

PREVALENCE OF GENDER-BASED VIOLENCE AGAINST WOMEN IN KIRU TOWN COUNCIL IN ABIM DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract Background

This study assessed the prevalence of GBV amongst women (15-49) years of Kiru town council in Abim district.

Methodology

The study adopted a sectional study design using quantitative research methods. Multi-stage sampling was used for a sample size of 152 women of reproductive age. Data was collected using pre-piloted, structured interview-administered questionnaires. The data was analyzed using the SPSS version 23 software in two levels of Uni-variate and bi-variate and the analysis was conducted using descriptive and regression analysis.

Results

The prevalence of gender-based violence among women (15-49) years of Kiru town council was 30.3%. The factor socio-demographic factor married (cOR; 0.034, 95% CI, 0.003-0.335, p-value= 0.004), those who were emotionally abused (cOR; 0.345, 95% CI, 0.168-0.709, p-value= 0.004), sexually abused (cOR; 0.314, 95% CI, 0.153-0.646, p-value=0.002), those who experienced their last episode of GBV within (1-5) years (cOR; 2.556, 95% CI, 1.058-6.171, p-value=0.037), those who reported their cases to the counsellor (cOR; 9.205, 95% CI, 1.190-71.176, p-value= 0.033), police (cOR; 0.384, 95% CI, 0.180-0.822, p-value= 0.014) and those who lacked trust of benefits in the services available (cOR; 2.651, 95% CI, 1.067-6.389, p-value= 0.038) were significantly associated with the prevalence of GBV. The prevalence of physical violence was 52.7%, sexual violence was 43.4% and emotional violence was 34.9%. 12.5% of the respondents did not report their cases to any service and amongst those who reported their cases, 32.9% faced stigma.

Conclusion

30.3% of women (15-49) years have ever experienced GBV in their lifetime. This shows that there's a need to carry out health education in Kiru town council to create more awareness about the dangers of GBV against women (15-49) years.

Recommendation

Community members should speak out against harmful gender norms, stereotypes, and attitudes that perpetuate GBV and also challenge sexist language, jokes, and behaviors in their personal and professional circles.

Keywords: women (15-49) years, gender-based violence, Kiru town council

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Background of the study

Gender-based violence occurs and is classified in various ways depending on the relationship between the perpetrator and victim (intimate partner violence (IPV) and non-IPV), or by type of the act of GBV, such as sexual, physical, or emotional violence. GBV is a global public health problem that poses challenges to human health, with a higher prevalence in developing countries. While GBV can affect individuals of any gender, women and adolescent girls experience more intimate partner violence (IPV) than men. **Globally**, it is estimated that 27 % of women aged 15 to 49 years old have experienced IPV at some point in their lives. The impact of GBV can be even more profound in women facing marginalization, racism, and discrimination. Disrupting factors such as isolation from home communities,

transition to new urban centers, cultural barriers to accessing resources, and ongoing trauma from residential schools, place Indigenous women at a greater GBV risk. (Wei et al., 2023)

Evidence reveals that the problem is mostly prominent in developing countries where socioeconomic status is low and education is limited, especially in **Sub-Saharan Africa (SSA) countries**. (Muluneh et al., 2020). The pooled prevalence of IPV among women was 44%, the past year-pooled prevalence of IPV was 35.5% and non-IPV pooled prevalence was 14%. The highest prevalence rates of IPV that were reported included emotional (29.40%), physical (25.87%), and sexual (18.75%) violence. The sub-regional analysis found that women residing in Western (30%) and Eastern (25%) African regions experienced higher levels of emotional violence. (Muluneh et al., 2020)

In Uganda, the overall prevalence of GBV was 31.7%. (Swahn et al., 2021). During the lockdown to contain the COVID-19 pandemic in Uganda, women and girls, disproportionately, had increased exposure to gender-based violence (GBV). According to the report, about half of the respondents knew someone who had experienced physical violence in the form of torture (28%), sexual abuse (28%), or forced marriage (26%) during the COVID-19 pandemic lockdown (Bukuluki et al., 2023) because most of the people were idle and lacked what does result into poverty which was related to the cause of gender-based violence in families. There was gender-based violence during the lockdown due to the excessive use of drugs like alcohol, and marijuana among others. On the other hand, some people view gender-based violence as unnecessary and evil actions against the other gender and is against the human rights of the individual being violated. (Djikanovic et al., 2018). Different efforts have been put to report any case of gender-based violence against women and children to the nearest agencies to put to end the unnecessary act.

