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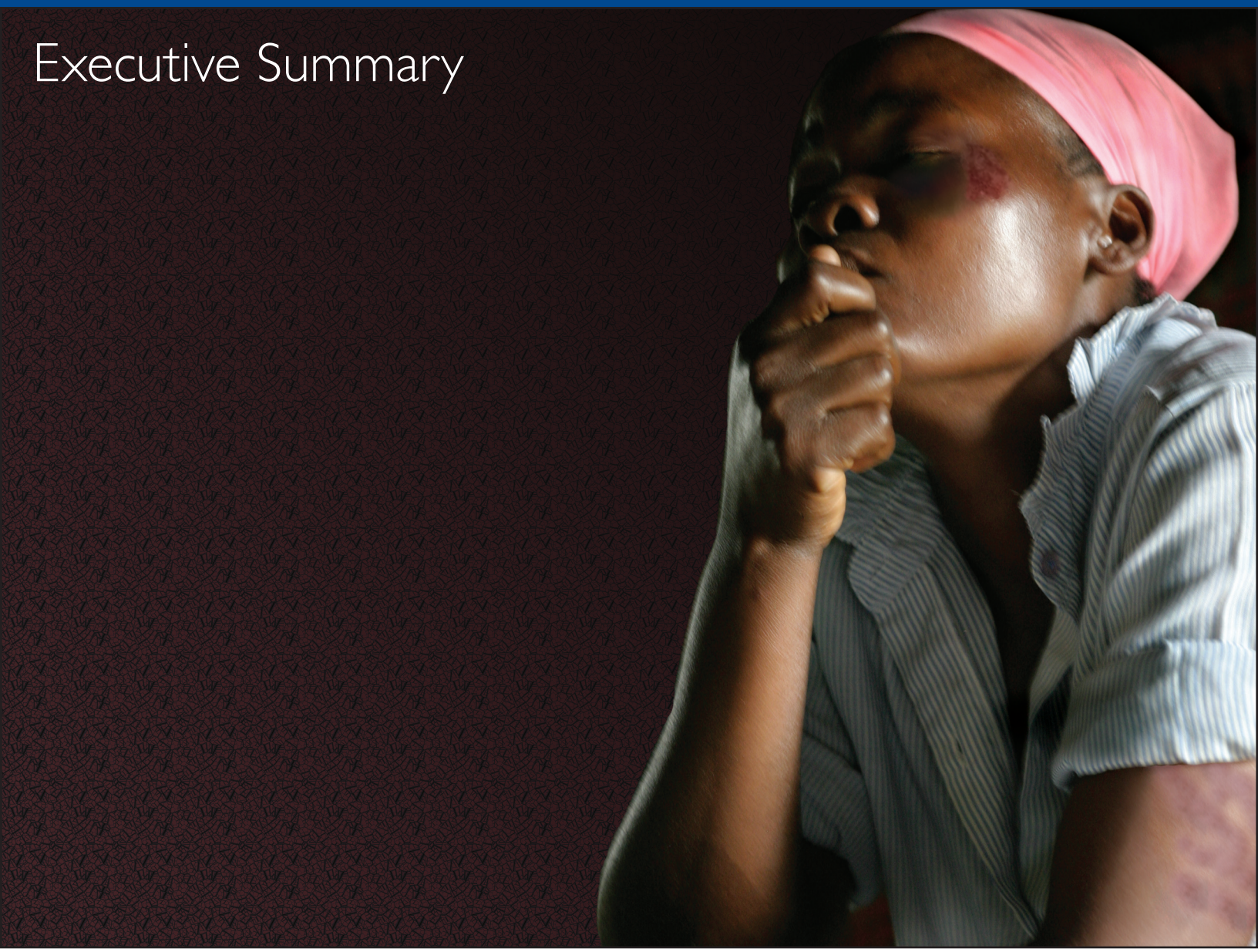
Gender-based Violence in sub-Saharan Africa:

