zambia, it is certainly offensive to the victim. Forced child bearing is when a woman is made to have a child when she does not want any more children. Another form that was identified was the mental torture that emerged when after women were subjected to genital inspection. The research also showed the negative effects of gender violence against married women and family structures, because it eventually leads to families breaking up. Some women are even physically injured and their self-esteem and confidence are lowered, this can in turn leads to depression and sometimes wives murdering their husbands. Gender violence on mothers in turn leads to them being stressed and they in turn end up abusing their children as a way of venting their anger. The violence also makes women unable to make choices and decisions that affect their lives, like fertility and family planning. Gender violence was also viewed as both a cause and consequence of HIV/AIDS. If a woman's HIV status is known, they are beaten, either abandoned or thrown out of their homes. It is for this reason that it is of paramount importance to halt gender violence because it undermines progress in stopping the transmission of HIV/AIDS.

Chilisa and Precece (2005) said that some lessons learnt from the research were that gender violence occurs in different forms and patterns. However, the violence was seemingly being tolerated by local courts. Some respondents did not even report some of the cases because of the same reason and stigma or embarrassment that comes with it. The poor enforcement of the law also perpetuates gender violence mainly because it is also biased hence most women just decide to go to drop in centers instead of the police. It was also learnt that non-governmental organizations have

partnered with government and international community to help mitigate gender violence in Zambia. The organizations engaged in lobbying, counseling, training, educating, advocating and offering refuge and litigation services to victims of violence (Brown, 2004). They have also succeeded in raising public consciousness about the severity of violence against women. The organizations also deal with women who are unable to afford legal representation, so they offer free services to victims. There is also need for government to formulate and implement programs that could increase capacity for reporting and investigating violence.

This includes gender sensitive training of police, social workers and legal officers. It should also ensure that law enforcement agencies investigate or apprehend and prosecute offenders, and that all cases be treated seriously and receive appropriate punishment (Chishimba, 2002). However, the research left out some key aspects that were supposed to have been tackled. Since it only concentrated on the cases that were reported to the victim support unit, it left out a lot of victims who stayed silent and never reported the incidents of violence. The research also mainly concentrated on investigating violence cases on women and did not pay much attention to the men who were being abused. This is also because of the assumption that men are never violated and that they are strong, therefore concentration for the investigation of violence is usually biased towards women but men also experience gender violence (Carole, 1977).

A second research carried out by the gender statistics branch of the central statistical office in 2006 in Lusaka also revealed some issues on gender-based violence. This was published as a gender survey report. The survey revealed that initiation ceremonies, circumcision and other cultural activities also contribute to gender-based violence. Initiation ceremonies could be understood as transition ceremonies involved in passing from one state or status to another. In Zambia it symbolizes the transition from childhood to adulthood (CSO, 2015). According to findings, the average age for initiation is 16 years overall. Some of the violations that occur at these ceremonies are the mutilation of sexual organs in the process of circumcision. This is possibly because it is done by untrained personnel using unsterilized instruments and unprofessional methods. Some of the victims are actually forced to undergo this process which sometimes leads to infertility and even death.



## **2.4. The existence and prevalence of Gender-Based Violence**

Brown (2004) reports 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.

Kuchlar (2000) said that 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 (Auma, 2011).

Bemak (2000) in his study found that 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 revictiming 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.

Bhatnagar and Gupta (1999) reported that 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 Chilala (2002) 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.

Duda (1996) supported that the same may hold for women who know that their partners have 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 (Fuster, 2000). 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).

Ghosh (2003) reported that 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.

Gledhil (1996) added that 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. Although studies have shown the existence of Gender based violence in Zambia it is not known of the existence of Gender Based Violence cases in Kalingalinga Compound

## **2.5. Causes and Effects of Gender Based Violence.**

Dunkle et al (2004) reports 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, and poverty-inducing economic and development policies.

Therefore, Gysber and Henderson (2001) 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.

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 socialized to appreciate and value themselves and to perceive females as of a lesser value (YWCA: 2005).

Freud (2005) explained that 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 (Hatlen, 2001). 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.

Hughes (1971) supported the research on Gender-Based Violence in Zambia which 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.

Jacob (2012) propounded that 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 34% 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.

Kafwa (2005) 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 contributed 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 – 14years. 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.

Kamara (2001) said that the 2.2% of the children from Kafwa's findings 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.

Khotari (2004) supported that 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 behavior is low. Barriers such as dominant social norms, lack of self-confidence, inadequate services, and lack of resources and



strong, reliable, legal and social systems negatively affect it. 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 labor affect all children especially orphans and vulnerable children.

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.

## **2.6 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 Education Economic status Residence Occupation Marital Status Social Norms Gender-Based Violence 24

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 25 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 24-29years. 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 looked at the assessment of how much the National Gender policy has helped in eliminating Gender based violence in Lusaka district of Zambia. This will help establish the root cause of gender-based violence and to show how effective the National gender policy has been and recommend more realistic and indigenous based model to fight the scourge.

## **CHAPTER THREE: METHODOLOGY**

### **3.1. Overview**

The main purpose of this chapter is to discuss and describe the general methodology that will be used in this study. It will present the research design, research site, research instruments, population, sampling procedure, data collection instruments, data collection procedure, data analysis, presentation of data, validation and reliability, ethical considerations and limitations of the study.

