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Exploring the Health Effects of Gender Based Violence on Female Survivors: A Case of Chipata City in Zambia

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Abstract

Social and cultural beliefs in different communities of Zambia have continued to perpetrate Gender Based Violence and this has affected victims in many ways. The impact of GBV has led to an increase in morbidity and mortality rates globally after its physical, mental, emotional and social inflictions on the victims. This has placed a cost on the quality of life as lifestyle changes occur. Therefore, the aim of this study was to establish the socio-cultural factors that are associated with Gender Based Violence in Chipata City. This study adopted an explorative mixed method design. The study sequentially collected quantitative and qualitative data. Responses were gotten from 381 respondents. The sample was deduced from 1,922 female victims were registered from 2014 to 2016 at the GBV One Stop Centre. The discussions about the study revealed that and weak community support, poor relationships, alcohol and poverty, are among the major contributing factors to GBV. The major health effects could be either physical implications like a loss of an organ after assault, unwanted pregnancies and STI infections. Most of these findings were attributed to the spouses/partners. Sensitization, in this case, could be the answer to curb the incidences of GBV. In conclusion, the study explored the experiences female survivors in Chipata city have had following Gender Based Violence. Socio-cultural and economic factors have had a major impact in enhancing GBV and victims mentioned that poverty, substance abuse and inactive law enforcement directly fueled the acts of violence. The key recommendation is massive sensitization about GBV and reinforcing laws to strengthen the curbing of violence.

Keywords: *Gender Based Violence, Intimate Partner Violence, Chipata, Zambia, Health.*

Introduction

Background and context

Regionally, relationships among people are socially and culturally constructed to become what they are. There are a number of social and cultural factors that surround these relationships, such as taboos, norms, beliefs, values, community, expectation, rules, laws and policies, economic and physical resources, technological and ethical factors (García-Moreno et al., 2015; Jaffe, 2018). These influence an individual's attitudes towards behavior and their expectation about relationships. Heise and Kotsadam (2015) clearly state the need to constantly work on eliminating negative practices that are seen as a result of relationships. These negative practices can only be remodeled to transform society positively if man is actively involved in sensitization programs. These could change the very core harmful traditional and cultural practices that are related to and promote violence against women.

According to Peterman, Bleck, and Palermo (2015), it is important to address Intimate Partner Violence (IPV) as early as the age of 19 years, in order to prevent it and address it in the at risk groups. This preposition came as a result of the study conducted by Peterman et al. (2015), titled "Age and Intimate Partner Violence: An analysis of Global Trends among Women experiencing Victimization in 30 Developing Countries". In this study, descriptive evidence argued that the occurrence of first abuse information is lacking and that is why the violence and victimization risks are not properly addressed. Married women ranging from the ages of 15 to 49 were involved in a nationally representative demographic and health survey around 30 countries in Latin America, Eastern Europe, Asia, Africa and the

Caribbean. It was reported that those women who reported intimate partner violence noticed the sad occurrence approximately 3.5 years after marriage and relatively, 1 year after union formation. It is sad to note that even after these findings, no evidence has been published to ascertain the effective interventions that are being conducted to prevent the development of abuse in these unions.

In Sub-Saharan Africa, a study revealed that policies and programs designed to achieve low fertility are challenged by the occurrence of domestic violence in different households (Odimegwu, Bamiwuye, & Adedini, 2015). Women usually submit to marital demands in accordance to societal norms irrespective of their personal health and choice. It is reported that there is higher fertility in women who experience domestic violence as associated to societal values. According to Odimegwu et al. (2015), families usually value the bearing of children without considering the challenges a woman may have and this may lead to violence behavior in cases of refusal to follow laid out norms. Therefore, societal values should be given undivided attention, most especially on the issue of gender equality.

Similarly, there is a strong association that is reported between Intimate Partner Violence and negative health outcomes such as unwanted pregnancies, low access to maternal care, low birth weights and prematurity, still birth and an increase in STIs (Oluwaseyi & Latifat, 2015). Data was collected in a study from 4115 Zambian women and 5234 Malawian women, in order to examine the influence of IPV on use of contraceptives. The study revealed that women who experienced IPV are most likely to opt for traditional approached to family planning (Oluwaseyi & Latifat, 2015). This may be attributed to the desire of most men seeking children and women may feel exposed if they access public medical contraceptive clinics.

