Socio-Cultural Factors Associated with Gender Based Violence in Chipata City, 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 whose sample was deduced from 1,922 female victims, registered from 2014 to 2016 at the GBV One Stop Centre and Chipata City. The study discussions revealed weak community support, poor relationships, alcohol and poverty as being among the major contributing factors to GBV. Major health effects could either be physical implications like a loss of an organ after assault, unwanted pregnancies and STI infections, whose findings were attributed to spouses/partners. Sensitization, in this case, could help curb the incidences of GBV. On conclusion, the study explored the experiences female survivors in Chipata city have had following Gender Based Violence. Socio-cultural and economic factors fueled GBV and victims mention poverty, substance abuse and inactive law enforcement directly enhancing these 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, Socio-Cultural Beliefs.*

Introduction

Background and context

Socio-cultural beliefs, which have been identified to be the root causes of Gender Based Violence, affects victims and those involved either directly or indirectly. Gender Based Violence (GBV) is one of the many social issues (vices) that have been recorded in almost, if not all, human communities over time. In Sub-Saharan Africa for example, 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.

Locally, Gender Based Violence, in its various forms, is widespread in communities around the world and Zambia is no exception (Mary Ellsberg et al., 2015). The impact of Gender Based Violence resonates in all areas of health and social programming. The high prevalence levels of GBV in Zambia and its

attachment to strong socio-cultural beliefs, have overall propelled GBV in specific communities of Zambia (Mary Ellsberg et al., 2015). This entails that GBV effects have a definite impact on female survivors and it is therefore, important to understand its' implications which may present in terms of cost or lifestyle changes. These are the experiences that victims, perpetrators, families, communities and institutions (both NGOs and public facilities) may go through when handling these cases.

Considering that information about the post-GBV experience must be unveiled, this article intends to inform the readers about the socio-cultural factors that are associated with it in Chipata City of Zambia. The study target population was based 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 in many countries today. 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 Zambian communities, very little research has been conducted to unveil the underlying cultural causes. Therefore, there is need to firstly understand the socio-cultural beliefs that have promoted GBV for a long time. It is on this basis, therefore, that this study will explore the effects Gender Based Violence have caused on female survivors in Chipata City of Zambia.

Objectives

The aim of this article is to identify the socio-cultural factors associated with Gender Based Violence in Chipata City of Zambia.

Significance of the study

The significance of this article is justified on the basis of contributing to the literature (knowledge) about the effects of Gender Based Violence on girls and women's health. The article will significantly explore the socio-cultural factors that befall female victims of GBV. There may be some discovery that due to the clinging of people to their socio-cultural beliefs, Violence against Women (VAW) will continue to exist. The findings will be a very useful knowledge base upon which relevant authorities and other stakeholders, interested in devising measures to monitor the reduction of or eradicate GBV in Chipata city, may utilize.

Literature review

The literature reviewed looks at various study that have focused on cultural related factors that are associated with GBV. According to Mwale (2018), a review of published literature on women's health and Sexual Reproductive Health (SRH) in Zambia, was conducted by the Regional Network and it was reported that GBV is closely linked to women's socio-economic status. This in turn is closely linked to their education levels, where as if the educational status is low, it may disadvantage women on economic opportunities. Additionally, Gender Based Violence may be linked to patriarchal beliefs that reinforce men's and boys' dominance over women and girls (Mwale, 2018). In this report, it is reported that cultural practices may arise from certain beliefs that can be related to male superiority over women such as the payment of bridal price at marriages or gender roles that are assumed by either men or women. This belief leads women to stay submissive and obedient even when they are physically, sexually and mentally abused. Simona et al. (2018) is of the view that the persistence of traditional beliefs which privilege men as the holders of authority within the family continue to keep the levels of domestic violence experienced by women in Zambia high, as this creates strong social pressure for women to endure the violence. Marriage is often referred to as the "*shipikisha club*" in the Nyanja Zambian language meaning the "enduring club". This refers to societal expectations that women accept any violence or ill-treatment that their husbands or male partners may perpetrate. This social pressure also contributes to women's unwillingness to report family-based violence (Simona et al., 2018).