### **3.2. Research Design**

The research employed qualitative approaches. The sample population was selected from Lusaka. This was used to represent the population of Lusaka. The study ensured that there was an in-depth description and understanding of the phenomenon under study. A descriptive survey design was chosen because it is a qualitative design that explains the feelings of the respondents. Kerlinger (1969) in Kombo and Tromp (2006), state that qualitative studies are not restricted to fact-findings, but may often result in the formulation of important principles of knowledge and solution to significant problems. Furthermore, because the study is on social issues (GBV) about people's behaviour, attitudes and opinions, it gave a wide capacity of application and broad coverage; giving it an advantage of its great usefulness over other research designs (Orodho and Kombo, 2002). Therefore, the needed data through the structured questionnaires, (face- to-face interviews) semi-structured and unstructured interviews and focus group discussions from the respondents was effectively and efficiently collected. They are more than just a collection of data. They involve measurement, classification, analysis, comparison and interpretation of data.

### **3.3. Research Site**

This study was conducted in Lusaka district, specifically, Kalingalinga compound. This district is purposively selected as a case site due to the many cases of Gender based Violence that have been alarming in accordance with the stated literature and the study will be sampled in Kalingalinga compound.

### **3.4. Target population**

According to Cohen and Manion (2007), a population is a universe of units from which the sample is to be selected. In this study the population was all police officers from Kalingalinga police station who usually be involved in handling the cases of gender-based violence, the officers from care international Zambia limited from department of gender based violence and all the health workers who from Kalingalinga clinic who usually keep records for gender-based violence.

### **3.5. Sample Size**

The sample size is simply the segment of the population selected for investigation. In this study, the sample consisted of 50 respondents from Kalingalinga compound, Lusaka district. It comprised of 27 female police offices, care international Zambia and health workers and 23 male, 15 police officers from Kalingalinga police station, 20 care international of Zambia officers and 15 health workers from Kalingalinga clinic.

### **3.6. Sampling Technique**

Random sampling technique was applied to select the police officers from Kalingalinga Police station and Care international limited. Purposive sampling was used to select a group which was suitable to bring out rich information related to the central issue being studied for in-depth analysis (Black, 1999; Kombo and Tromp, 2009). White (2003), has stated that, simple random technique is a selection technique that provides each population element an equal chance of being included in the sample. Random sampling ensured that all individuals from the defined population had equal and independent chance of being selected as a member of the sample and it provided more precise estimates (Mugenda and Mugenda 1999). Purposive sampling was used in identifying health participants in this study because in health there are specific workers who usually keep records for gender-based violence of Kalingalinga compound.

### **3.7. Data Collection instrument.**

The researcher used an open-ended questionnaire as the primary data collection instruments and interview guide. To collect qualitative 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; Kalingalinga Clinic (in Patient Register), Kalingalinga Police Station (VSU) and Care international Zambia this helped in giving patterns and trends of Gender-Based Violence. The nature of the data collected was qualitative based on the in-depth interview and questionnaires.

According to Bell, (1993), a self-administered questionnaire is the only way to elicit self-report on people's opinion, attitudes, beliefs and values. The questionnaire was designed to give a brief introduction of respondents. Therefore, two instruments were engaged in data collection for the study. The questionnaire was divided into sections representing the various variables adopted for study. Each section of the chosen study included closed structured and open-ended questions which sought the views, opinion, and attitude from the respondent which might not have been captured. Furthermore, in order to collect equitable data, books, official records and reports for the District were consulted as well. Questionnaires have advantages in such a way that they save the researcher time and money compared to interviewing. People were more truthful while responding to the questionnaires regarding contentious issues due to the fact that their responses are anonymous.

### **3.8. Process of Administering Questionnaires.**

A list of police officers, care international officers and Health workers from Kalingalinga Clinic was given to the researcher and the list for health workers was purposively sampled. All respondents from three organisation were working from Gender Based Violence offices. A Focus Group Discussion interview was used to collect information on the perceptions, types and experiences of these officers on Gender-Based Violence and established the way forward from the same respondents. Questionnaires were physically given to the respondents in their respective working places. Contained in the questionnaires was the researcher's name and instructions with regard to the whole research process. 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.

### **3.9. Data Analysis**

Qualitative data was analyzed thematically. This was chosen because it allowed common emerging themes to be grouped together. Quantitative data was manually analyzed to come up with pie charts and tables.

### **3.10. Presentation of Data**

To present data, charts and graphs were generated using the excel software to generate emerging themes which were interpreted and used for discussion in the light of the objectives of the study. Excel is a cross-platform software application for analyzing text and spreadsheet data (analyzing qualitative methods research).

### **3.11. Ethical Issues**

Consent to interview the respondents was sought and privacy as well as confidentiality was provided. Respondents took part in the study willingly and those who refused to disclose certain sensitive information were not forced to do so. Participants were free to drop out of the research at any time they felt like.

### **3.12. Limitations**

The limitation of this study is that it focused on one site, Kalingalinga. In addition, being a qualitative study, its findings need caution if they were to be generalized

## **CHAPTER FOUR: PRESENTATION OF FINDINGS**

### **4.1 Overview**

This chapter presents the findings of the study, which was aimed at assessment of national gender policy in eliminating gender violence in Kalingalinga-Lusaka district. The findings are presented according to the objectives which are as follows: to examine the institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence, investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District and identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.

### **4.2. Demographic Characteristics**

This section presents the demographic characteristics of the respondents as Captured in subsections of the data collection instrument tool.