This article intends to inform the readers about the socio-cultural factors that are associated with GBV in Chipata City of Zambia. The focus of the study is in Chipata City and this setting can be generalized to the whole of Zambia as the characteristics are very similar.

Problem statement

Gender Based Violence is undoubtedly one of the currently most discussed global health issues many countries are facing. The principal characteristic of GBV is that it frequently occurs against women precisely because of their gender. Although there is a general acknowledgment of the existence of GBV in the Zambian communities, very little research has been conducted to unveil the underlying cultural causes and the consequences of GBV. Therefore, there is need to firstly understand the effects of GBV on female survivors in Chipata city. It is on this basis, therefore, that this study will explore the effects Gender Based Violence have caused on female survivor in Chipata city of Zambia

Objectives

The aim of this article is to determine the health effects associated with Gender Based Violence on the female survivors who were victims to GBV

Significance of the study

This article is justified on the basis of its significance in contributing to the knowledge on effects of Gender Based Violence on girls and women's health. The article will significantly explore the cultural factors that befall female victims of GBV. Additionally, the knowledge would suggest interventions needed for further management of female GBV survivors, so that they fit into society and represent as meaningful citizens to the fullest.

Furthermore, this study would stand as a founding pillar upon which other studies related to GBV would be built on. The recommendations to be made after this study, if considered, would help government and all other stakeholders to come up with effective policies and intervention measures that will make adjustments to the current socio-cultural orientation which continues to perpetuate violence against women, with a view to reduce GVB incidences and eventual eradication.

Literature review

Gender Based Violence (GBV) can be described as any harm perpetrated against a

person, as a result of power of inequalities that are based on gender roles. According to Krizsan (2018), GBV is all encompassing, as it is not only limited to physical, sexual, and psychological violence, but include threats of coercion or arbitrary deprivation of liberty. Although GBV may take many forms, it cuts across all cultures and disproportionately affect women and children mostly.

García-Moreno et al. (2015) estimated that one in every five women faces some form of violence during her lifetime and in some cases leading to serious injury or death. This is an equally a major threat to social and economic development. Violence against women is mostly widespread and socially tolerated where the female folk are denied their basic right by men who seem to want to control their thinking and deeds. Their choices are limited to an extent where they may unwillingly indulge in activities for the sake of harmony with their spouse.

Parsons et al. (2015) reported that women's vulnerability to violence is determined by their sexuality which may result in rape, defilement or Female Genital Mutilation (FGM). They also stated that women are expected to satisfy men and not refuse any act of sexual intention on them as a symbol of obedience. A lot of cultural practices occur where the older women prepare the younger ones by mutilating parts of their bodies for the purposes of them satisfying their husband. But little is done on the man when being prepared for marriage.

Duvvuryand colleagues furhter stated that women are also taught not to answer back their husbands even when they do not agree to any of their ideas and this saddening relationship between men and women is a clear expression of humiliation that has been dominated by certain male egos towards specific vulnerable and helpless women folk.

Additionally, violence against women is reinforced by doctrines of privacy and sanctity of the family and by legal codes which link individual family or community honor to women's sexuality (Samboko & Dlamini, 2016). Women are expected to behave in a particular manner as they have been made to believe that proper behavior of their part is what forms a stronger foundation for their family. On the other hand, men have a leeway when found misbehaving as their offences are not considered as bad as if it were a woman.

However, the greatest cause of violence against women is government tolerance and inaction (Parsons et al., 2015). Furthermore, García-Moreno et al. (2015) adds that the most significant consequence of governments' tolerance and inaction toward violence against women is fear, which inhibits women's social and political participation. In countries where women and girls are well protected from sexual harassment and violence, the cases of GBV may be low. Men may fear facing legal litigations against them if found wanting.

Relationships are socially and culturally constructed surrounded by factors such as norms, beliefs, values, taboos, community, expectations and rules, law and policies, economic and physical resources, technological and ethical factors influence an individual's attitudes towards behaviors in and expectations about relationships (Heise & Kotsadam, 2015). This is therefore a clear indication that there is a position and significant correlation between peoples' traditions and socio-cultural beliefs which is seen in the way they behave and act in their different relationships especially within families.
This means that man can be either violent or non-violent to his wife or partner depending on the traditions and socio-cultural beliefs shaping him and his household. Some people, both men and women, do not see anything wrong with wife battering, they embrace it on the premise that it is a means of discipline (Heise & Kotsadam, 2015). Additionally, some women feel that when a man beats them, it is an indication of portraying love.