In the Abim district, a descriptive statistic showed that 100% of the respondents who experienced GBV were female, the majority were between 30-49 years (28.8%). Results from percentages indicated there are high levels of Gender Based Violence (57.6%), and high levels of mental health problems (55.9%). (Akot Deborah, 2022)

Methodology

This study was conducted in Kiru Town Council, Abim district. It's located on approximately a small piece of land along the Lira - Kotido main road. Kiru town council is one of the town councils located in the middle of Abim district, northern region, Uganda at a latitude of 2° 37' 59" N and a longitude of 33° 40' 0" E. Lat/Long (dec) of Kiru town council is 2.63333,33.66667 and Open Location Code is 6GJMJMM8+8M and lastly GeoNames ID is 231107 (Mindat.org, 2023). Kiru town council is composed of two parishes namely, Oyaro Parish and Kiru Parish, with several small villages including, Omoru, Oyaro North, Riamiriam, Obangangeo South, and Nyikinyiki. The study was conducted among the women (15-49) years of Kiru town council of Abim district, this is because these are women of reproductive who are mostly affected by gender-based violence due to several reasons such as misunderstandings between intimate partners.

Study design

The study adopted a cross-sectional study design using quantitative research methods and analysis.

Sample size

The sample size was determined using the formula developed by Kish Leslie in 1965 for a single proportion as below.

$n = \frac{(Z^2 * pq)}{d^2} + \text{Non response rate}$ i.e. then do the calculations, increase the number by 10% to cater for the Nonresponse rate.

Where;

n - sample size

Z - is the estimate (1.96) corresponding to a 95% confidence interval

p - is the proportion of gender-based violence (a 10% proportion was used because of the unknown incidence of which is being measured.)

q - standard (1 - p) = (1 - 0.1) = 0.9

d - is the error margin (0.05).

On substituting the above formula,

$n = \frac{(1.96)^2 * 0.1 * 0.9}{(0.05)^2} + (10\% \text{ of the previous calculation})$

= 138 + (10%*245)

= 138 + 14

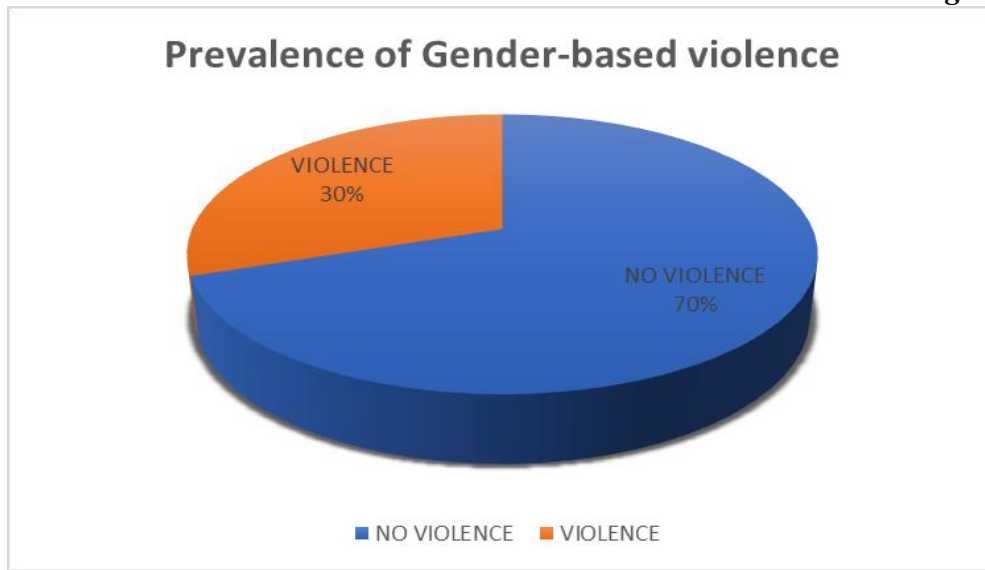
Hence, n = 152

Sampling techniques

A multi-stage sampling at which two stages were used to collect data from the respondents that is to say; **stage 1 involved** simple random selection of the relevant villages in Kiru Town council through which probability sampling was used where a total of six(6) villages were randomly selected. Stage 2 involved a random selection of women (15-49) from the selected villages in Kiru Town Council.

