

# A Population-Based Household Study to Assess Practical Strategies of Prevention and Response to Sexual and Gender Based Violence in Katana, Walikale, and Karisimbi Health Zones

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# METHODOLOGY

- **HUMAN SUBJECTS PROTECTION OBTAINED**
  - **Comite D'Ethique, Université Libre Des Pays Des Grand Lacs (ULPGL)**
  - **Informed consent for all respondents**
- **LOCAL DATA COLLECTORS RECRUITED/TRAINED/SUPERVISED**
- **MULTISTAGE CLUSTERED RANDOMIZED SAMPLING METHOD (QUANTITATIVE 90X10)**
  - **96% Response rate, 578 women, 322 men**
  - **37 Key Informant Interviews (triangulation)**
- **GENERALIZABLE TO 727,754 PERSONS**
  - **Katana 12/12 implementation of total 18 HA (152,057 persons)**
  - **Walikale 8/12 implementation of total 14 HA (106,335 persons)**
  - **Karisimbi 16/16 HA (469,362) or entire health zone**

# QUANTITATIVE HOUSEHOLD SAMPLING

- **FEMALE AND MALE ADULTS >18 YRS/EMANCIPATED MINORS**
- **PURPOSIVE TRANSECT SELECTION WITH RANDOM HOUSEHOLD SELECTION**
- **SAFETY, ACCESS, TIME CONSTRAINTS**
- **PRIVACY ASSURED**
- **REFUSALS AND REASONS/NOT HOME RECORDED**
- **SUBSTITUTIONS FOR VILLAGES/AVENUES FROM RANDOMIZED LIST OF ALTERNATES OR NEAREST NEIGHBOR**



# HOUSEHOLD DEMOGRAPHICS

## ■ AGE

| Health Zone      | Mean Age (years) for Women | Mean Age (years) for Men | p-value |
|------------------|----------------------------|--------------------------|---------|
| All Health Zones | 35                         | 41                       | 0.02    |
| Katana           | 33                         | 41                       | 0.21    |
| Walikale         | 42                         | 41                       | 0.12    |
| Karisimbi        | 32                         | 41                       | 0.08    |

- **MOSTLY MARRIED: ~ 70% FOR BOTH MEN AND WOMEN**
- **CHRISTIAN**
- **BATWA, HOLOHOLO, NANDE, LEGA, KONGO, HUTU, MIXED BANTU**
- **LESS THAN HALF OF WOMEN AND MEN HAD SECONDARY SCHOOL AS THEIR HIGHEST LEVEL OF EDUCATION**
- **21% OF WOMEN AND 9% OF MEN HAD NO FORMAL SCHOOLING**
- **HOUSEHOLD INCOME/MONTH = 68,096 CDF (69USD ) WOMEN, 83,728 CDF (84USD) MEN WITH NO DIFFERENCE AMONG SURVIVORS**
- **70% OF HOUSEHOLDS OWNED LAND**

# SGBV POPULATION ESTIMATES

## KATANA, WALIKALE AND KARISIMBI HEALTH ZONES

| Finding                | Weighted Prevalence Rate  | Estimated Population Affected |
|------------------------|---|-------------------------------|
| <b>SGBV</b>            |   |                               |
| Women                  | 31.6%   | 54,384 Women                  |
| Men                    | 32.9%   | 38,514 Men                    |
| Children               | 61.0%   | 299,438 Children              |
| <b>Sexual Violence</b> |   |                               |
| Women                  | 11.8%   | 30,313 Women                  |
| Men                    | 3.1%  | 12,789 Men                    |
| Children               | 11.5% overall<br>7.7% Karisimbi<br>10.5% Katana<br>20.5% Walikale | 59,103 Children               |
| <b>IPV</b>             |   |                               |
| Women                  | 22.6%   | 43,544 Women                  |
| Men                    | 25.0%   | 29,779 Men                    |

SGBV = Physical or psychological violence carried out through sexual means or by targeting sexuality