#### **4.2.1 Distribution of Respondent by gender**

A total of 50 respondents were drawn both randomly and purposively as presented in table 3.1. The survey covered almost the summary of distribution number of police officers, care international officers and Health workers from Kalingalinga Clinic and all workers from these three organisations came from Gender Based Violence. Table 4.2.1 shows the distribution of all respondent covered by sex of police officers, care international organisation of Zambia and health workers from Kalingalinga health clinic. The table 4.2.1 shows the distribution level of education of the respondents and the table 4.2.3 shows the age distribution for the participants



**Table 1. Demographic characteristics**

Group name					
Police officers	Male	Female	Male %	Female%	Total %
	7	8	14%	16%	30%
Group name	Male	Female	Percentage		
Care offices	10	10	20%	20%	40%
Group name					
Health officers	Male	Female	Male %	Female %	Total %
	6	9	12%	18%	30%
Total	23	27	46%	54%	100%

**Source: field data 2018**

The table above shows the number of police officers, care international of Zambia and health workers from Kalingalinga who participated in the study according to their gender. The table shows that they were 7 male and 8 female police officers which represent 14% and 16% respectively. The table also shows that they were 10 male and 10 female care workers which represent 20% and 20% respectively and 6 male and 9 female health workers which represent 12% for male and 18% for female. The table shows that 23 males and 27 females participated in the study which represent 46% and 54% in that order. From the table above, it can be concluded that the outcome of participants was 100%.

#### 4.2.2. Education level of respondents: Source: Field Data 2018

Group	Male	Female	Certificate	Degree
Police officers	7	8	10	5
Care workers	10	10	5	15
Health workers	6	9	2	13
Total	23	27	17	33

The table above shows the education level for the participants, it can be seen that 10 police officers attained certificate and 5 police officers attained degree. The table also shows that 5 care international workers attained certificate and 15 care international of Zambia attained degree. The table shows that 2 health workers attained certificate and 13 health workers attained degree.

#### 4.2.3. Age distribution

Group name	Male	Female	16-24	25-34	35-44	44 and above
Police officer	7	8	5	6	2	2
Care international workers	10	10	2	12	4	2
Health officers	6	9	7	2	3	3

**Source: Field Data 2018**

The table above shows the age distribution of the participants, the table shows that they were five police officers, 2 care international workers and 7 health workers who were in the range of 16-24. Similarly, the table shows that they were 6 police officers, 12 care international workers and 2 health workers who were in the range of 25 to 24 years. The table also shows that they were 2 police officers, 4 care international workers and 3 health workers who are in the range of 35-44 years and 2 police officers, 2 care international Zambia and 3 health workers who were in the range of 44 and above years.

#### **4.3.0. Examining the institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence.**

The question was asked the policies concerning GBV cases which government has put in place. Report from the 10 police officers which represent 20% reported that that National Gender Policy is the policy which government has put in place to fight against gender-based violence and is aimed at ensuring the attainment of gender equality in the development process by redressing the existing gender imbalances. They reported that ministry of gender and child development In line with its mandate, the Ministry shall provide overall leadership and guidance on policy formulation, implementation, review and target setting in the area of gender equity, equality and mainstreaming. 10% of police officers added that the policy also provides for equal opportunities for women and men to actively participate and contribute to their fullest ability and equitably benefit from national development.

Correspond, 20% of respondents from care international reported that in view of the cross-cutting nature of gender, the implementation of this Policy will be undertaken in a comprehensive and broad based decentralised manner. This would assist all the implementing institutions to effectively mainstream gender in their development policies, plans and programmes and facilitate the attainment of the national Vision on gender. In addition, they reported that the Cabinet would from time to time provide guidance in the implementation of this Policy through proclamation, decisions, policies, programmes and plans aimed at strengthening systems and advancing gender equity and equality in the country. 20% of the respondents from care international said that the office of the secretary to the cabinet Office of the Secretary to the Cabinet would enforce the implementation of gender mainstreaming in the Public Sector. The other 20% from care reported that Policy Analysis Co-ordination (PAC) at Cabinet Office shall co-ordinate the development and the review all sector policies for compliance with gender equity and equality principles outlined in this document. The above responses from police officers and care international of Zambia were agreed supported by the majority of the health workers.

#### **4.3.1. The kinds of cases Health workers report to police or security forces**

The question was asked about the kinds of cases Health workers report to police or security forces. The report from the Kalingalinga clinic, care international of Zambia and the police officers showed that the following cases usually be reported to the police these include violence carried out by individuals as well as states. Some of the forms of violence perpetrated by individuals are rape, domestic violence, sexual harassment, reproductive coercion, female infanticide, prenatal sex selection, obstetric violence, and mob violence; as well as harmful customary or traditional practices such as honor killings, dowry violence, female genital mutilation, marriage by abduction and forced marriage. Some forms of violence are perpetrated or condoned by the state such as war rape; sexual violence and sexual slavery during conflict; forced sterilization; forced abortion; violence by the police and authoritative personnel; stoning and flogging, abandonment of newborns or infanticide, age of marital consent, conditions of consent, property ownership rights of women, divorce, child custody, and child support, inheritance rights of women or widows or daughters.

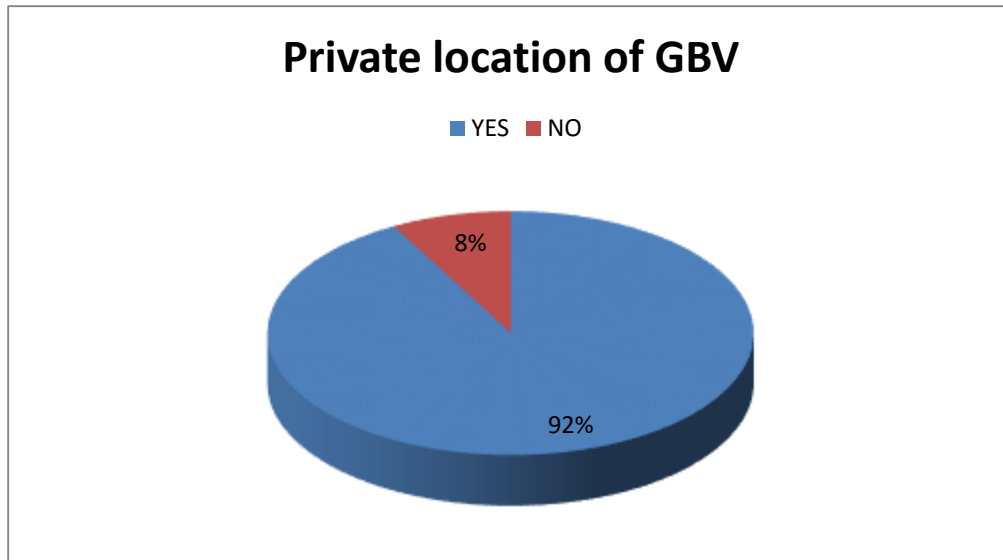
#### **4.3.2. Police procedures and practices**