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

Executive Summary



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Acronyms and abbreviations

AED	Academy for Educational Development
AIDS	Acquired immunodeficiency syndrome
AFR/SD	Africa Bureau Office of Sustainable Development
CEDAW	Convention on the elimination of all forms of discrimination against women
DHS	Demographic and Health Surveys
ERS	Economic recovery strategy for wealth and employment creation
FNDP	Fifth National Development Plan
GBV	Gender-based violence
HIPC	Heavily Indebted Poor Countries Initiative
HIV	Human immunodeficiency virus
IMF	International Monetary Fund
IPRSP	Interim Poverty Reduction Strategy Paper
MGDS	Malawi Growth and Development Strategy
MPRS	Malawi Poverty Reduction Strategy
NGO	Non-governmental organization
NPA	National Plan of Action
PAAP	Poverty Alleviation Action Plan
PEAP	Poverty Eradication Action Plan
PRSP	Poverty Reduction Strategy Paper
SGBV	Sexual and gender-based violence
USAID	United States Agency for International Development
VAW	Violence against women
VSU	Victim support units
ZIMPREST	Zimbabwe Programme for Social Transformation

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Executive summary

Gender-based violence (GBV) is a pervasive human rights issue with public health consequences. It often goes unrecognized and unreported, is accepted as part of the "nature of things" and is shrouded in a culture of silence. Although reliable data on the prevalence of the various forms of GBV remains scarce, the Demographic and Health Surveys (DHS) program have been contributing to the growing body of evidence on one important aspect of GBV by providing national level population-based data on the prevalence, risk factors and consequences of domestic violence experienced by women.

The main purposes of this desk review are to:

1. Assess the levels of domestic violence in sub-Saharan Africa by critically reviewing the findings from available, comparable national DHS reports; and

2. Examine whether the evidence generated by these DHS findings has been used to inform policies and programs as reflected in the country growth and development strategies, such as the first and second generation Poverty Reduction Strategy Papers (PRSPs).

National response to the GBV issue should be comprehensive; thus, the review of these national planning documents focused not only on domestic violence, but also examined GBV in its broader sense.

The second purpose of this desk review is meant to determine the extent to which governments recognize GBV as a national priority and implement a multisectoral response to tackle the issue.

> "Gender-based violence is 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 that violence which is perpetrated or condoned by the state."
>
> *UNFPA Gender Theme Group, 1998*

The review deliberately focuses on the first and second generation PRSPs. This is because unless governments articulate their commitment to addressing GBV through well-defined policies and strategies across multiple sectors (including health, education, criminal justice, judicial, human rights, gender) in its overall growth and development frameworks, it is highly unlikely that required resources will be allocated to achieve the desired reduction in GBV in a systematic and sustainable manner. If GBV is included in a country's framework for growth and development, the Ministry of Finance must consider the budgetary implications and other relevant ministries must also address it in their programs.

This desk review presents DHS findings based on information published in the respective DHS country reports. It does not involve analyses of the primary DHS data. The desk review includes information on domestic violence from comparable DHS surveys in seven sub-Saharan African countries: Cameroon (2004), Kenya (2003), Malawi (2004), Rwanda (2005), Uganda (2006), Zambia (2001–2002), and Zimbabwe (2005–2006).

South Africa was not included in this review because in the DHS country report (1998) the structure of the questionnaire and the format of the report differ substantially from the other seven countries.

The domestic violence module that the DHS program offers to countries consists of comparable questions that have been selected based on experience within the context of the DHS program and elsewhere.

Respondents to the survey are women 15–49 years of age. In almost all countries where questions related to domestic violence were included in the questionnaire, at most, one woman in each household was asked these questions. Thus, the focus was on domestic violence as experienced by women, and primarily on violence within marriage.

The review of national planning documents is based on publicly available documents obtained through online/internet searches. The review focused on two documents for each country: (i) Poverty Reduction Strategy papers (PRSPs) referred to as "First Generation PRSPs" and (ii) the more recent national planning frameworks, referred to as "Second Generation PRSPs."

Because the more recent set of documents are titled differently in every country, this desk review refers to them as National Plans of Action (NPAs). Compared to PRSPs, NPAs allow countries greater flexibility and ownership to design realistic macroeconomic frameworks linked more to their national strategies and budgets, and less to the priorities of the World Bank and International Monetary Fund.

The review focused on answering the following three questions:

1. Is GBV addressed in the national planning documents?
2. In what sections is GBV addressed in the national planning documents and is it included in the list of priorities?
3. Have DHS findings on domestic violence informed policies and programs in the national planning documents?