SV = Any sexual act, not consensual, included sexual intimate partner violence

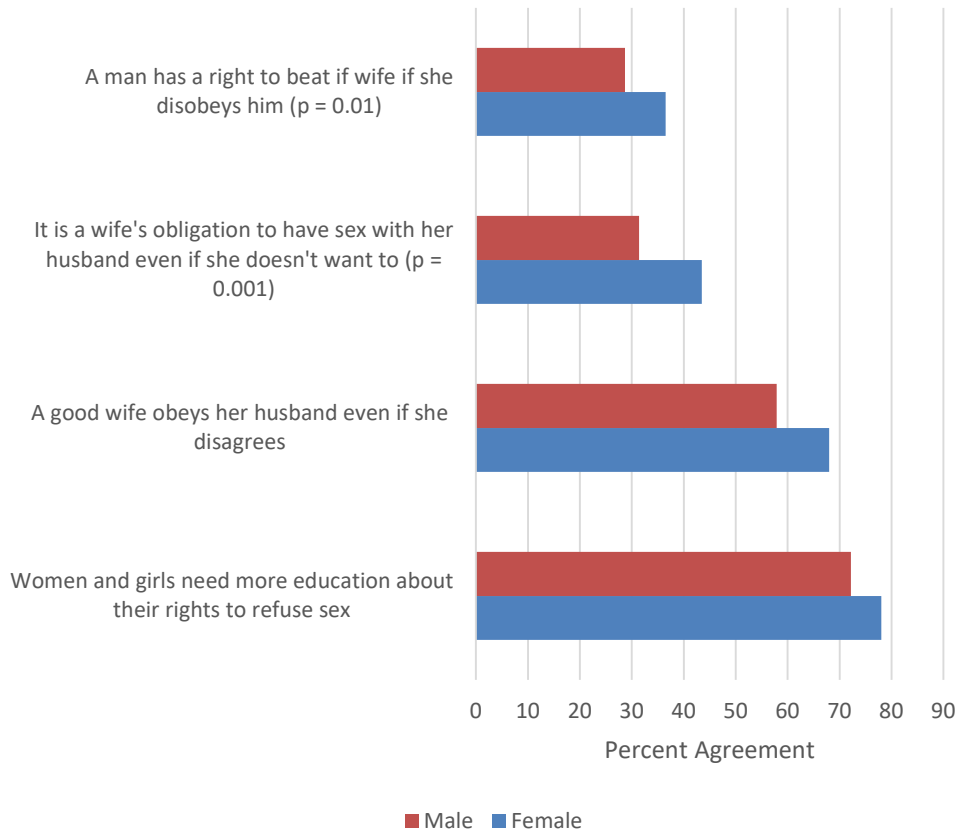
# SGBV PREVALENCE

- **NO STATISTICAL DIFFERENCES FOR THE PREVALENCE RATE OF SGBV AMONG WOMEN OR MEN**
- **LIFETIME RATES ARE THE SAME AS THE RATES FROM 2010**
- **COMMUNITY BASED VIOLENCE AMONG WOMEN; CONFLICT RELATED AMONG MEN ARE STATISTICALLY DIFFERENT**

| VIOLENCE TYPE            | WOMEN (% HOUSEHOLDS) | MEN (% HOUSEHOLDS) | P-VALUE |
|--------------------------|----------------------|--------------------|---------|
| SGBV                     | 31.6                 | 32.9               | 0.88    |
| LIFETIME SV              | 11.8                 | 3.1                | 0.03    |
| SV WITHIN THE LAST YEAR  | 5.3                  | 6.1                | 0.81    |
| CONFLICT-RELATED SV      | 12.7                 | 68.1               | 0.008   |
| COMMUNITY-RELATED SV     | 87.4                 | 31.9               | 0.009   |
| LIFETIME IPV             | 22.6                 | 25.0               | 0.81    |
| IPV WITHIN THE LAST YEAR | 12.0                 | 12.9               | 0.88    |