The questions were asked about the types of cases they have seen at police, hospital and international care Zambia. According to the majority of the police officers 10 which represent 67%, 15 respondents from care international which represent 75% and 80% of the health workers explained that that rape, domestic violence, sexual harassment, reproductive coercion, female infanticide, prenatal sex selection, obstetric violence, and mob violence; as well as harmful customary or traditional practices such as honor killings, dowry violence, female genital mutilation, marriage by abduction and forced marriage are the forms of violence they have been receiving. The health workers reported that when they receive such kind of cases they refer them to the police officers and care international Zambia for law enforcement. More especially, Health care professionals may be called upon to give evidence, either in the form of a written report or as an expert witness in a court of law. Therefore, they would be expected to be readily available, be familiar with the basic principles and practice of the legal system and obligations of those within the system, especially their own and those of the police, as it applies to their jurisdiction, make sound clinical observations, which will form the basis of reasonable assessment and measured

expert opinion; and reliably collect samples from victims of crime (the proper analysis of forensic samples will provide results which may be used as evidence in an investigation and prosecution).

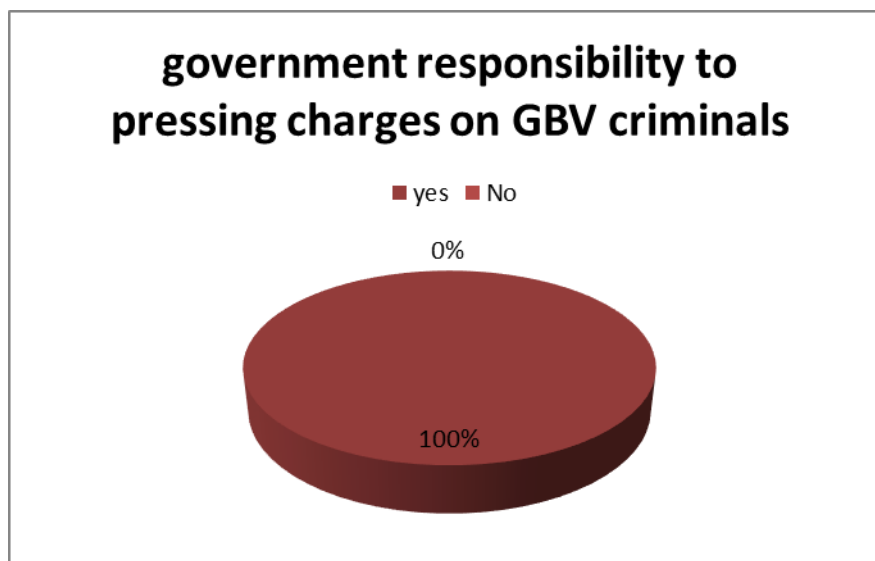
#### 4.3.5. Private Location of interviews with GBV complainants at the police

Source: Field Data 2015



From the pie chart above, the question was asked whether the police station had private location for the interviews with GBV complainants at the police station. The respondents reported as follows, 92% reported that the police stations have got the private locations for the interviews with the GBV complainant. On the other hand, 8% reported that the police station they don't have the private locations for the interviews with the GBV complainant. Hence, the majority of the respondents agreed that the police stations have private locations for the interviews for the GBV complainant which made the conclusion to belong to the majority.

#### 4.3.6. Government responsibility for pressing charges in criminal proceedings.



**Source: Field Data 2018**

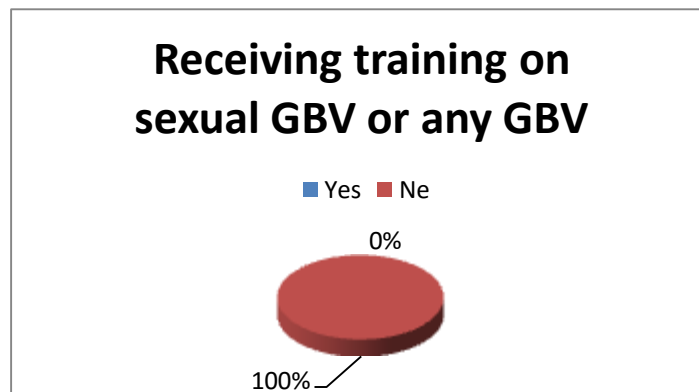
The question was asked whether the government usually be responsible on pressing charges in criminal proceedings of the gender-based violence. All the respondents reported that the government usually be responsible on pressing the charges on the criminal who has committed such a case.

#### 4.4.0. Investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District.

According to the question which was asked over the types of cases of gender-based violence do the police officers usually handle. 11 police officers which represent 73%, reported that rape, domestic violence, sexual harassment, reproductive coercion, female infanticide, prenatal sex selection, obstetric violence, and mob violence; as well as harmful customary or traditional practices such as honor killings, dowry violence, female genital mutilation, marriage by abduction and forced marriage are mainly the types of the GBV the police officers usually hand. In a similar manner, the police officers reported that they mostly handle domestic violence than sexual harassment. On the other hand, 80% Care international of Zambia and 75% of health workers reported that the respondents reported that it is with sadness that cases of GBV have continued to rise, in some cases resulting in loss of lives and if one survived, they are left with lifelong mental

disorder, stigma and physical disabilities. One of the annual surveys by the Victim Support Unit (VSU) of the Zambia Police Service revealed that in 2016, the country recorded 18,540 cases as compared to 18,088 cases recorded in the previous year of 2015, showing an increase of 452 cases of GBV. These statistics imply that barely a day passes without the Zambian communities witnessing about fifty cases of GBV. They reported that defilement cases were at 2,363 and cases of neglecting to provide accounted for 1,530. These offences were top on the list of commonly committed cases of GBV in 2016. Other commonly reported GBV cases included; rape, assault on a child, indecent assault, murder, incest, sexual harassment, child desertion, use of insulting language and unlawful wounding.