As a result of cultural beliefs, women have continued to experience intimate partner violence (IPV) because they have tolerated these actions and have justified the unfair actions (Alberto Alesina, Benedetta Brioschi, & Eliana La Ferrara, 2016; Hegdahl, Fylkesnes, & Sandøy, 2016; Parsons et al., 2015). In a

study on Violence against Women in Zambia, Hegdahl et al. (2016) found that an overwhelming majority of the women in Zambia (85 per cent) would justify IPV. The following examples are given for such scenarios. Women cannot burn food when cooking as they would land into problems; women cannot go anywhere outside the home without informing their partner; if a child is neglected, it is the woman who is blamed: women should not argue with their husbands; and women should never refuse sexual intercourse to their husbands.

Poverty is also a major contributing factor to Gender Based Violence in Africa. The Alberto Alesina et al. (2016) reports that parents and guardians can often be more concerned with obtaining monetary compensation for girls who were sexually abused than with seeking justice. When a child is raped or defiled, parents or guardians may prefer fining the perpetrator than understanding the traumatic effects of the actions violated against the victim. These attitudes towards GBV cases, in most instances, are influenced by poverty levels and never recognized to be serious.

Two more qualitative studies analyzed women's and men's attitudes and levels of violence, both showing an alarmingly high degree of acceptance of domestic violence in Zambia. According to Jayasinghe and Ezpeleta (2019), uneducated and low-educated women are more likely to report tolerant attitudes toward violence. The data also indicates that abuse is more prevalent among women older than 20 years, married, living in urban settings, and with high education levels. In addition, Alberto Alesina et al. (2016) reports that youth growing up in violent surroundings is likely to develop a tolerant attitude in adulthood. The proportion of women with tolerant attitudes toward IPV reduce as accessibility to information and autonomy in household decisions increased.

As previously mentioned, some of the highest global prevalence rates of IPV are in Africa (England, 2017). Violence against wives and sexual partners is so common in some countries that it is virtually ubiquitous as in Zambia (90%) and Ethiopia (71%) (England, 2017). In Uganda, 41% of the women reported at least one episode of IPV directed against them in the past year (Jayasinghe & Ezpeleta, 2019).

The World Health Organization compared attitudes toward Intimate Partner Violence (IPV) between Zambian and Kenyan men, and found that many men in Zambia (71%) felt that IPV was justified as a way of punishing a woman for transgression from normative domestic roles (Guedes, Bott, Garcia-Moreno, & Colombini, 2016). The Same report indicated that, in priority order, sociodemographic, autonomy, and access-to-information indicators predicted attitudes toward IPV in both countries. Furthermore, the report Guedes et al. (2016) explain that in Zambia, men's positive attitudes toward women's autonomy did not reduce the likelihood of justifying IPV.

Cause of violence against women

What causes Violence against Women? Increasingly, researchers are using an "ecological framework" to understand the interplay of personal, situational, and sociocultural factors that combine to cause Gender Based Violence (Benería, Berik, & Floro, 2015). In this model, factors in the social environment lead to violence against women as illustrated in the diagram in figure 1.
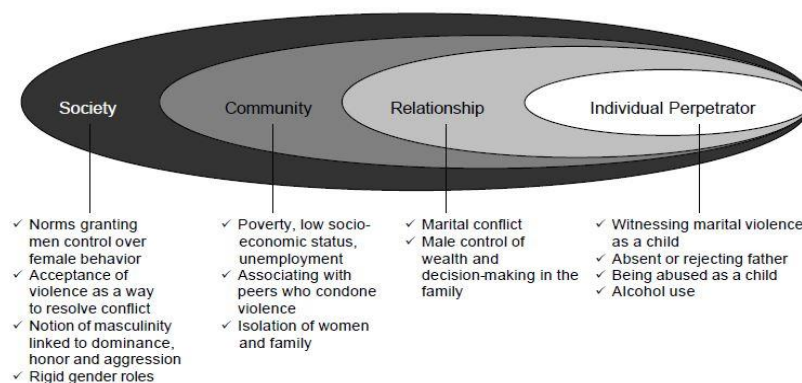

Figure 1. Social Ecological Model

Source: Benería et al. (2015).