García-Moreno et al. (2015) explain that rural women are discriminated against in terms of employment opportunities, access to social and productive resources, education, health status and family decisions among others. They are perceived to need a man who must spearhead these activities on their behalf. This has been corroborated by other scholars, especially in African rural communities, where a male children are preferred to be educated if there is limited resources (A Alesina, B Brioschi, & E. L Ferrara, 2016; Decker et al., 2015).

This comes in with the understanding that a female child will be married off and kept by her husband, while the male needs to fend for her

family. Cross-cultural studies indicate that at societal level, the discrimination against women is traceable to male authority and decision making in the home (M. Ellsberg et al., 2015). Additionally, rigid gender roles define masculinity that link male honor or dominance which result in economic inequality between men and women, and the use of physical force for conflict resolution.

In Zimbabwe for example, domestic violence is rampart in the society (Decker et al., 2015). This has disadvantaged women in many ways. The suffering Zimbabwean women endure as a result of social change has weakened the extended family structures and contributed to the notion that male heads of households can do anything they wish to their wives and children (Decker et al., 2015). Men are expected to desire and need sex regularly, but women are punished, if they appeared to enjoy sex too much or if they are thought to be unfaithful.

Women are also expected to be fertile and to bear sons. When this is not the case, such women suffer psychological torture and physical violence from their husbands. This view was supported by Laura Ann McCloskey, Boonzaier, Steinbrenner, and Hunter (2016) that needs and wellbeing of women are relegated and often substituted with the needs of men.

In rural areas in Nigeria, exploitation of women is perpetuated, where the relation-ship between men and women is that of senior-junior (Akande, 2015). This means that the woman is expected to respect man as though it’s their elder and ensure that he is satisfied in all areas. For example, the wife is supposed to submit to sex each time her husband demands it and this is regardless of whether she consents or not.

The other example given by Akande (2015) is that the wife is not supposed to start questioning the husband about his whereabouts, when he comes back home, even if it is late in the night. It is expected for the wife to just wake up and start preparing him a meal without asking where he has been or what he has been doing. Women are made to abide by such cultural norms or else, face the wrath of a man. Men usually are heavily supported by the entire community and this has resulted into a pattern of inequality with their wives.

According to Akande (2015), wife battering is worldwide phenomenon which has been accepted to become part of some African cultures. This is reinforced by the sex role socialization of women, which encourages and emphasizes submissiveness. The woman who is beaten is supposedly being guided or controlled to behave in a certain way. The victim of wife battering remains in the abusive environment because of lack of family and community support. Divorce is not always a viable alternative due to the stigma attached to it thereby leaving women no options but to stay and endure the suffering (Akande, 2015).

Partner violence disclosure remain a difficult decision for many women because of the fear of retribution by the partners in form of more physical abuse and abandonment (Heise & Kotsadam, 2015). The victims of violence do not express their experiences publicly because they fear facing further abuse or being chased from their homes. The men, usually, feel this action as a demeaning act and they dominate on their cultural beliefs where women should be sworn to secrecy. Concealing the information about the Gender Based Violence women experience usually leads to detrimental consequences especially on the health of victims. These women are mostly surrounded with fear as their daily experience has been aligned to being depressed.

These thoughts of injustice trouble their mind and they mostly recline from socializing with significant others (Heise & Kotsadam, 2015). Additionally, the suffering may result into health consequences which may include unwanted pregnancies, abortion effects, sexually transmitted infections like HIV/AIDS or Syphilis, infertility and non-satisfactory sexual lives (Heise & Kotsadam, 2015).

There are legal and socio-cultural systems that work against human rights for women as human beings for example traditional marriages and dowry payments (Simona, Muchindu, & Ntalasha, 2018). In Africa, women are treated like property rather than partners by their husbands.