#### 4.4.1. Received training on sexual violence or other forms of gender-based violence.



Source: Field Data 2015

The question was asked whether, anyone in police services, care international and health workers has received training on sexual violence or other forms of gender-based violence. From the pie chart above, the respondents reported that they have never received any training based on sexual harassment or any other gender-based violence. However, 80% of care international officers reported that the affected people on sexual gender-based violence usually be referred to the counselors to the nearest place like at university of Zambia counseling centre for help. After being counseled the counselors usually visit the affected people at their various homes until they are healed.

#### **4.5.0. Identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.**

The question was asked on the types of the gender-based violence which is common in Kalingalinga community. According to the 12 which represent 78% of police officers, they reported that Violence against women is a persistent and universal problem occurring in Kalingalinga community. They said that the most common type of violence in Kalingalinga is sexual violence. Includes unwanted vaginal, oral, or anal insertion through use of physical force or threats to bring physical harm toward or against the victim and the situations when the victim was made, or there was an attempt to make the victim, sexually penetrate a perpetrator or someone else without the victim's consent because the victim was physically forced or threatened with physical harm. 18 which represent 92% of the care international workers added that this includes being worn down by someone who repeatedly asked for sex or showed they were unhappy; having someone threaten to end a relationship or spread rumors; and sexual pressure by misuse of influence or authority.

Similarly, 12 which represent 80% of health workers showed that Drug-facilitated sexual assault (DFSA), also known as predator rape, is a sexual assault carried out after the victim has become incapacitated due to having consumed alcoholic beverages or other drugs. Alcohol has been shown to play a disinhibiting role in so many types of sexual assault, as have some other drugs, notably cocaine. Alcohol has a psychopharmacological effect of reducing inhibitions, clouding judgments and impairing the ability to interpret cues. The biological links between alcohol and violence are, however, complex. They reported that another factor involving social relationships is a family's response the blames women without punishing men and Poverty which can be linked to both the perpetration of sexual violence and the risk of being a victim of it concentrating instead on restoring lost family honor. Such a response creates an environment in which rape can occur with impunity. One of the health workers summarized that the causes of sexual violence are debatable and explains that some of the causes include military conquest, socioeconomics, anger, power, sadism, sexual pleasure, psychopath, ethical standards, laws, attitudes toward the victims and evolutionary pressures. 14 which represent 93% of the health workers reported that there are many emotional and psychological reactions that victims of rape and sexual assault can experience. One of the most common of these is depression. They reported that depression is a mood disorder that occurs when



feelings associated with sadness and hopelessness continue for a long periods of time and interrupt regular thought patterns. It can affect the behavior and the relationship with other people. Depression does not discriminate; it can affect anyone of any age, gender, race, ethnicity, or religion. It is normal for survivors to have feelings of sadness, unhappiness, and hopelessness. If these feelings persist for a long period, it may be an indicator of depression. Depression is not a sign of weakness and it is not something someone should be expected to snap out of. It's a serious mental health condition and survivors can often benefit from the help of a professional.

## **CHAPTER FIVE: DISCUSSION OF THE FINDINGS**

### **5.1 Overview**

This chapter discusses the findings which were presented in chapter four. The discussion is steered by the research objectives as follows to examine the institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence, investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District and identify causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.

### **5.2. Institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence.**

The study indicated that the Zambian Government has ratified a number of national and regional gender-related conventions and treaties and has developed and enacted several SGBV-related laws, policies, and plans, in particular the 2011 Anti-GBV Act, the 2015 Gender Equality and Equity Act, the 2014 National Gender Policy, and the National Strategy on Ending Child Marriage 2016-2021. The findings also were that the Zambian Government up to the highest level is committed to ending child marriage as demonstrated by many public statements. The GBV regulatory framework appears sufficiently robust, but has not yet been fully implemented especially at community and district level. The Gender Equity and Equality Commission foreseen under the 2015 Gender Act has not yet been established. The Government has established two GBV fast-track courts to deal with the enormous backlog with the objective to establish these in all provinces. This is a unique approach to improving redress and prosecution of perpetrators of GBV. As they have only started operating in 2016, there is not yet sufficient proof of their effectiveness and efficiency. Furthermore, challenges are reported in terms of expensive set-up and high operational costs as well as retention of trained court staff. According to Carole (1977), the programme is fully in line with Zambia's GBV-related policies and with the EU's framework for Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations (2016-2020)<sup>11</sup> and in particular with the first thematic pivotal area on Ensuring Girls and Women's Physical and Psychological Integrity. This includes eliminating all forms of violence against women and girls, including ending child, early, and forced marriages.

Furthermore, the study found that Zambia's societal acceptance of GBV combined with high rates of actual violence and high levels of child marriage and teenage pregnancies, GBV prevention needs to focus on social norm change and not only on changing individual attitudes and behaviour. This is a very complex and time-consuming process but the only way for sustainable change to prevent SGBV. Although various community sensitization and advocacy activities have been conducted in Zambia with Cooperating Partners' support, much more investment is needed to ensure lasting change in mind-set and behaviour. In Zambia it is recognized that more investments, interventions and resources are required to prevent GBV.