# OPINIONS

Opinions on Gender Roles



- **NORMALIZATION OF IPV**
- **NORMALIZED AND ACCEPTED BY BOTH MEN AND WOMEN**
- **MOST COMMON REASON FOR IPV WAS THAT WOMEN ARE “TOO PRIDEFUL”**
- *“MEN BEATING THEIR WIVES IS NORMAL HERE...IF A WOMAN IS TOO PROUD, HER HUSBAND WILL BEAT HER. HE BELIEVES SHE NEEDS EDUCATION AND WILL LEARN FROM THE BEATING TO BE BETTER BEHAVED”*

# TRAFFICKING

- **MOST COMMON FORMS**
  - Labor trafficking (1/3)
  - Debt bondage (1/3)
  - Sex trafficking (1/3)
- **RECRUITMENT BY THREATS TO PERSONAL SECURITY, ABDUCTION (MOSTLY FOR MEN), FAMILY SUBJECTED THEM TO TRAFFICKING, INCENTIVES OFFERED SUCH AS FOOD OR MONEY**
- **STAYED FOR PERSONAL SECURITY, FAMILY THREATENED, THE NEED FOR FOOD**

| Finding     | Weighted Prevalence Rate | Estimated Population Affected |
|-------------|--------------------------|-------------------------------|
| Trafficking |                          |                               |
| Women       | 12.9%                    | 18,286 Women                  |
| Men         | 7.2%                     | 12,432 Men                    |
| Children    | 5.0%                     | 24,224 Children               |