The national planning documents were systematically reviewed in various ways to examine the extent to which GBV was addressed; word searches on GBV and its different forms, including domestic violence; examination of whether GBV featured in the list of priorities; examination of specific sections on health, education, gender, law and enforcement; as well as the strategies and indicators listed in the corresponding implementation matrices of the documents.

Review of DHS reports with a domestic violence module

The high quality DHS reports provide sound nationally representative quantitative information on domestic violence. The information on violence from the seven DHS reports presented in this desk review focuses on domestic violence against women inflicted by their husbands, but also provides some information about physical violence among all women. After describing types of violence (physical, sexual, emotional), differentials in the percentages of ever-married[i] women who have experienced physical and/or sexual violence from their husbands are examined. Findings from the DHS reports are briefly described in this executive summary.

i The term 'ever-married' includes women who are (or have been) living with a man, i.e., who are (or have been) in-union; and 'husband' also refers to a partner of a woman who is (or has been) living with a man even if not formally married.

Violence perpetrated by anyone

Physical violence inflicted by anyone. The percentage of women (15–49 years at the time of the survey) who had experienced physical violence (since age 15 years) was high in all countries, and ranged from around 30% in Malawi, Rwanda, and Zimbabwe; to about 50% in Cameroon, Kenya, and Zambia; and as high as 60% in Uganda. The percentages among ever-married women showed a similar pattern (but were 2–6 percentage points higher).

Perpetrator of violence

Husband versus others. Among ever-married women who had experienced physical violence, between 70–80% reported their husband as a perpetrator. The percentage of ever-married women who reported physical violence by their husband ranged from 20% in Malawi; to about 30% in Rwanda and Zimbabwe; about 40% in Cameroon and Kenya; to 45% in Zambia and 48% in Uganda. Physical violence only by someone else (and not by their husband) among the same women was reported by about 10% in Malawi, Rwanda, and Zimbabwe; and by about 15% in Cameroon, Kenya, Uganda, and Zambia.

Teachers. Teachers were reported as perpetrators of violence among all women who had experienced physical violence from anyone since the age of fifteen years: 26% in Kenya, 17% in Uganda, and 8% in Zambia and Zimbabwe.

Violence during pregnancy

The desk review found that physical violence during pregnancy ranged from 5% in Malawi to 16% in Uganda. Around 10% of women in Cameroon, Rwanda, and Zimbabwe reported violence during pregnancy.

Violence perpetrated by husband

Physical and/or sexual violence versus emotional violence only. The percentage of ever-married women who reported physical and/or sexual violence (whether or not they also encountered emotional violence) by their husband ranged from 27% in Malawi; around 35% in Rwanda and Zimbabwe; about 42% in Cameroon and Kenya; to 59% in Uganda (the Zambia country report did not include this information). The percentage who reported emotional violence, but no physical and no sexual violence, was less than 5% in Kenya, Malawi, and Rwanda; and around 8% in Cameroon, Uganda, and Zimbabwe.

Distribution of combinations of violence types. Among women who had experienced any type of violence from their husband, one-quarter to one-half reported that they had experienced sexual violence, but not physical violence (whether or not they experienced emotional violence). Among the same women, the percentage who had experienced physical and/or sexual violence (whether or not they experienced emotional violence) ranged from about 80% in Zimbabwe; through around 90% in Cameroon, Kenya, Malawi, and Uganda; to 96% in Rwanda. The percentage who had experienced emotional violence, but neither physical nor sexual violence, ranged from less than 5% in Rwanda; to around 10–15% in Cameroon, Kenya, Malawi, and Uganda; to almost 20% in Zimbabwe.

Experience of physical and/or sexual violence by various characteristics

The percentage of ever-married women who had experienced physical and/or sexual violence from their husband was examined according to education, urban-rural place of residence, women's and husband's characteristics. There were essentially no differences according to urban-rural place of residence in Malawi and Rwanda. Violence was slightly more common among urban women in Cameroon and among

rural women in Zimbabwe. In Uganda, the rural levels of violence were even higher than in urban areas.