### **5.3 Existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District.**

The findings showed that Zambian women (15-49 years) have experienced physical violence at least once since the age of 15. Physical violence happens more than twice as often as sexual violence and intimate partner violence is widespread. It has also been revealed that in Zambia there exist traditional practices like sexual cleansing, dry sex and initiation ceremonies which indicate that many perceive gender-based violence to be both normal and acceptable. Gender-based violence against men is not as common, but reports do occur. This is in line with 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

Additionally, the study found that in 2008, Zambia passed the National Action Plan on Gender-Based Violence (NAP-GBV) 2008-2013<sup>16</sup> and in 2011; the Anti-gender-based Violence Act was passed. The Act was considered as a major step forward in the fight against GBV. The Act offers a framework for protection and means of survival for victims and survivors of GBV as well as

prosecution of perpetrators. From 2012 the government of Zambia and the UN has had a joint program on gender-based violence. This program runs until 2016. Its primary objective is to establish an integrated and multi-sectorial mechanism for the implementation of the Anti-GBV Act. 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.

#### **5.4. The causes and effects of Gender-Based Violence among women and girls in Kalingalinga Compound.**

Research has identified a number of factors that are associated with GBV. Topping the list of factors is abuse of alcohol, peer pressure, financial misunderstandings, low level of education, and traditional aspects. Other factors include economic dependency and even the inadequacy of the Zambian legal system. The research established the following as causes of Gender Based Violence among couples. 42% was caused by drug abuse mainly alcohol, 30% was caused by mistrust and lack of communication, 36% was caused by unfaithfulness, 4% was due to lack of strong penalties for GBV perpetrators, 8% was due to lack of education and 6% was caused by dependence on spouse.

On the traditional aspect has prescribed gender roles which one must adhere to or face condemnation hence the eruption of violence even over simple issues like house chores. Bride price makes men feel like they own a wife and so they become excessively jealous of their wives, lose trust and become violent. It makes sense to say that low level of education on the part of women creates a chain reaction of promoting gender inequalities in terms of securing gainful employment and acquiring basic needs of life. This in turn makes women dependent on men or they become unfaithful to their marriage and become prostitutes for economic reasons.

This research revealed that women are roughly 4 times more likely than men to experience violence caused by their low level of education. During the interview discussion, both men and women lamented that cases took long to dispose off and judgement from local courts was clearly biased. All women thought that the law favoured men while some men thought it favoured women. The

confusion surrounding the Law in relation to SGBV could be attributed to the fact that it is not very clear what constitutes gender violence and how to prosecute perpetrators.

This result shows that violence survivors need a fully packed treatment of both physical and mental well-being and that their children need treatment as well. Unfortunately, Kalingalinga Compound has insufficient intervention programmes. There is only one gender-based violence centre located at Kalingalinga Health Centre which is a government institution. The hydrotherapy centre provides counselling and referral services. Clearly, one facility is not enough to cater for the population of Kalingalinga compound. Even though the Kalingalinga centre is working hand in hand with the Zambia police, it is crowded by violence survivors who avoid the police VSU since the word 'Police' is intimidating in nature. The GBV centre has no adequate security features which should enable women and their counsellors to be secure. Male violence survivors are disadvantaged because the hydrotherapy centre has a feminine face and is perceived to be for women because the place is also called 'women's shelter', when its actual name is mama violet. The counsellors are very friendly but they look overworked. It could be that the centre is understaffed.

The findings showed that Gender base violence at an individual level, at large seriously affects all aspects of health- physical, sexual and reproductive, mental and behavioral health. During this research the results showed that all types of Gender Based Violence among women, men and couples have effects on the individual as well as affects the relationship of the other people. The research showed that 78% of the people that experience physical violence feel dehumanized and they become affected by the experiences in various ways. The effects of physical violence are of various ranges; 26% leads the couple to divorce, 34.80% lead to no communication in the home. Couples stop talking to each other for a long time which leads to increased misunderstanding and increased misunderstanding leads to increased violence in a home. 39.2% report experiencing various emotions such as fear, anxiety, raised tempers, trauma in the mind, lack of trust and many more emotional problems.

This is in line with the findings with Bemak (2000) findings that 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).

The findings showed that the effects of economic Gender Based Violence have been that it creates dependence on the spouse who tends to only wait for their spouse to give them what they need; it perpetuates dependence, while to others it leads to divorce. For example, out of the 15 police men who participated in the study, 78% showed that they received the cases of gender-based violence which indicated having experienced economic violence and some cases had their marriages ending in divorce. The sexual violence resulted in the partners' being infected with Sexually Transmitted Infections (STIs) as 26% of the participants who indicated having experienced sexual abuse from their partners indicated their partners having sex with them even when they knew that they had an STI.

## **5.5. SUMMARY**

Results showed that there is still gender based violence existing in Kalingalinga compound women experienced sexual and gender-based violence to a higher extent than their male counterparts most likely due to their biological make up coupled with traditional orientation. This reason could also be linked to the fact that violence has a more devastating impact on women than men. Furthermore, results showed that the GBV centre in the compound was overwhelmed because it was the only main restorative service for violence survivors.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATION**

### **6.0. Overview**

This chapter gives a summary and conclusion of the whole research followed by the recommendations.

### **6.1. Conclusion**

This study has shown that sexual and gender-based violence is a reality and that patterns of violence, forms, causes and the devastating consequences are similar among women and men, though, violence tends to be more severe in women hence the concentration on women survivors' welfare. This inequality may be attributed to in-born patriarchal tendencies in men which women accept as normal and also the biological make up of women.