The social ecological model can best be visualized as four concentric circles. The inner one depicts the personal and biological history that may alter a person's behavior with other people. The second circle represents the immediate context in which Gender Based Violence takes place, frequently the family or other intimate or acquaintance relationship. The third one illustrates institutional and social structures, which may either be informal or formal, where interactions are embedded in different peer groups, social networks, workplace and the neighborhood. The fourth, outermost circle is the economic and social environment, including cultural norms that determine the factors which can lead to Gender Based Violence.

As outlined below, several factors at each of these levels may increase the likelihood of Gender Based Violence occurring.

- At the individual level these factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol. Due to this experience they are exposed to, an individual tends to adopt that behavior as being normally acceptable.
- At the relationship and family level, abuse in cross-cultural studies have been linked Gender Based Violence to men making all the decisions in a home and having control over finances. This has resulted in a lot of conflicts and differences in many marriages.
- At the community level women's isolation and lack of social support, together with male peer groups that condone and legitimize men's violence, higher rates of violence are predicted.
- At the societal level, research reveals that rigid gender roles lead to violence against women as most people promote dominance, honoring of men and the toughness in them. Apart from these, additional cultural norms linked to abuse include women and children tolerating being physically punished, settling personal conflicts with violence, and women allowing men to think they own them.

The ecological approach to Gender Based Violence argues that there is no one factor which "causes" violence but rather, a number of factors combine to promote the likelihood that men will be excused and tolerated for behaving violently towards women (M. Ellsberg et al., 2015). In this ecological framework, social and cultural norms which assert men's inherent superiority over women have been associated with individual-level factors. In this instance, a man who was abused as a child is most likely to be involved in Gender Based Violence. The more risk factors present, the higher the likelihood of violence.
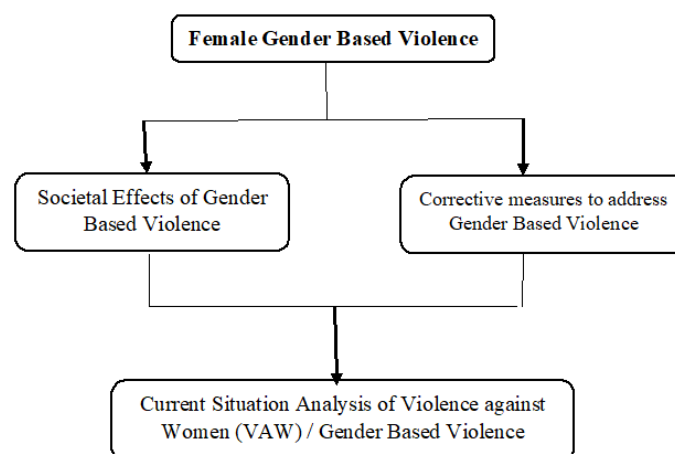
Conceptual violence against women

Figure 2. Conceptual Theoretical Framework

Societal effects of GBV

Gender-based violence effects can last a life time and become devastating. They pose danger to a woman's reproductive health and can scar a survivor psychologically, cognitively and interpersonally (Bosch, Weaver, Arnold, & Clark, 2017). According to Bosch et al. (2017), a woman who experiences domestic violence and lives in an abusive relationship with her partner may be forced to become pregnant or have an abortion against her will, or her partner may knowingly expose her to a sexually transmitted infection. Thus, contraction of diseases and other health related problems is one of the harsh effects of GBV on society.

Corrective measures to address gender-based violence

A Victim Support Unit in the police service was formed in 1994 in all police stations to deal with property grabbing, spouse battering and sexual abuse (Nakray & Kafukanya, 2019)The Sex Crimes Unit was established in 2006 within the Victim Support Unit to deal with cases of sexual assault, defilement and rape. In 1999, the Police Public Complaints Authority was established with the mandate to address complaints of abuse of authority, unlawful detentions, brutality or torture, unprofessional conduct, death in custody and debt collection by police officers.

Current situational analysis

Zambian society is characterized by deeply-embedded patriarchal cultural values, widespread discrimination and a virtual absence of women in positions of power within economic and political spheres (Hegdahl et al., 2016). The Structural Adjustment Programs (SAP) that was undertaken in Zambia at the instigation of international financial institutions had detrimental impact on women, bearing a rise in poverty and unemployment. Married women who are employed often suffer from discriminatory conditions of service and are sometimes too dependent on their husbands. For instance, woman may fail to access a loan until their spouse co-signs for approval. This definitely disadvantages the woman economically. There are strong societal pressures that women endure, and fail to report, at the hands of male family members (Benería et al., 2015). This is called family-based violence. In these cases, women are expected to silently suffer any violence that their husbands inflict upon them. In Zambia, Benería et al. (2015) explain that the police, local courts and other state officials, often encourage women to withdraw complaints in order for reconciliation to occur with their abusers. This has affected women in negative ways as the action may continue to be experienced.