In the three countries (Kenya, Uganda, Zimbabwe) where such violence was shown according to wealth quintiles, there was a pattern suggestive of the poorer the woman (the lower the quintile), the higher the levels of violence. However, (i) substantial amounts of violence were seen even for the highest quintile (25–47%); and (ii) there was slightly less violence among the poorest women compared to the next lowest quintile.

Differences in the levels of such violence according to the woman's current age were not consistent across the countries. Violence levels were somewhat lower for women in the youngest age group (15–19 years) in most countries. In Kenya and Rwanda, women in the oldest age groups experienced more violence. There was little difference reported between the age groups in Malawi and Zimbabwe. There was not a consistent pattern in Uganda.

The patterns of violence according to the woman's employment were not consistent across countries although they tended to be somewhat lower among those categorized as "not employed," and highest among those who were "employed, but not for cash." Those "employed for cash" tended to have values between these two groups. These findings warrant further analysis to elucidate the relationship between employment status and domestic violence.

Violence was substantial across all women's education categories, but tended to be somewhat lower among women with at least some secondary education, while violence among women with primary education tended to either be the highest or about the same as women with no education. Cameroon represents an exception where there was least violence among women with no education.

When comparisons were made in violence against women according to the husband's education, the patterns—within each country—were generally somewhat similar to those seen for women's education.

There was a strong association between the degree of controlling behavior by the husband and levels of violence experienced by women—the more controlling behaviors the husband possessed, the higher the percentage of women who had experienced violence (three countries reported this information: Cameroon, Rwanda, and Zimbabwe).

There was also a strong association between the percentage of women reporting violence and drunkenness among their husbands. However, it is important to emphasize that even among women whose husbands did not drink, violence levels were substantial.

This information should prompt action from advocacy groups, policy makers and program managers looking for answers on the nature and extent of the problem in order to develop policies and programs to address them.

Review of national planning documents

Is GBV addressed in national planning documents?

GBV is not consistently addressed in the national planning documents that were reviewed for each of the countries.

PRSPs: Five of the six PRSPs reviewed had some reference to GBV. Of these, only two countries discussed GBV in some detail (Kenya and Malawi), while the others (Cameroon, Rwanda, and Zambia) had minimal discussion.

Although the complete PRSP document was unavailable online for Uganda, a review of the summary and main objectives did not make any reference to GBV.

NPAs: Of the four NPAs reviewed, Uganda and Zambia approach GBV in a more comprehensive way than the PRSPs in general. Malawi has minimal discussion of GBV and Kenya has no discussion of the issue.

Therefore, for the countries for which we were able to review both the PRSP and the NPA, in a couple of cases, the more recent NPAs had less discussion of GBV as compared to the precursor PRSPs (Kenya and Malawi) and in other cases it was vice-versa (Uganda and Zambia).

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

In the national planning documents reviewed, GBV is not included in the list of overall priorities, nor is it addressed across multiple sectors. It is, however, usually discussed under the cross-cutting gender section or security/law enforcement sections. Little emphasis is placed on addressing GBV as a public health issue (including to the linkages with HIV/AIDS, reproductive health) and to school-related GBV. Although GBV is addressed in the narrative portion of some documents, in most cases, the implementation plans are very weak.

The review confirmed that the link between HIV/AIDS and GBV is rarely explicit in policy documents, including the PRSPs and NPAs. Several documents acknowledge the increased vulnerability of women and girls to HIV, but do not link them with GBV. Sexual harassment and abuse in schools, a form of GBV that has become rampant in Africa, has also not been adequately addressed in the national planning documents. Although GBV is discussed in a few documents (Malawi, Rwanda, and Uganda) in the context of possible reasons for low enrollment of girls in primary and secondary schools, the actions to address the problem in the implementation plans were either weak or non-existent.

Have DHS findings on domestic violence informed policies and programs in national planning documents?

DHS findings on domestic violence do not appear to be informing policies and programs in the national planning documents. While some countries cite DHS data for other health indicators, data from the DHS domestic violence module are not cited in any of the national planning documents of countries that could have benefited from the available data.

Also, the richness of the DHS data is not reflected in the way domestic violence is addressed in these documents. Domestic violence might be addressed, however the different aspects, such as occurrence, type, timing, perpetrators, are not referenced in the discussion. Also, no specific interventions geared toward the family or spousal/partner relationships were found.