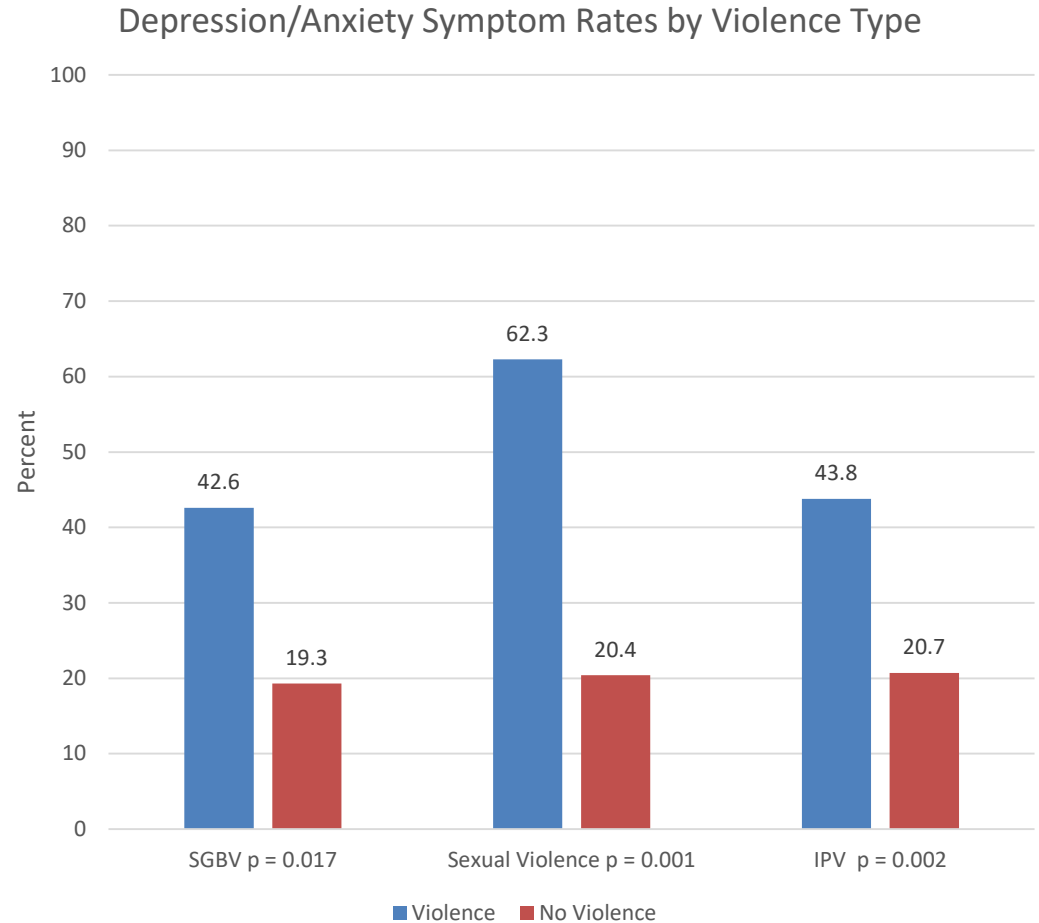
# SUBSTANCE ABUSE

- **ALCOHOL AND DRUG ABUSE**
- **MORE COMMON AMONG MEN BUT WOMEN STILL USE**
- **KARISIMBI HAD THE HIGHEST RATES**
  - **White maize based home brew:**
    - *Kanynaga, Mangwende, Lutuku, Chief*
- **SUBSTANCE ABUSE PRECIPITATES VIOLENCE AND QUALITATIVELY IS A CONSEQUENCE OF VIOLENCE**

| Finding         | Weighted Prevalence Rate | Estimated Population Affected |
|-----------------|--------------------------|-------------------------------|
| Substance Abuse |                          |                               |
| Women           | 21.1%                    | 64,081 Women                  |
| Men             | 38.9%                    | 64,081 Men                    |

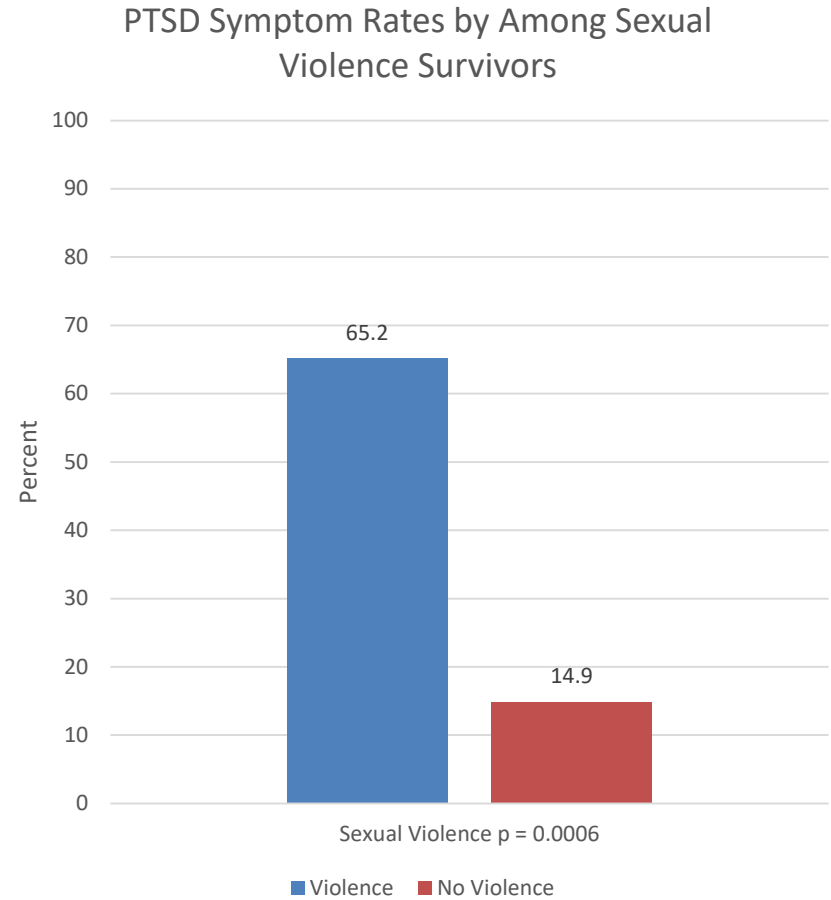
# DEPRESSION/ANXIETY

- **NO DIFFERENCES BETWEEN MEN AND WOMEN BUT TRENDS FOR HIGHER RATES AMONG WOMEN**
- **50,237 WOMEN AND 17,544 MEN MAKE SYMPTOM CRITERIA FOR DEPRESSION/ANXIETY**
- **WALIKALE HAD RATES OF 59% VS 27% OVERALL (P = 0.0009)**