It is interesting to note that women and even men are aware of patterns of violence, its causes, effects and consequences, but they still fall victim to it. The available restorative services are inadequate, causing a strain on any potential mitigation programmes that are available. This situation makes it difficult to adequately care for survivors of violence. Hence, it can be concluded that GBV is still exists in complex and extensive problem. Therefore, it requires serious measures which should incorporate both men and women's concerns to significantly reduce or eradicate it.

### **6.2. Recommendations**

On the basis of this research and other studies shown in the literature review, the following recommendations are made.

#### **6.3.1. Government should Control the Use of Alcohol.**

Alcohol abuse was cited as one of the factors associated with sexual and gender-based violence. It is therefore recommended that the relevant authorities should patrol and control the operating hours of the many bars and drinking places that operate within the compound. This may reduce the hours that men and women spend drinking in the bar.

### **6.3.2. Compulsory Screening of Violence Survivors by Medical Personnel**

Since gender-based violence survivors are at risk of contracting STIs and the HIV virus. It is important therefore, that stakeholders should ensure that all violence survivors (especially rape cases) should be screened for HIV and STIs infection as they undergo psychosocial counselling and then treated accordingly.

### **6.3.3. Training of Health Personnel**

Health personnel who attend to sexual and gender-based violence survivors should be well versed with GBV issues by undergoing simple but helpful gender violence training to enable them handle the survivors confidently and competently instead of blaming the victim as seen from the findings of this study.

### **6.3.4. Improvement of Drop-in-Centres**

A one-stop drop-in-centre encompassing a police post, health centre, legal clinic and counselling centre should be planned and built in each community. This can be done by government in partnership with the corporate world, NGOs and CBOs. Such a centre can help the violence survivors to be attended to in one place.

### **6.3.5. Security at Drop- in –Centre**

Security at the Drop-in-Centre should be improved. This will encourage more survivors to pass through because they will feel confident and safe from possible trailing of perpetrators.

### **6.3.6. Community Initiative**

The community should form a Task Force comprised of women from different churches such as the Catholic Women's League, the Dorcas Mothers from Seventh Day Adventist, the Mothers Union from the Anglican Church and so on. This Task Force should work out ways of preventing GBV by planning advocacy programmes in the local language. They should also find ways of supporting violence survivors materially and spiritually as they try to rehabilitate them. The local setting may work better than foreign programmes due to cultural differences.



## REFERENCES

- Auma, O. (2011). Introduction to Guidance and Counselling. Uganda: Kyambongo University.
- Bemak, F. (2000). Transforming the role of the counselor provide leadership in education reform through collaboration. Professional School Counselling 3:323-331
- Bhatnagar, A and Gupta, N. (1999). Guidance and Counseling. New Delhi: Vikas Publishing House
- Brown, H.C. (2004). Prevalence and Patterns of Gender-Based Violence and Revictimization. Bloomberg: Johns Hopkins
- Carole, O. (1977). Toward a New Consciousness Transcending Matriarchy and Patriarchy. Massachusetts: Beacon Press.
- Central statistical office (2006). Gender based violence survey report. Lusaka: Government Printers.
- Central Statistical Office. (2009). Zambia Demographic Health Survey 2007. Lusaka: Central Statistical Office (CSO).
- Central Statistical Office. (2015). Zambia Demographic Health Survey 2013-14. Lusaka: Central Statistical Office (CSO).
- Chilala, M.M. (2002). Career Aspiration of Grade 12 Technical Secondary School Pupils in Zambia. Lusaka: Unza Press.
- Chilisa, B. and Precece, H. (2005). Research Methods for Adult Education in Africa. Hamburg: UNESCO Institute for education.
- Chishimba, B. (2002). Gender base violence. Lusaka: Government Printers.
- Cohen, L. and Manion, L. (2007). Research Method in Education. London: Routledge
- Creswell, J. W. (2009). Planning, conducting, and evaluating quantitative. Prentice Hall.

- Davidow, E. (2002). Disciplining Feminism from Social Activism to Academic Discourse. Duke: Duke University Press.
- Developing Countries. Washington: World Bank Working Paper Series.
- Diawara, F. (2005). Femmes et Violence en Afrique Female Violence in Africa. Abidjan: Central Statistical Office.
- Duda. (1996). Child Counseling. New Delhi: Saujanya Books Ltd
- European Commission (2002-2004). Gender Indicators Against Social Exclusion, Transnational Exchange Programme Phase I and Phase II. California, McDonald and Evans ltd
- Freud. (2005). Report on Guidance Services in African Schools. New York: UNICEF
- Fuster, J.M. (2000). Personal counselling. (8<sup>th</sup> ED). Mumbai: Better Yourself Press
- Garske, D. (1996). Transforming the Culture” in Preventing Violence in America. New York: Sage Publications.
- Ghosh. (2003). Report on Guidance Services in African Schools. New York: UNICEF.
- Gledhil, M.J. (1996). Managing Students. London: London Open University
- GRZ (1999). The Zambia Child Labor Survey. Lusaka: GRZ.
- GRZ (2000). The Zambia Child Labor Survey. Lusaka: GRZ.
- Gysber, N.C. and Henderson, P. (2001). Comprehensive Guidance and Counselling Programmes. Professional Counseling (4).246-256.
- Hatlen (2001). Basics of social research. Pearson: Kuwait
- Hughes, P.M. (1971). Guidance and Counseling in Schools. Toronto: Per-Gommer Press
- Jacob. (2012). Introduction on guidance and counselling. Lusaka: Zambia open university
- Kafwa (2005). Research Method in Education. London: Routledge
- Kamara (2001). Guidance and Counselling Draft Guidelines. Nairobi: MOEST