This observation is reported by Simona et al. (2018) who state that the cultural understanding in most African marriages holds that once dowry is paid on a woman, she automatically becomes the property of the husband. This gives men a feeling and sense of ownership of a woman and they feel superior to women. This has culminated in a husband doing as he pleases while the wife copes with everything.

Conceptual Framework

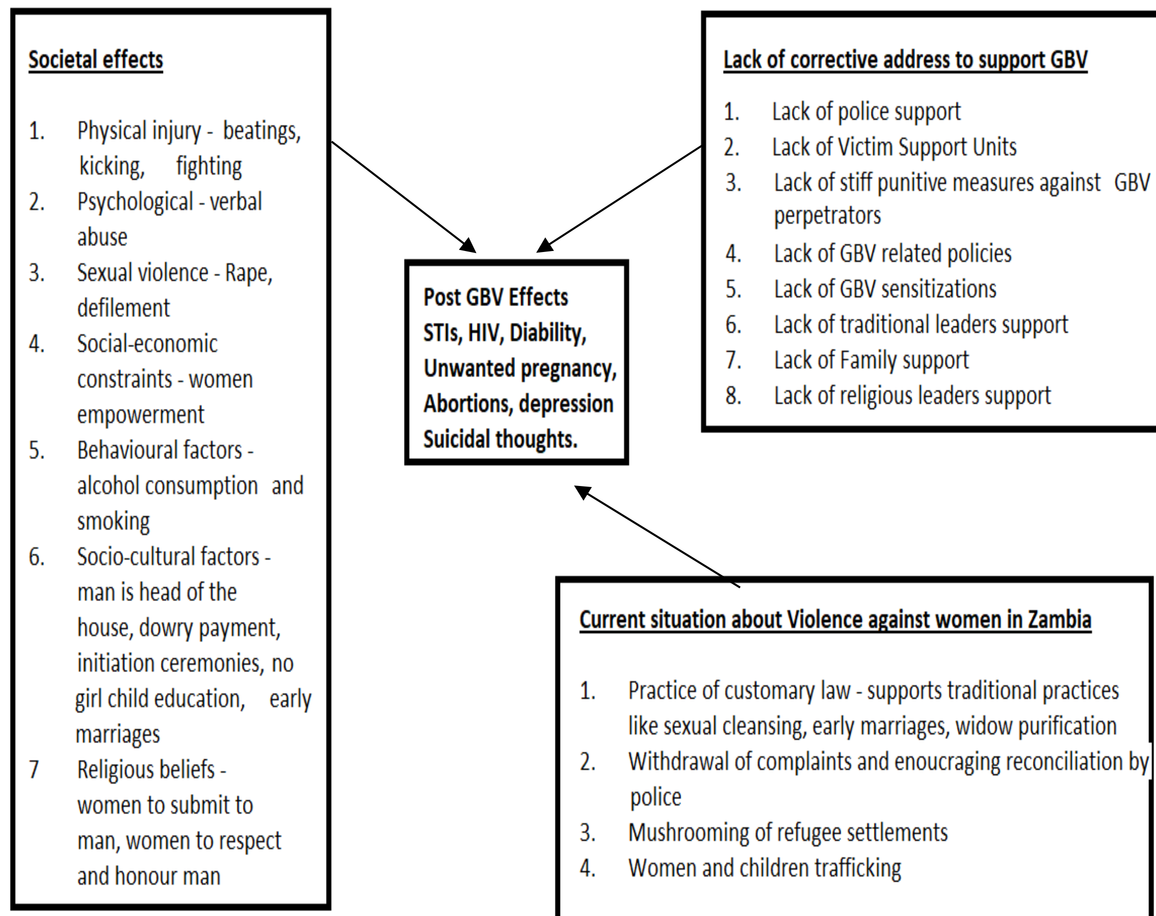

Figure.1. Conceptual theoretical framework

Source: Author, 2018

The independent variable for this study is the Post Gender Based Violence effects which are caused by the dependent variables.