Methodology and design

This study adopted an explorative mixed method design. 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 study sequentially collected quantitative and qualitative data. Responses were gotten from 381 respondents. The first study population were 1922 females, who are listed in the GBV survivors register and accessed services at the One Stop Centre from 2014 to 2016. A sample size was derived using the Yamane's formula in order to maintain 95% confidence interval (Imperial, 2016). The calculation used the formula $= \frac{N}{1+Ne^2}$ (Imperial Writers, 2016).

Whereas: N= Target population (240)

n =Total sample size

e = Desired margin error (0.05)

$n = \frac{1922}{1+1922(0.05)^2}$

$$n = \frac{1922}{1 + 4.85}$$
$$n = \frac{1922}{5.805}$$
$$n = 331$$

The sample sized was deduced to be 331.

The second 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 survivors. Therefore, both samples summed to 381 respondents.

Qualitative data derived from the 331 interviews 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.

The questionnaires were used to quantitative 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.

Data collection tools were validated by means of submission to the Research Ethics and Science Coverage (ERES) Committee and the Texila American University Ethical committee before being administered. A pilot study was conducted to ensure external validity of the data tools for any corrections.

Findings and discussion

Social cultural factors

Table 1. Abuse type and Abuser

Abuse Type	Friend	Partner	Relative	Spouse	Total
other	0%	0%	0%	2%	2%
Physical abuse	0%	9%	0%	42%	51%
Psychological abuse	0%	0%	9%	33%	42%
Sexual abuse	2%	0%	2%	0%	5%
Grand Total	**2%**	**9%**	**12%**	**77%**	**100%**

The respondents were mostly abused by their spouse as shown by the 42 and 33 percent. The figure shows that 42 percent had experienced physical abuse and was perpetrated by their spouses. The figure also shows that 33 percent had experienced psychological abuse and was caused by the spouses, 9 percent had experienced psychological abuse and was caused by the relatives. Sexual abuse was recorded by relatives and a friend. The other 2 percent had experienced economic abuse that was caused by the husband. In summary, it is noted that spouses were noted to be perpetrators of GBV by 77 percent of the respondents, relatives came second. The most common kind of abuse recorded was physical abuse.

Table 2. Cultural factors of GBV

Theme	Percentage (%)
Gender Makes you inferior	
Yes	62
No	36
Not Sure	2
Perpetrator took Alcohol before GBV act	57
Yes	43
No	
Beating Justified	
Yes	80
No	20
Parents Perpetuate GBV	

Yes	39
No	61
Low Education influences Violence	
Yes	66
No	34
Quarrel with Spouse	
Yes	63
No	37

The study findings showed that the majority of the respondents agreed that gender made them inferior, secondly, they stated that the perpetrator of GBV took alcohol before abusing the victim. The findings also showed that the majority of the respondents felt that beating is justified. The majority agreed that low education influenced violence in their homes, secondly, they agreed they frequently quarreled with their spouses.

Table 3. Chi-square summary

Variables	Hypothesis	Decision rule	P- value	Conclusion
GBV & Religion	The two variables are associated	Accept hypothesis if p-value less than 0.05	0.03	There is an association
GBV & Perpetrator	The two variables are associated	Accept hypothesis if p-value less than 0.05	0.0001	There is an association
Spouse work status & Quarrelling at home	The two variables are associated	Accept hypothesis if p-value less than 0.05	0.01	There is an association

The table shows the test results to the chi square test. The table shows that there is association between GBV and the perpetrator. The table also shows that there is an association between spouse work status and quarrelling at home. This means that physical violence is likely to be caused by spouses, and working spouses are more likely to quarrel at home. Lastly, the table shows that there was a relationship between the experiencing GBV and the religion.

Qualitative findings

The qualitative findings showed the social cultural factors that influence GBV were themed into; substance abuse, poverty and relationships and gender inequality.