# PTSD

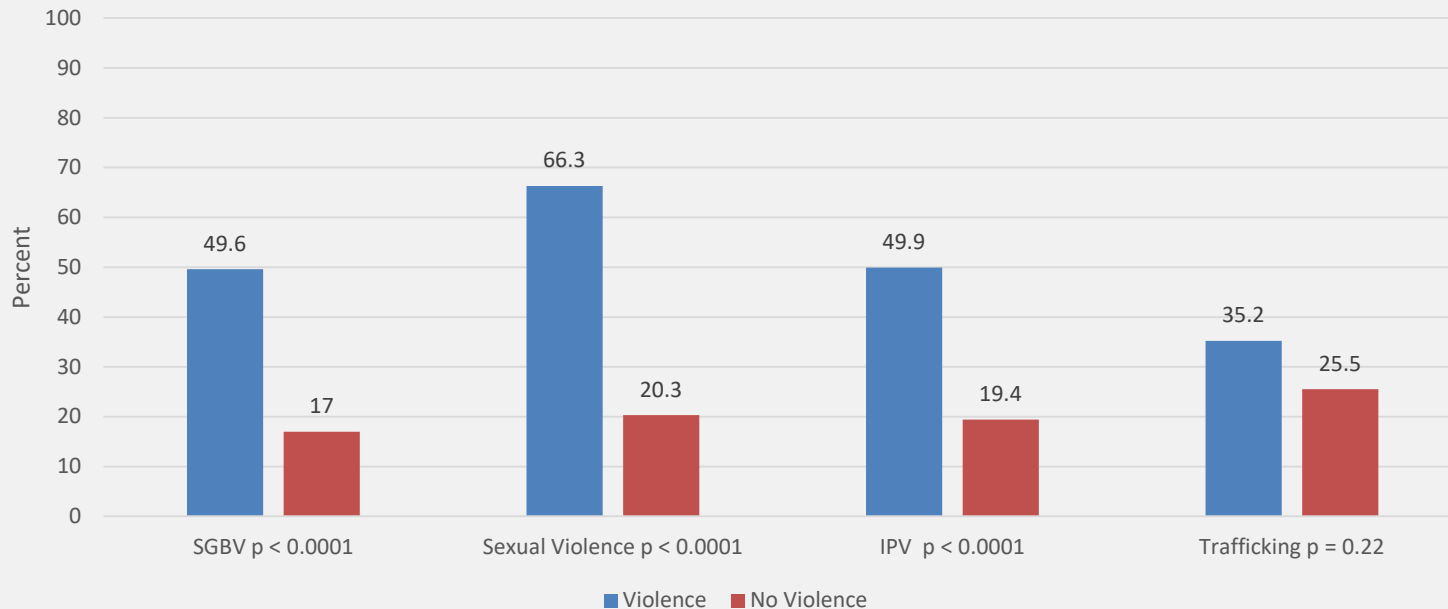
- **NO DIFFERENCES BETWEEN MEN AND WOMEN BUT TRENDS FOR HIGHER RATES AMONG WOMEN**
- **SGBV, IPV AND TRAFFICKING SURVIVORS DID NOT HAVE HIGHER RATES; SV WAS ASSOCIATED WITH HIGHER RATES**
- **45,235 WOMEN AND 14,865 MEN MAKE SYMPTOM CRITERIA FOR PTSD**
- **WALIKALE HAD RATES OF 50% VS 23% OVERALL (P = 0.002)**
- **SURVIVORS WITH SYMPTOMS 34.8% ABUSED ALCOHOL VS NON-SURVIVORS; 8.2% (P=0.05)**