The dependent variables for this study have a direct effect on independent variables and these include

Societal effects- In society, there are a lot of influencing factors towards the occurrence of GBV on women. These can vary in accordance to their nature. Women may be in abusive relationships and experience physical abuse where they are involved in fights, being beaten or kicked by their partners. They may also be victims of sexual abuse through forced sex in defilement or rape. In different communities, we find that women are usually economically constrained such that they may fail to fend for themselves and depend on men who will take advantage of their situation. The other societal factor that may influence GBV acts of the intake of alcohol and smoking practices which is common among the men, who in turn become abusive due to their lifestyle effects. Considering that women live in different communities that exist beneath certain beliefs and practices, some socio-cultural factors like upholding men's positions places women at a lesser position that men This leads to their abuse in different ways. Religion has not saved the women because according to the spiritual outline, women are expected to be submissive and respectful to men, thereby fail to defend themselves.

Lack of corrective measures to address GBV - women may lack support from their families, the police, Victim Support Unit and Religious/traditional leaders, leading to them being vulnerable. Additionally, the society may not be aware of the issues and effects surrounding

GBV and hence not understand its' implications. All these factors will lead to women experiencing after effects of GBV because they are eventually exposed to it and face the consequences.

Current practice that supports violence against women - Considering that traditional practices are well enshrined in people who have lived with them for a long time, it becomes difficult for them to change their lifestyles. There is a practice that exists under customary law which is common place of justice in most rural villages in Zambia. This customary law will support certain harmful practices like sexual cleansing, widow purification and early marriages because they may not understand the implications of such practices. The police may also seek reconciliation between the perpetrator and the victim without understanding that setting the offender free may influence the behavior to worsen. Zambia is surrounded by different countries where there is unrest and therefore causing the entrance of refugees into its territory. Once they are in the country, these people are housed in refugee camps where a lot of unhuman behaviours may be recorded. Women end up not being protected as men can abuse them in different ways and cause harm to their health. Sometimes, due to poverty levels, people seek greener pastures outside the country and may risk being trafficked by bad people. They may be held captive and forced into different practices like prostitution and stealing. Failure to do this may lead them to be exposed to GBV

Methodology and design

This study adopted an explorative mixed method design. The study sequentially collected quantitative and qualitative data. Responses were gotten from 381 respondents. A sequential mixed methods is defined as ' a research in which the investigator collects and analyzes data, integrates the findings, and draws inferences using both qualitative and quantitative approaches in a single study or a program of inquiry' (R Ingham-Broomfield, 2015, p. 264). The approach helped to gather information that is diverse and rich from both paradigms, unlike if a singular method was chosen. The first study population were females, who are GBV survivors and accessed services at the One Stop Centre from 2014 to 2016.

The second study population were females living in Chipata City who may have experienced GBV but did not access services at the One Stop Center. The first group of respondents were sampled from the population of GBV victims who accessed medical care services from 2014 to 2016. The second group of respondents were sampled from the population of Chipata City female residents who have never accessed services from the GBV center. This study group was deduced from the Central Statistics Office (CSO) data of the total population of female residents in Chipata.

Phase 1 sample consisted of females who interviewed and was derived from the population of all female GBV survivors who accessed care at the One Stop Center from 2014 to 2016. According to the information collected in the One Stop Center register, a total of 1,922 female victims were registered from 2014 to 2016. The sample sized was deduced to be 331. Phase 2 sample size comprised females residing in the urban area of Chipata City. These were GBV survivors who may or may not have accessed care at the GBV center. Since the number of females living in Chipata urban was not known, the study targeted only 50 interviews with the survivors.

The questionnaires were used to collect data from the females living in Chipata City as a means of collecting reliable and meaningful data that may be missed if the study was limited to those who had the courage to report at the GBV center. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) and Microsoft excel in order to generate tables, graphs and percentages for easy interpretation. Descriptive tests such as the mean, frequencies, standard deviations were used to assess the various central and dispersion tendencies of the variables. Furthermore, the non-parametric chi-square test were used to assess the association of variables.

Qualitative data was analyzed by free form thematic analysis that enabled the researcher after to examine the sentences line-by-line. The words and phrases were closely examined so that the researcher understands the underlying meaning and translated them into codes that interpreted the emerging thoughts.