Theme 1: Substance abuse

Substance was a subtheme mentioned by many participants in this study. When asked about the causes of Gender Based Violence, the participants stated items relating to the misuse of alcohol and other narcotic substances. If people abuse substances like alcohol, this may alter their reasoning and behaviour towards their partners/spouses. Some of the participants' statements are indicated below:

Participant No 11: Harmful use of alcohol is what caused my husband to start beating me.
Participant No12: Sometimes he beats me when he has taken alcohol.

Subtheme 2: Poverty

The third major theme that emerged strongly from the findings was that of poverty. Under this theme, respondents stated the main causes of GBV is lack of money, and poverty at homes. According to some respondents, this caused the families to constantly fight. Poverty level could be attributed to unfair judgement as people become vulnerable for survival and tense about sharing the little resources. Below are some responses;

Participant No 2: We fought due to food at home. He comes drunk but he does not provide food at home.

Participant No 14: Lack of financial capacity has caused a lot of arguments in our home we have divorced now

Subtheme 3: Relationships and Gender Inequality

Under this subtheme, most of the participants said that the causes of GBV were as result of bad relationships between the abuser and the abused. Some the participants indicated that strained relationships caused a lot of emotional, psychological and physical abuse. Some types of relationships abuse included; physical, emotional, psychological, and sexual abuse.

Participant No 18: When I was growing up, I was being kept by my uncle, and he used to come home drunk and very late at night at times he would sleep out, when he came home him and his wife would fight a lot and they would use abusive language...I grow up knowing that fighting is normal to married people.

Participant No 1: I witnessed my mother being beaten by my father

Participant No 5: Both my parent used to quarrel

Under physical abuse, some respondents indicated that this was caused by the unnecessary over working of the female spouses and beating them if needs are not met. Under emotional abuse, respondents indicated that they spent their time crying and experienced pain for the agony that they had gone through.

There was also a strong feeling among the respondents that sexual abuse was one of the major causes of GBV. Some women were in sexually abusive relationships that made them sexual objects and also made some addicted to sex.

Discussions

According to the findings of the research conducted among the female survivors of Chipata town-ship, socio-cultural factors promoted Gender Based Violence include; Lower levels of education, gender imperialism, spouse quarrelling, infidelity, beatings, Lobola violence and the intake of alcohol had all contributed significantly to the Gender Based Violence in Chipata township of Zambia. The findings are also in line with a study which revealed that socio-economic and cultural issues are at the centre of Gender Based Violence in Papua New Guinea (Lamprell & Braithwaite, 2017). The study findings about socio-cultural factors fuelling Gender Based Violence ranged from substance abuse, poverty and relationships and gender inequality.

The findings under this objective revealed that the majority of respondents felt gender made them feel inferior. This illustrates that their partners/spouses may dominate them in terms of decision making in any household issues or pertaining their lives. Mutumba, Wekesa, and Stephenson (2018) confirms that women feel inferior to men to an extent where they seek permission from their spouses in order to access contraceptives. This is without the influence of their levels of education and exposure to media information, as they strongly value their cultural practices in the society. Therefore, their social contexts influence their decision making towards uptake of contraceptives.

According to the findings of the research conducted among the female survivors of Chipata town-ship, socio-cultural factors promoted Gender Based Violence. Lower levels of education, gender imperialism, spouse quarrelling, infidelity, beatings, Lobola violence and the intake of alcohol had all contributed significantly to the Gender Based Violence in Chipata township of Zambia. The findings are also in line with a study which revealed that socio-economic and cultural issues are at the centre of Gender Based Violence in Papua New Guinea (Lamprell & Braithwaite, 2017). This study reveals that women are extremely subordinated in the PNG society as their traditional beliefs supersede the human rights voice. Lamprell and Braithwaite (2017) confirm that sexual abuse and physical violence are the most common causes to poor health in both children and women. It is reported that 17% of women will experience sexual assault and rape in their lifetime which is suppressed by their failure to get justice against their perpetrators (Lamprell & Braithwaite, 2017). The enactment of the Family Protection Act in 2013 was not effectively implemented and thus domestic violence has continued. The culture of Papua New Guinea continues to influence the poverty levels among women as they are discriminated and they are disadvantaged with poor health status.

