Gender-based Violence in sub-Saharan Africa:

A review of Demographic and Health Survey findings and their use in National Planning
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Purpose

1. Examine findings from the domestic violence module of the Demographic and Health Surveys (DHS) from 7 sub-Saharan African countries.

2. Determine if the available evidence from the DHS is being used to inform national planning for the prevention and management of gender-based violence (GBV) in these countries.

3. Determine the extent to which governments recognize GBV as a priority in national planning documents such as the first and second generation Poverty Reduction Strategy Papers (PRSPs).
Presentation Outline

1. Africa’s Health in 2010

2. Rationale for the study

3. For each component of the study:
   (i) Purpose    (ii) Methods    (iii) Key Findings

4. Recommendations

5. Discussion
Africa’s Health in 2010

*Technical support project funded by USAID Bureau for Africa*

To provide strategic, analytical, communications and advocacy, and monitoring and evaluation technical assistance to African institutions and networks, and USAID regional and bilateral programs to improve the health status of Africans.
Influencing policies and programs
Gender-based Violence

“Violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes violence which is perpetrated or condoned by the state.”

United Nations Population Fund (UNFPA)
Gender Theme Group, 1998
Component 1:
Review of DHS Findings on Domestic Violence Against Women

- GBV goes unrecognized and unreported

- Reliable data on prevalence of GBV at the national level remains scarce in African countries

1. Cameroon
2. Kenya
3. Malawi
4. Rwanda
5. Uganda
6. Zambia
7. Zimbabwe
Component 2: Review of National Planning Documents

Focused on answering 3 questions:

1. Is GBV addressed in national planning documents?

2. In what sections is GBV addressed and is it included in the list of priorities?

3. Have DHS findings on domestic violence informed policies and programs in national planning documents?
**Review of National Planning Documents: Data Source**

1. **First generation poverty reduction strategy papers (PRSPs)**
   - Initiated by the World Bank and IMF as basis for determining assistance and debt relief

2. **National Plans of Action (NPAs)**
   - Greater flexibility and country ownership
   - Linked to national strategies and budgets
   - Often referred to as second generation PRSPs
Violence needs to be addressed at many levels

Source: Heise, Ellsberg, & Gottemoeller, 1996
# Multi-sectoral Interventions for GBV Prevention & Management

<table>
<thead>
<tr>
<th>Sector</th>
<th>Examples of Interventions</th>
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<tbody>
<tr>
<td>Education</td>
<td>Enhance students’ self-efficacy, interpersonal communication, coping, conflict management, and decision-making skills</td>
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<tr>
<td>Health</td>
<td>Train providers on screening, identification, and referral</td>
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<tr>
<td>Judicial</td>
<td>Review/revise/create legislation that is linked to availability of protection and services of victims of violence</td>
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<tr>
<td>Security &amp; Law Enforcement</td>
<td>Establish women’s desks in police stations</td>
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<tr>
<td>Social</td>
<td>Mobilize existing community structures (women’s groups, traditional courts) and organizations to provide comprehensive, culturally appropriate response to survivors (shelters, safe homes, psychosocial care)</td>
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</table>
Review of National Planning Documents: Why these documents?

• Provide an opportunity for the Government to show its commitment to addressing GBV across multiple sectors (including health, education, criminal justice, judicial, human rights and gender)

• Priority area in the documents has to be taken into consideration by the Ministry of Finance in the budgeting process
Review of DHS Findings

Data Source

• **Demographic and Health Surveys (DHS)**
  - Nationally representative, population based information related to maternal and child health, HIV/AIDS, family planning, fertility, mortality, and nutrition
  - Information from published DHS reports with a domestic violence module

• **Domestic violence module**
  - Cross-sectional household survey (2000-2006)
  - Respondents are women 15-49 years of age
  - Sample sizes ranged from 2,087 to 6,293 women
  - Comparable questions allowing comparisons across countries and over time in same country
Review of DHS Findings
Focused on

Physical violence inflicted by anyone
  – Perpetrators of violence
  – Physical violence during pregnancy

Violence inflicted by husband
  – Types of violence (physical, sexual, emotional)
  – Combinations of types of violence
  – Types of violence by several different characteristics (background, woman, husband)
Review of National Planning Documents: 
Methods

• Publicly available information obtained through internet searches

• Systematic review process
  – Word searches (gender-based violence, domestic violence, violence, sexual abuse, rape, sexual harassment, victims, etc)
  – Sections pertaining to the sectors that should be involved in the GBV response (e.g., health, education, gender, human rights, law enforcement)
  – Examining the implementation matrix/plans of action
  – Examining the use of DHS findings
Results
Physical violence inflicted by anyone among all women 15-49 years at time of survey
Perpetrator of physical violence among ever married women

- Cameroon 2004: 39% Husband, 16% Someone else
- Kenya 2003: 40% Husband, 14% Someone else
- Malawi 2004: 20% Husband, 9% Someone else
- Rwanda 2005: 31% Husband, 8% Someone else
- Uganda 2006: 48% Husband, 14% Someone else
- Zambia 2001-02: 45% Husband, 13% Someone else
- Zimbabwe 2005-06: 30% Husband, 11% Someone else
Physical violence during pregnancy among mothers and women pregnant at time of survey