Findings and discussion

Health Effects of GBV

Table 1. Health consequences of GBV

	Not Applicable		No		Yes	
	Count	Row N %	Count	Row N %	Count	Row N %
HIV as a result of GBV	1	2%	37	74%	12	24%
Have you enrolled for ART	38	76%	2	4%	10	20%
STI as a result of GBV	3	6%	34	68%	13	26%
Where you treated for STI	35	70%	4	8%	11	22%
Fallen pregnant as a result of GBV	1	2%	43	86%	6	12%
Abortion due to GBV	2	4%	38	76%	10	20%
Neglected child after birth	2	4%	44	88%	4	8%

The findings show that 74 percent of the respondents had not contract HIV ads a result of GBV, 20 percent had enrolled for ART as a result of GBV, 26 percent had an STI as a result of GBV, 22 percent were treated for an STI, 12 percent had fallen pregnant as a result of GBV, 20 percent had an abortion due to GBV, only 8 percent had neglected their child after giving birth.

Table 2. Multiple questions

Questions	Not Applicable		No		Yes	
	Count	Row N %	Count	Row N %	Count	Row N %
Admitted to a mental institution	1	2%	36	72%	13	26%
Mental treatment	1	2%	35	70%	14	28%
Feel depressed on GBV encounter	1	2%	14	28%	35	70%
Contemplated suicide at one time result from GBV	1	2%	27	54%	22	44%
Thought of killing the abuser	1	2%	40	80%	9	18%
Victimized	2	4%	16	32%	32	64%
Crippled as a result of GBV	1	2%	40	80%	9	18%

The table shows that the 72 percent disagreed that they were admitted to a mental institution, 70 percent denied been on mental treatment, 70 percent agreed to been depressed on GBV encounter, 44 percent contemplated suicide at one time as a result of GBV, 80 percent disagreed to thinking of killing the abuser, 64 percent agreed to been victimized, and 80 percent said no to having been crippled as a result of GBV.

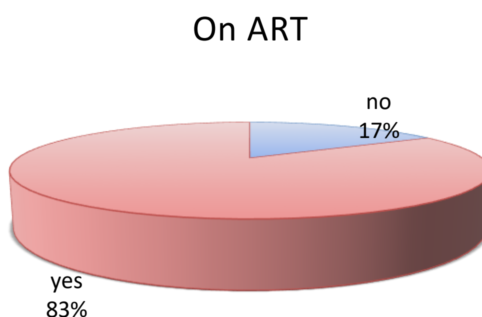

Figure 2. On ART

The results showed that the majority were on ART medication (83 percent) while only 17 percent were not on ART medication according to the findings in the pie chart above

Negotiate Condom Use

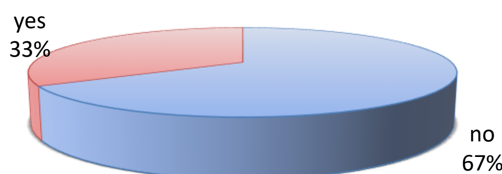

Figure 1. Negotiate the use of condoms with spouse

The findings were that 33 percent of the women negotiated with the use of condoms while 67 percent said no to negotiation.

Qualitative findings

The qualitative findings showed the health effects of GBV included physical and psychological.

Consequences suffered following gender-based violence experience

The theme "consequences suffered following Gender Based Violence experience" was built upon the subtheme: physical health effects of Gender based violence.

Subtheme 1. Physical health effects of GBV

Many participants expressed that they had faced some body effects such as the loss of an eye, and a limb as stated in the following statements by the participants:

Participant No 252: I was badly beaten by my spouse such that my left eye was affected. Now my eye cannot function properly.

Participant No 124: I am not able walk properly because my leg was hurt by my spouse

Some respondents indicated that they have had to take ART as result of getting STI during the process of been abused. As some respondents were victims of rape from their spouses, relatives, and strangers.

Participant No 89: I feel very bad because people laugh at me because I am sick

Participant No 214: I am now on treatment because of the sickness I was given

The above statements are from respondents who stated that they have been victims of rape and sexual abuse thereby contracting STIs. The findings also indicate that GBV has truly affected the victims in many ways.