# SUICIDAL IDEATION

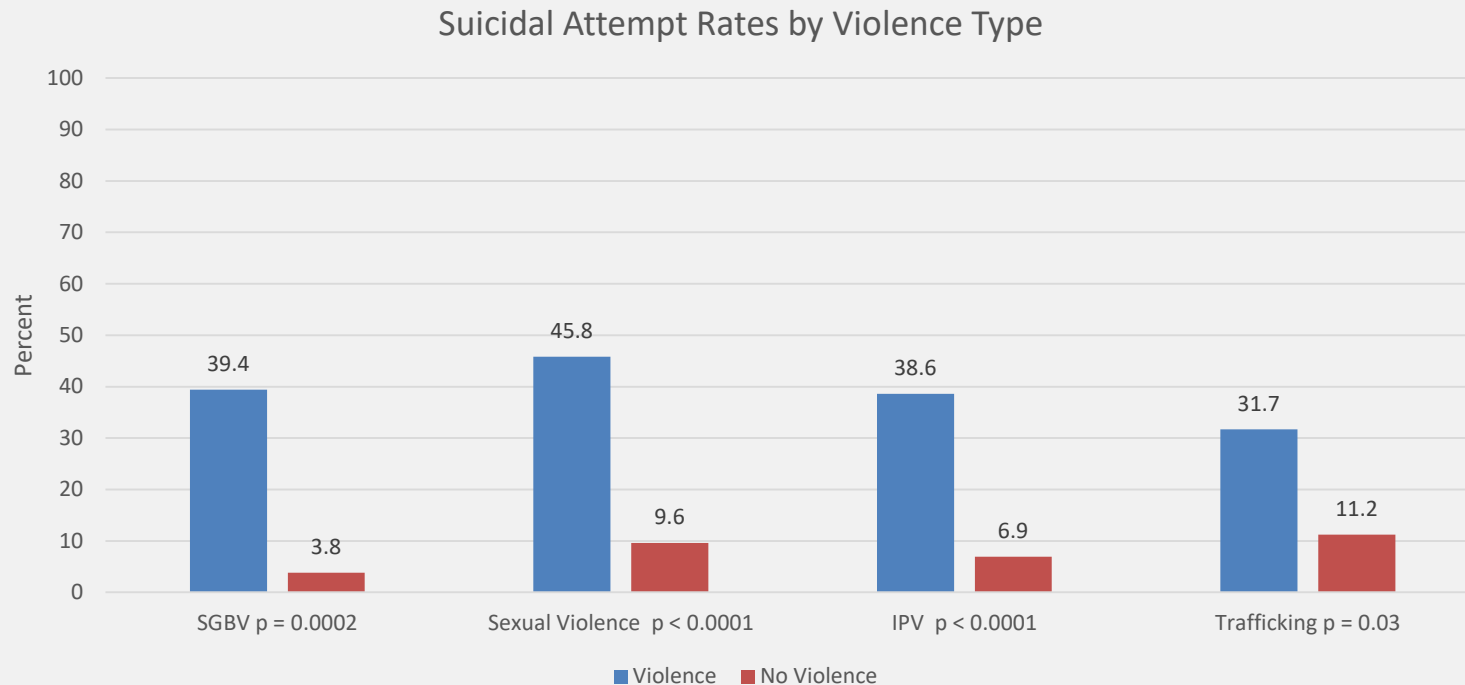
- **27% OVERALL, RATES NOT DIFFERENT BETWEEN MEN AND WOMEN**
- **NO DIFFERENCES BETWEEN HEALTH ZONES**
- **SGBV, SV, AND IPV WERE ASSOCIATED WITH HIGHER SUICIDAL IDEATION RATES**
- **48,235 WOMEN AND 34,761 MEN HAD SUICIDAL IDEATION**
- **THOSE WITH ALCOHOL ABUSE 1.8X MORE LIKELY TO REPORT IDEATION**

Suicidal Ideation Rates by Violence Type



# SUICIDAL ATTEMPTS

- **15% OVERALL, NO HEALTH ZONE DIFFERENCES**
- **WOMEN HAD TWICE THE RATES OF MEN (20% VS 8%; P = 0.02)**
- **ALL FORMS OF SGBV ASSOCIATED WITH HIGHER SUICIDAL ATTEMPT RATES**
- **33,593 WOMEN AND 15,966 MEN HAD SUICIDAL ATTEMPTS**