The study findings about socio-cultural factors fuelling Gender Based Violence ranged from substance abuse, poverty and relationships and gender inequality. Some respondents (57%) mentioned alcohol intake to be the cause of physical abuse from their spouse while others shared that the poverty levels-

initiated fights and quarrels when basic necessities were not met in the home. 66% agreed that violence in their relationships was due to lower levels of education. Additionally, 62% of the participants felt like they were being used as sexual objects after dowry payments towards their marriages and were subjected to submit to sexual acts even when they were not willing to do so. All these factors have led the, to feel unappreciated and unhappy about their relationships. Moreover, even when they seek support form community groupings like their relatives or traditional leaders in their communities, they are not supported due to the strong cultural practices and their perpetrators go unpunished.

Kelmendi (2015) agrees to these findings in a study where domestic violence was identified to have initiated by male partners and was described as a serious violation against human rights, hence a public health concern. This qualitative study was conducted in Kosovo reported that there was an existing culture, in their society, which uplifts the status of men to a higher level making it difficult to define equitable gender roles (Kelmendi, 2015). This left women to feel unprotected and unempowered to become independent of the male partners. Additionally, in Syangja District of Nepal by Gurung and Acharya (2016), GBV had spared not even the pregnant women (91.1%) who reported to have experienced it. They faced difference forms of abuse from physical to sexual and even psychological violence. The moment a woman seemed to go against the rules, physical violence would result leading to slapping or kicking the victim, pushing or shaking her or even throwing injurious objects at them. 100% of the perpetrators were found to be spouses and 10. 7% mothers-in-laws.

The study reported that the lack of awareness about the harm Gender Based Violence has caused in many lives, has been portrayed through ignorance of some influential people like certain religious leaders. This was portrayed in a response from one female victim who stated that "*I did not take any actions regarding to GBV but I got relieved in church when the pastor preached that everyone is wonderfully made in the eyes of God*". Unless victims' access help from the neighbourhood watch committees, One-Stop centres, and the police, they may be left to break down if not handled carefully.

Considering the high degree of violence women undergo in Nepal, Gurung and Acharya (2016) recommended after a study conducted on pregnant women in an ante-natal clinic that there was need for women empowerment. This would be achieved through economic autonomy where a woman could be availed with skills or knowledge which could enable her to provide for her household without depending of her spouse. Additionally, sensitization campaigns about the existence of GBV would enlighten the society about the implications of tolerating such bad practices. Gurung and Acharya (2016) also suggested the need for GBV trainings that could be availed to both men and women, so that they could understand the effect of the issue under study.

In this study, it was reported that 39% of the female survivors suggested the need to stiffen the laws for punishing perpetrators. In north-western Tanzania, a Community-Based Legal Aid (CBLA) program was initiated with a view of reaching out into the rural parts of the country that fail to access legal services in line with protecting women's rights (Mueller, Peterman, Billings, & Wineman, 2019). The results revealed that change towards GBV may not be attainable in these areas as long as marital law and decision making conducted at household level existed. On the other hand, Crisman, Dykstra, Kenny, and O'Donnell (2016) mentions that a ban on certain practices was found useful in Burkina Faso when a law was enacted against female genital mutilation/cutting (FGMC). This is a socio-cultural issue which, if refused without any sanctions, would have been difficult to curb. Hazard rates of the practice were reported to have dropped, in a Demographic and Health Survey of Burkina Faso (DHS VI) (Crisman et al., 2016).

Recommendations

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

Government commitment

The agenda to reduce the effects of GBV greatly depends on the government's commitment in terms of the will to allocation of resources s that unique needs of GBV survivors are addressed.

- There is need for new policies that will address new challenges being created by GBV tendencies and also to enable special therapeutic services. No financial barriers should compromise GBV preventive services.
- There is need for deliberate surveys that will report any information and underreported GBV prevalence's. This survey will screen different communities so that cases are isolated and given the appropriate attention.

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;

- 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.
- Should be proactive in ensuring that GBV awareness is talk about in the community meetings and homes
- Encourage spouses to be protectors of their wives and female children in order to reduce the occurrence of GBV
- 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;

- Need for intensifying national wide sensitization and behaviour change campaigns related to the dangers of GBV
- 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.

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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