Subtheme 2. Psychologically traumatized after the GBV experience

Some participants expressed psychological disturbance after a GBV experience in the following expressions:

Participant No 213: He left me with a psychological trauma

Participant No 37: I was traumatised

Participant No 38: It was a bad experience such that I thought I have no future left and I felt emotional damage

Participant No 18: It was so bad that I could not walk in public in fear of people laughing at me

Discussions

In this study, the investigator reports that some respondents indicated a loss of some body organs like a limb or an eye due to physical abuse. 24% mentioned that they were infected with the HIV in the process of being sexually abused and were now on ART therapy (check table 2 Health Consequences of GBV). According to Mathur et al. (2018), 19.1% and 22.2% of the respondents from Kenya and Zambia, respectively, reported sexual violence from their partners. While on the other hand, 21.4% and 16.9% from Kenya and Zambia respectively, reported sexual violence from non-partners. Mathur et al. (2018) reports

that these experiences have led to increased levels of depression and anxiety, plus Sexually Transmitted Infections. This could have also led to the increased HIV risk perception from non-partners. It was noted that most of the respondents who contracted STIs (26%) would have been violated through rape by either their spouse, relatives or strangers.

According to Decker et al. (2016), in a study done in Cameroon among Female Sex Workers (FSW), it is reported that violence is an inevitable experience for the FSW who eventually fail to access health care services and protection. The nature of the FSWs profession exposes them to be in compromising situations and places where men easily violate them and force them to do practices contrary to their will. Decker et al. (2016) mentions that these women fail to successfully negotiate the use of condoms during some of the sexual encounters and this ultimately predisposes them to contracting sexually transmitted infections, even HIV. This is also found in this study where 33% of the respondents confirm that it is difficult for them to negotiate condom use with their spouses/partners (check figure 8). Subsequently, they become liable to accessing treatment for STIs or Anti-Retral Viral therapies later in life, which affects them for a lifetime.

The Australian context revealed that reproductive women aged from 15 to 44 reported that 7.9 % of most of their health problems were related to Intimate Partner Violence (Laura A McCloskey, 2016). Notably, Laura A McCloskey (2016) reports that GBV impacted the respondents to the study in different ways which included repeated frequent unwanted pregnancies of which some resulted into abortions in some adolescents and early teenage bearing from incidences of incest. These findings are in line with the study results which reveal that 20% of the respondents have had abortions due to GBV. 70% feel depressed after a GBV encounter and they may end up being hospitalized or seeking mental treatment (26%).

Recommendations

Based on the study findings and conclusions, the following recommendations are suggested to the following stakeholders.

Health care provider implications and recommendations about the findings of the study

The study findings clearly indicate that there is a lot to be done in terms of GBV. Some points are outlined below which will directly have an impact on the nursing profession

1. GBV clients clearly need holistic approach in care and the concept mapping model would be recommended. These are clients who may be suspicious and need to be involved in any issues surrounding their health and welfare. In concept mapping, Aberdeen (2015) state that the health care team and the patient are involved in looking at each human system to identify needs from the client’s strengths and issues. Therefore, it unveils issues which even the client may not be aware of and these can be addressed. The involvement of the client ensures that she understands her situation clearly and supports the health care team and they seek for solutions for the client.
2. GBV is a public health issue which entails that there is need to train more public/primary health care nurses who work close to the communities. They could be a quick source for addressing a lot of GBV issues, and even preventing them before fatal consequences are experienced.
3. There is need for all health workers, especially the nurses who are the first contact with clients, to be trained comprehensively in Gender Based Violence. With the knowledge, they will be able to identify and respond promptly to GBV issues.
4. Nurses also need Integrated Reproductive Health so that they can give services to the survivors who majorly undergo sexual abuse.

Community

The community has been noted as a central place were GBV occurs. Some respondents have indicated that the perpetrators are let lose by the community. In this regard the community should;

1. Ensure that they encourage victims to go the police and GBV one stop centre. This will ensure that GBV is countered collected thereby alarming the community at large.
2. Should be proactive in ensuring that GBV awareness is talk about in the community meetings and homes.
3. Encourage spouses to be protectors of their wives and female children in order to reduce the occurrence of GBV.
4. need for generation of micro-economic programs that will empower women.

Victims of GBV

Despite the pain and harm endured by the victims of GBV, the study recommends that

1. Need for intensifying national wide sensitization and behaviour change campaigns related to the dangers of GBV.
2. GBV victims should visit the one stop centre where they can share their experiences about GBV with other partners. This will lead to having a more open community and free to communicate about these problems.
3. The GBV victims should start creating support groups that will make sure that the victims are able to heal through the process.

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