GBV is a universal problem, irrespective of wealth, education, religion, economic or social status –violence is seen in all population subgroups. The domestic violence module that is part of recent DHS surveys represents important available evidence that governments can use to determine and address the priorities in their national planning documents.

This review suggests that domestic violence is a significant public health problem that needs to be recognized at the national level to ensure budgetary allocations. The review also showed that although GBV might be addressed in the

planning documents, the problem is not being approached multisectorally. Despite the availability of robust population-based quantitative information on domestic violence in the DHS surveys, national planning systems do not appear to be using it to determine priorities and to develop evidence-based policies and programs. This finding has serious implications for and raises the question on the optimum use of available data in developing national priority-setting documents.

Although national budgets have not been studied as part of this review, it is reasonable to estimate that the government's budget allocation for GBV in each of these countries is close to insignificant based on the lack of attention it is given in these documents. To ensure a consistent and sustainable national GBV response, the review calls for political pressure on governments and decision makers to recognize the magnitude of GBV and its need for a multisectoral response. The review also calls for continued investments of both time and resources in the areas of advocacy and political pressure for governments and decision-makers to recognize the magnitude of GBV, and respond in a coordinated and multisectoral manner. Furthermore, the review calls for continuous building of knowledge and evidence on GBV and finding effective ways to prevent it and respond so that policy makers recognize it as a priority issue and make wise investments.

Recommendations

For national governments

- Considering the proportions of domestic violence in each of these countries based on the DHS findings, governments need to acknowledge that domestic violence is a public health problem and needs to be officially recognized and addressed, via public policy and appropriate budget allocation.
- National growth and development strategies such as the PRSPs and NPAs are works in progress and are revised every 3–5 years. This presents a great opportunity for governments to recognize and address GBV using the GBV data available in the DHS reports. These national policy documents could and should address GBV in future versions to reflect national realities that impact the development and productivity of roughly half the population.
- The national GBV response should be multisectoral both at the policy and program levels involving at least health (including HIV/AIDS, reproductive health, and mental health), education, legal, criminal justice, human rights, social welfare and gender sectors.
- HIV/AIDS is a government priority in all national planning documents, but much remains to be done to emphasize the links between HIV/AIDS and GBV and the need to integrate GBV into HIV/AIDS efforts, rather than as an "add-on". Specifically, clear policy frameworks should address GBV across the HIV/AIDS prevention, treatment, and care and support spectrum.
- All African governments should include the domestic violence module in all future surveys (i) to establish the evidence-base for the magnitude of the problem in their countries, (ii) to be able to use these findings to inform the required policies, strategies, and programs and (iii) for continued monitoring of the issue. Countries also need to make a greater effort in using the data to inform their national growth and development priorities and strategies.

For USAID and other donors

- In countries that did not include the domestic violence module in the last DHS survey, USAID should advocate for its inclusion in the next DHS survey. All African countries should have at least one DHS survey that includes this module to have a clear baseline of where the country stands.

- Each USAID mission in Africa can play a key role in facilitating the dissemination of results from the DHS domestic violence module to in-country advocacy groups, national civil society and government officials, donors, and NGOs.

- USAID should coordinate GBV efforts among its own implementing mechanisms.

- USAID should coordinate its own GBV efforts with other donors.

For civil society organizations and advocacy groups

- Women's associations, men's groups against violence, youth groups, NGOs and civil society organizations should use the DHS findings to encourage governments to recognize gender-based violence as a priority issue in the country's development strategy.

- These groups should use the information from the DHS reports on domestic violence to insist on the need for the governments to allocate resources to address this issue.

- Increase awareness about GBV using the media and public forums to talk about why GBV is a multisectoral issue, including why GBV is a major public health concern.

- Clearly demonstrated contributing factors for GBV, such as alcoholism, are amenable to interventions and are potential obstacles to development that need to be addressed while tackling the public health priority of domestic violence in these countries.

- Specific evidence-based advocacy materials targeted towards policy makers and those involved in preparing the National Plans of Action should be developed. Examples are (i) country-specific chart books summarizing key DHS findings from the domestic violence module, and (ii) a guide on how countries can address GBV as a multisectoral issue in policy and strategy documents. Guidelines for using these materials are also desired.