Results

Of the 152 respondents, 30.3% have ever experienced gender-based violence in their lifetime while 69.7% did not experience gender-based in Kiru town council; where violence represents those who experienced more than three forms of gender-based abuse and no violence represents those who experienced less than three forms of gender-based abuses as shown below.



Pie chart showing the prevalence of gender based violence

Prevalence of gender based violence among women (15-49) years in Kiru town council (n=152)

VARIABLE	FREQUENCY (PERCENT)	PREVALENCE OF GBV		cOR(95% CI)	p-value
		Yes	No		
Age					
(15-19)	25(16.4)	5(10.9)	20(18.9)	ref	
(20-24)	52(34.2)	5(10.9)	47(44.3)	0.250(0.013-4.729)	0.355
(25-29)	33(21.7)	14(30.4)	19(17.9)	0.106(0.006-1.975)	0.133
(30-34)	13(8.6)	8(17.4)	5(4.7)	0.737(0.042-12.821)	0.834
(35-39)	17(11.2)	10(21.7)	7(6.6)	1.600(0.081-31.771)	0.758
(40-44)	10(6.6)	3(6.5)	7(6.6)	1.429(0.076-26.895)	0.812
(45-49)	2(1.3)	1(2.2)	1(0.9)	0.429(0.020-9.364)	0.590
Religion					
Catholic	64(42.1)	19(41.3)	45(42.5)	ref	
Protestant	85(55.9)	25(54.3)	60(56.3)	0.211(0.018-2.470)	0.215
Moslem	3(2.0)	2(4.3)	1(0.9)	0.208(0.018-2.403)	0.209
Current marital status					
Single	76(50.0)	9(19.5)	67(63.2)	ref	
Married	58(38.2)	23(50.0)	35(33.0)	0.034(0.003-0.335)	0.004*
Widow	6(3.9)	3(6.5)	3(2.8)	0.164(0.017-1.564)	0.116
Divorced	7(4.6)	7(15.2)	0(0.0)	0.250(0.017-3.770)	0.317
Separated	5(3.3)	4(8.7)	1(8.7)	0.403(0.025-4.861)	0.999

**p<0.05 is significant*

Discussion

In this study, the prevalence of gender-based violence was 30.3%. This is low when compared to other studies conducted in other countries where the overall prevalence of gender-based violence ranged from 42.3% in Nigeria to 67.7% in Ethiopia (Beyene et al, 2019). In a similar study conducted among 140 female students of Menkorer High School in Debre Markos Town, Northwest Ethiopia, the lifetime prevalence of GBV was 67.7% (Mullu et al, 2015). Zimbabwe Demographic and Health Survey (ZDHS) data indicated that 48.2% of women of reproductive age who are in a union

experience some type of GBV (Wekwete et al, 2014) In other countries, there was a high prevalence of GBV maybe because of poor implementation of laws and policies against those who violate the right of other and also due to low-quality gender-based violence services that respond to the cases, on the other hand in Kirutown council, there are as well weak policies put in place against violence and there are also still existing low-quality services that are not easily accessible which demoralizes people from seeking attention from them.