- Khotari.(2004). Opening Doors on Education and World Bank. Washington D.C. World Bank
- Kombo, D.K. and Tromp, D.L.A. (2010). Proposal and Thesis Writing. Manuyu: Pauline Publication Africa.
- Kuchlar. (2000).Opening Doors Education. London: New York
- Laskow, J. (2003). "Jewish Feminist Thought". London: Routledge.
- Morrison, A. and María, B. O. (2005). The Costs and Impacts of Gender-Based Violence in
- Namibia Ministry and Health and Social Services (2008). Namibia Demographic and Health Survey. Windhoek: MoHSS).
- Oberschall, A. (1973). Social Conflict and Social Movements. Englewood Cliffs NJ: Prentice
- Russo, N and Pirlott, A. (2006). "Gender-Based violence. "New York Academy of Sciences, 1087, p. 178-205, 2006.
- Schiebinger, L. (1999). Has feminism changed science? Cambridge: Harvard University Press.
- Wazilinda, E. (2007). A Study of Gender Violence and Its Effects in Married Women. A case study of women at three centers in Lusaka district-YWCA, WISA and national legal Aid clinic for women.
- Young Women's Christian Association. (1999). Incest in Zambia. Lusaka: YWCA.
- Zimbabwe Women's Resource Centre and Network. (2002). Southern African Research and Documentation Centre. Women in Zimbabwe, Harare:

## APPENDIX A: Questionnaire for police, care international and Kalingalinga clinic officers

Dear respondent

The purpose of this questionnaire is to assess of national gender policy in eliminating gender violence in Kalingalinga-Lusaka district. You as a respondent are required to give responses to the questions to the best of your knowledge. Please note that all the responses to the questions being asked would be treated with utmost confidentiality. No names should be given to protect your identity.

### BIODATA

- 1 Age.....
- 2 Sex.....
- 3 Level of Education.....
- 4 The institutional framework put in place and the problems faced by the government and cooperating partners in the process of eliminating gender-based violence
  - 4.1. What are the policies concerning GBV cases?  
.....  
.....?
  - 4.2. What kinds of cases Health workers report to police or security forces  
.....  
.....?
  - 4.3. What happens if they do not make the report  
.....  
.....?
  - 4.4. Legal protections for other forms of gender-based violence such as
    - A. Abandonment of newborns or infanticide
    - B. Age of marital consent, conditions of consent
    - C. Property ownership rights of women

D. Divorce, child custody, and child support

5.0. Police procedures and practices

5.1. What types of cases have you seen here (offer some examples)

.....  
.....  
.....?

5.2. What happened to those cases

.....  
.....  
.....?

5.3. What are your perceptions that may affect practices of policies?

.....  
.....  
.....?

6.0. Capacity of police station or post

6.1. What is the Physical layout, available private interview space, location/size of jail

.....  
.....  
.....  
.....?

6.2. Do the Police have knowledge on the application of the GBV laws

.....  
.....  
.....?

6.3. Do the police stations have private Location of interviews with GBV complainants?

- A. Yes
- B. No

6.4. Do state responsible for pressing charges in criminal proceedings?

- A. Yes
- B. No

If no give reason for your answer

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

7.0. Investigate the existence and prevalence of Gender-Based Violence in Kalingalinga Compound of Lusaka District

7.1. What types of cases of gender-based violence do the police officers handle? (If the respondent lists something other than sexual violence, ask him/her what is the most frequent type of violence against women and girls that he/she handles?)

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

7.2. How often do they handle sexual violence cases? How many per week or month?

.....

7.3. How often do you handle domestic violence cases? How many per week or month.....?

7.4. Has anyone in your institution received training on sexual violence or other forms of gender-based violence? If so, what was the training about, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?

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

7.5. Do the survivors referred to other services such as counselling or healthcare? If yes, where are these services located? How do they provide the referral? How do they ensure that the service is provided?

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

8.0. Causes and effects of Gender Based Violence, particularly violence against Girls and Women in Kalingalinga Compound.

8.1. What types of GBV do you think are most prevalent in this community?  
What types of cases of gender-based violence do you handle? (If they list something other than sexual violence, ask them what is the most frequent type of violence against women and girls that they handle.)

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

8.2. What do you think are the major gaps in terms of preventing and responding to gender-based violence?

.....  
.....  
.....?

8.3. How do you think some of these challenges you face could be addressed

.....  
.....  
.....?

8.4. What are the major causes of sexual violence in your community

.....  
.....  
.....?

8.5. What are the effects of sexual violence

- .....  
.....  
.....?
- 8.6. What are the causes of sexual violence in your community  
.....  
.....  
.....?
- 8.7. What are the effects of other forms of violence in your community  
.....  
.....?
- 8.8. Are there any cases where investigating or following-up on cases seems impossible? What are the challenges?  
.....  
.....  
.....
- 8.9. Which laws are used in addressing gender-based violence and how are they enforced, and by whom  
.....  
.....  
.....?

**This is the end of the interviews**

**Thank you so much**



**APPENDIX B: Short Interview Form for officers**

Officer Interviewed Age: \_\_\_\_\_

Name of Settlement: \_\_\_\_\_ S \_\_\_\_\_

Date: \_\_\_\_\_

1. Do you know of women or children in this community who have been raped or forced to have sex? Yes / No

2. Do you know who has forced them.....?

3. How many cases have you been receiving here for the past three months.....?

4. What problems do they have as a result?

.....  
.....  
.....?

5. Do women or children look for help when this happens to them? Yes / No

A. If yes, where do they go

.....  
.....?

B. What is done for them

.....  
.....?

6. Have you heard about other types of violence being perpetrated against women or girls in this community? Yes / No

7. If yes, what are the other types of violence

.....  
.....  
.....?

8. Have you heard of girls or women who have been forced to stay with the fighting forces?

Yes / No

9. What do you know about them, their needs, and their problems

.....  
.....  
.....?

10. Do you have anything more to say about sexual violence in this community

.....  
.....  
.....?