For researchers

- Further country-specific analyses could be done on DHS data to elucidate the relationships between characteristics such as women's employment or women's education and levels of domestic violence.

- To link commitments to action, further research needs to be done in each of these countries to ascertain the budgetary allocation for issues relating to gender-based violence. Also, the scope of this review needs to be broadened to examine how GBV is being addressed in sector-specific strategies and budgets, especially health, education, gender, and legal sectors and at the community level. This can contribute to country-specific evidence-based advocacy efforts.

- More in-depth study is needed to examine if DHS findings on domestic violence are informing the sector policies or GBV action plans, and if not, why not and what is needed to increase utilization of this important quantitative data that is now becoming increasingly available.

Appendix A: Definitions

Appendix A presents the commonly accepted definitions on GBV and its forms that are relevant to this document developed by different agencies working in this area.

Violence against women

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

Article 1, UN Declaration on the Elimination of Violence Against Women, 1993[24]

Article 2 of the Declaration further specifies that violence against women should encompass, but not be limited to: Acts of physical, sexual and psychological violence whether they are in the family or the community. The acts of violence specified in this article include: spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape, traditional practices harmful to women such as female genital mutilation, non-spousal violence, sexual harassment and intimidation, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state, such as rape in war.

Article 2, UN Declaration on the Elimination of Violence Against Women, 1993[24]

Gender-based violence

"Gender-based violence is 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 that violence which is perpetrated or condoned by the state."[25]

UNFPA Gender Theme Group, 1998

Intimate partner violence

"Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behavior includes:

- Acts of physical aggression – such as slapping, hitting, kicking and beating.
- Psychological abuse – such as intimidation, constant belittling and humiliating.
- Forced intercourse and other forms of sexual coercion.
- Various controlling behaviors – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance."

WHO, 2002[12]

Domestic violence

The most common usage is with reference to physical, sexual and emotional violence by the spouse or intimate partner (see definition above) and is sometimes used synonymously with intimate partner violence. However, the term can also include violence within the family including violence experienced by children and the elderly.

Physical violence/abuse

"A pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting, and throwing objects at a person, kicking and pushing and using a weapon such as a gun or a knife. Physical abuse usually escalates over time and may end in the woman's death."

UNFPA, 2001[26]

Sexual violence/abuse

"Mistreatment or the control of a partner sexually. This can include demands for sex using coercion or the performance of certain sexual acts, forcing her to have sex with other people, treating her in a sexually derogatory manner and/or insisting on unsafe sex. "

UNFPA, 2001[26]

Emotional and verbal violence/abuse

"Mistreatment and undermining of a partner's self-worth. It can include criticism, threats, insults, belittling comments and manipulation on the part of the batterer. "

UNFPA, 2001[26]

Psychological violence/abuse

"Use of various tactics to isolate and undermine a partner's self-esteem causing her to be more dependent on and frightened of the batterer. It can include such acts as:

- Refusing to allow the woman to work outside the home
- Withholding money or access to money
- Isolating her from her family and friends
- Threatening to harm people and things *she* loves
- Constantly checking up on *her*"

UNFPA, 2001[26]

Rape

"The use of physical force, or threat of force or emotional coercion, to penetrate an adult woman's vaginal, oral or anal orifices without her consent. In the majority of cases, the perpetrator is someone the woman knows. Rape can be a one-time occurrence or it can be ongoing. It many also involve the use of alcohol and drugs therefore making the victim more vulnerable."

UNFPA, 2001[26]

Sexual assault

"Non-consensual sexual contact that does not include penetration."

UNFPA, 2001[26]

School-related gender-based violence

"School-related gender-based violence results in sexual, physical, or psychological harm to girls and boys. It includes any form of violence or abuse that is based on gender stereotypes or that targets students on the basis of their sex. It includes, but is not limited to: rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying, and verbal harassment. Unequal power relations between adults and children and males and females contribute to gender violence. Violence can take place in school, on school grounds, going to and from school, or in school dormitories. It may be perpetrated by teachers, students, or community members. Both girls and boys can be victims as well as perpetrators."

USAID/EQUATE, 2007[27]

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