Conclusion

The prevalence of gender-based violence among women (15-49) years of Kiru town council was 30.3%. The socio-demographic factor significantly associated with the prevalence of GBV was married (cOR; 0.034, 95% CI, 0.003-0.335, p-value= 0.004), these were 0.034 times more likely to experience gender-based violence than other marital status. Respondents who were emotionally abused (cOR; 0.345, 95% CI, 0.168-0.709 and sexually abused (cOR; 0.314, 95% CI, 0.153-0.646, p-value=0.002) were 0.345 and 0.314 times more likely to experience GBV respectively. Respondents who experienced their last episode of GBV within (1-5) years were 2.556 times more likely to experience GVB(cOR; 2.556, 95% CI, 1.058-6.171, p-value=0.037), respondents who reported their cases to the counselor (cOR; 9.205, 95% CI,1.190-71.176, p-value= 0.033) and police(cOR; 0.384, 95% CI, 0.180-0.822, p-value= 0.014) were 9.205 and 0.384 times more likely to experience GBV respectively. And respondents who lacked the trust of benefits in the services available were 2.651 times more likely to have experienced GBV (cOR; 2.651, 95% CI,1.067-6.389, p-value= 0.038). The prevalence of physical violence was 52.7%, sexual violence was 43.4% and emotional violence was 34.9%. 12.5% of the respondents did not report their cases to any service and amongst those who reported their cases, 32.9% faced stigma.

This statistic indicates a significant societal issue that demands urgent attention and action, highlighting the need for comprehensive interventions, including policy changes, education initiatives, and support services, to address and prevent GBV effectively.

Recommendation

To the Ministry of Gender, Labour and Social Development (MGLSD)

MGLSD should review and strengthen existing policies and legislation related to GBV to ensure they are comprehensive, rights-based, and effectively enforced by including criminalizing all forms of GBV.

MGLSD should allocate sufficient resources to expand and improve GBV service provision, including shelters, counseling, legal aid, healthcare, and hotline ensuring that services are accessible, culturally sensitive, and survivor-centered, with a particular focus on reaching marginalized and under-served communities.

Investing in comprehensive prevention programs and public awareness campaigns to challenge harmful gender norms, promote gender equality, and educate the public about the impacts of GBV including initiatives targeted at schools, workplaces, religious institutions, and other community settings.

Building the capacity of government agencies, civil society organizations, and other stakeholders involved in GBV prevention and response by providing training and resources to front-line respondents, including law enforcement officers, healthcare providers, social workers, and community leaders, to effectively recognize and respond to GBV.

Fostering collaboration and coordination among government ministries, NGOs, civil society organizations, and international partners to ensure a holistic and multi-sectoral response to GBV hence facilitating information-sharing, resource mobilization, and joint advocacy efforts to address the root causes of GBV and promote systemic change.

To the local government of Kiru town council

Kiru Town Council local government should provide training to front-line respondents, including law enforcement officers, healthcare providers, social workers, teachers, and community leaders, on recognizing and responding to GBV sensitively and effectively.

Kiru Town Council local government should engage men and boys as allies in GBV prevention efforts by promoting positive masculinity, challenging harmful gender stereotypes, and encouraging respectful and equitable relationships.

Kiru Town Council local government should develop and implement comprehensive policies and action plans specifically targeting GBV prevention and response by ensuring that these policies encompass measures for prevention, survivor support, legal protection, and perpetrator accountability.

Local government should launch public awareness campaigns to educate the community about GBV, its impacts, and available support services.

Kiru Town Council local government should implement programs to promote economic empowerment among women including access to education, skills training, job opportunities, and financial resources.

To the community of Kiru town council

Community members should speak out against harmful gender norms, stereotypes, and attitudes that perpetuate GBV and also challenge sexist language, jokes, and behaviors in their personal and professional circles.

Community members should advocate for consent education and healthy relationship skills in schools, community centers, and religious institutions and also teach children and young people about respect, and boundaries.

Community members should believe in and support survivors of GBV by listening to their experiences without judgment, offering empathy and validation, and helping them access support services and resources if needed.

Women should take time to educate themselves about GBV, its forms, and its impact on individuals and communities by attending workshops, seminars, or community events focused on GBV prevention and response.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
COvid-19.	Coronavirus
CRSV.	Conflict-related sexual violence
GBV.	Gender-based violence
HIV.	Human immunodeficiency virus
AIDS.	Acquired immunodeficiency syndrome
UN.	United Nations
IPV.	Intimate partner violence
MGLSD.	Ministry of Gender, Labour and Social Development (MGLSD)
NBS.	National Bureau of Statistics
NGO.	Non-Governmental Organizations
NIPV.	Non-intimate partner violence
SDG.	Sustainable Development Goal
SPSS.	Statistical Package for the Social Sciences
VAWG.	Violence against women and girls
WHO.	World Health Organization

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