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Percent</th>
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<tr>
<td>Cameroon</td>
<td>2004</td>
<td>11</td>
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<tr>
<td>Malawi</td>
<td>2004</td>
<td>5</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2005</td>
<td>10</td>
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<tr>
<td>Uganda</td>
<td>2006</td>
<td>16</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2005-06</td>
<td>8</td>
</tr>
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Emotional, physical, sexual violence from husband, among ever married women

- Cameroon 2004: 42/49
- Kenya 2003: 43/47
- Malawi 2004: 27/30
- Rwanda 2005: 34/35
- Uganda 2006: 59/68
- Zimbabwe 2005-06: 38/47
Types of violence – Malawi DHS 2004 among women who had experienced violence from husband

Emotional only 12%
Sexual not physical 22%
Sexual and physical 23%
Physical not sexual 43%
Physical and/or sexual violence from husband by woman’s education, among ever married women

- Cameroon 2004: 30\% No education, 47\% Primary, 48\% Secondary+
- Kenya 2003: 41\% No education, 45\% Primary, 37\% Secondary+
- Malawi 2004: 24\% No education, 29\% Primary, 22\% Secondary+
- Rwanda 2005: 31\% No education, 32\% Primary, 21\% Secondary+
- Uganda 2006: 59\% No education, 63\% Primary, 45\% Secondary+
- Zimbabwe 2005-06: 42\% No education, 42\% Primary, 29\% Secondary+
Physical and/or sexual violence from husband by husband’s education, among ever married women

<table>
<thead>
<tr>
<th>Country</th>
<th>No education</th>
<th>Primary</th>
<th>Secondary+</th>
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<tbody>
<tr>
<td>Cameroon 2004</td>
<td>31</td>
<td>48</td>
<td>48</td>
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<tr>
<td>Kenya 2003</td>
<td>41</td>
<td>36</td>
<td>40</td>
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<tr>
<td>Malawi 2004</td>
<td>29</td>
<td>29</td>
<td>25</td>
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<tr>
<td>Rwanda 2005</td>
<td>37</td>
<td>35</td>
<td>22</td>
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<tr>
<td>Zimbabwe 2005</td>
<td>38</td>
<td>44</td>
<td>36</td>
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</tbody>
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Physical and/or sexual violence from husband by husband’s controlling behavior, among ever married women

- Cameroon 2004: 27, 35, 54, 72
- Rwanda 2005: 23, 37, 54, 40
- Zimbabwe 2005-06: 22, 35, 60, 74

Legend: 0 (minimum) 1-2 points 2-3 points 5-6 points
Physical and/or sexual violence from husband by husband’s use of alcohol, among ever married women

- Does not drink
- Drinks, never gets drunk
- Is drunk sometimes
- Is drunk often

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<tr>
<td>Cameroon</td>
<td>33</td>
<td>37</td>
<td>56</td>
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<td>Kenya</td>
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Response to 3 questions we set out to answer

1. GBV is not consistently addressed or identified as a priority in the national planning documents

2. GBV is not addressed across multiple sectors

3. The DHS findings on domestic violence do not appear to be informing the GBV policies and programs in national planning documents
Malawi
(Malawi PRSP 2002, page 39)

- **Strategy**: Eradicating Gender-based Violence
  - **Activity**: Establish and operationalize a mechanism for victims of violence
  - **Lead institution**: Government
  - **Other responsible institutions**:
    - Police
    - Ministry of Gender, Youth, and Child Development (MoGYCS)
    - Community-Based Organizations (CBOs)

Cameroon
(PRSP 2003, page 84)

- **Activity (in order of priority)**:
  - **Strategy**:
    - Enhancing the socio-legal status of women
      - **Lead institution**: Government
      - **Other responsible institutions**:
        - Police
        - Ministry of Gender, Youth, and Child Development (MoGYCS)
        - Community-Based Organizations (CBOs)

A single reference to violence in the PRSP:

“374. The plan of action aimed at enhancing the socio-legal status of women would lead to less women being the victims of violence and discriminatory practices, and to a better protection of women’s rights and dignity. It includes: (i) heightening awareness of the legal provisions on the rights and duties of women in Cameroon; (ii) improving women’s access to justice; and (iii) disseminating and enforcing national and international legal instruments for the development and well-being of women.”

Cameroon PRSP 2003; page 84
Public health sector is not seen as part of the response to GBV

- National planning documents tend to see law enforcement and the judicial sectors as being responsible for the response to GBV

- Sexual harassment/abuse in schools is not adequately addressed within the sections on education

- Very little emphasis given to GBV as a public health issue (including lack of linkages with HIV/AIDS and reproductive health)
Use of DHS Findings on Domestic Violence

• Timing of DHS survey did not always allow the opportunity for inclusion of the findings

• For countries that did have the opportunity, the findings from DHS were not cited in any of the documents

• Use of DHS data for other health indicators (HIV/AIDS, nutrition) cited in the national planning documents varied
How can the findings be used to advocate for policy change?

**FIRST STEPS IN THE POLICY PROCESS:**

1. Achieving recognition of a policy issue
2. Defining the problem (extent and nature)

**USE OF FINDINGS**

- Increase the evidence-base for GBV
- Raise awareness of magnitude of GBV
- Develop multisectoral GBV national action plans
Conclusions:

1. Domestic violence levels are high and deserve to be recognized as a development priority.

2. DHS findings represent important evidence on the magnitude of the problem in Africa.

3. Advocate for governments to address GBV within a development framework and match commitments with budgetary allocations.

4. Implementation and regular monitoring of GBV national plans of action is key.
Thank you