# CONCLUSIONS

- **SGBV IN DRC IS PREVALENT**
  - Whole of community
  - Needs contextualized programs (especially men and children)
- **NORMALIZED AND JUSTIFIED, NEGATIVE CULTURAL NORMS HAVE CREATED AN ENVIRONMENT THAT PUT EVERYONE AT RISK**
  - Behavior change is needed especially to dispel myths
  - Look beyond accepted societal paradigms
- **SYMPTOMS OF MENTAL HEALTH DISORDERS ARE ASSOCIATED WITH DIFFERING FORMS OF SGBV**
  - Alcohol precipitates violence, is self-treatment and with PTSD symptoms can identify reluctant reporters

## OTHER SGBV AND MENTAL HEALTH REFERENCES

- **SHEHAB N, ANASTARIO M, LAWRY L. ACCESS TO CARE AMONG DISPLACED MISSISSIPPI RESIDENTS IN FEMA TRAVEL TRAILER PARKS TWO YEARS AFTER KATRINA. HEALTH AFF (MILLWOOD). 2008 SEP-OCT;27(5):W416-29. EPUB 2008 AUG 29.**
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*“This issue was taboo and hidden but now with, they [survivors] come on their own”*

*“The counselor is a source of support for me. She is the one who made me who I am today seeing that I was raped. I used to neglect myself but she gave me some counseling that gave me strength once again”*

*“Thanks to sensitization, people find out that what they are doing is bad and change attitudes”*

*“ [Ushindi] has helped change community behavior, early marriages have decreased and no longer does the community accept that violence is normal”*

# Q&A

## DIALOGUE WINS.

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# **BACK-UP SLIDES FOR Q&A**

# DEFINITIONS

## ■ SGBV

- Physical or psychological violence carried out through sexual means or by targeting sexuality
- Rape and attempted rape, molestation, sexual slavery, *being forced to undress or being stripped of clothing, forced marriage*, and insertion of foreign objects into the genital opening or anus, forcing individuals to perform sexual acts on one another or harm one another in a sexual manner, or mutilating a person's genitals; *labor trafficking (domestic servants, bars)*

## ■ SEXUAL VIOLENCE

- Any sexual act, not consensual, included sexual intimate partner violence

## ■ IPV

- Sexual or physical violence perpetrated by a spouse or partner

## ■ TRAFFICKING

- Forced to work in a bar/restaurant/bistro, forced to pimp, forced to be a domestic servant or work in a mine or agricultural field, forced marriage, forced to carry goods (especially within the mining industry), forced indebtedness, forced prostitution and or to be forced to serve as a sexual servant

# METHODOLOGY

- **WHY LIMIT TO JUST THE IMPLEMENTATION AREAS?**
  - Rates are known for North Kivu and South Kivu from 2010 which is published data
  - An academic “hunch” that the rates would be similar if not the same
  - **Survey fatigue**
    - Village Chiefs expressed concerns of surveying with no projects visible
    - “You [NGOs] use us to get data but then you don’t do anything to help us”
    - Projects would not be implemented in health areas covered by other partners

# DATA ENTRY AND ANALYSIS

- **“R” USED FOR QUANTITATIVE ANALYSIS**
- **PAPER FORMS ENTERED INTO DATABASE**
  - **10% re-check**
- **WEIGHTED POPULATION MEANS AND PERCENTAGES**
  - **Important for not over or underestimating estimates**
- **95% CONFIDENCE INTERVALS**
  - **95% sure results were not by chance**
- **EXTRAPOLATION TO POPULATION ESTIMATES**
  - **Able to estimate due to the methodology**

# QUALITATIVE INTERVIEWS

- **SNOWBALL SAMPLING**
  - Key informants
  - Traditional leaders
  - Community members
- **STANDARDIZED QUESTIONS**
- **WRITTEN SUMMARY**
- **KEY THEMES ANALYSIS**
- **USED FOR TRIANGULATION**
  - Cannot generalize to larger population
  - Represent those interviewed
  - Can not be used to determine rates/prevalence
  - Gives a face to the numbers

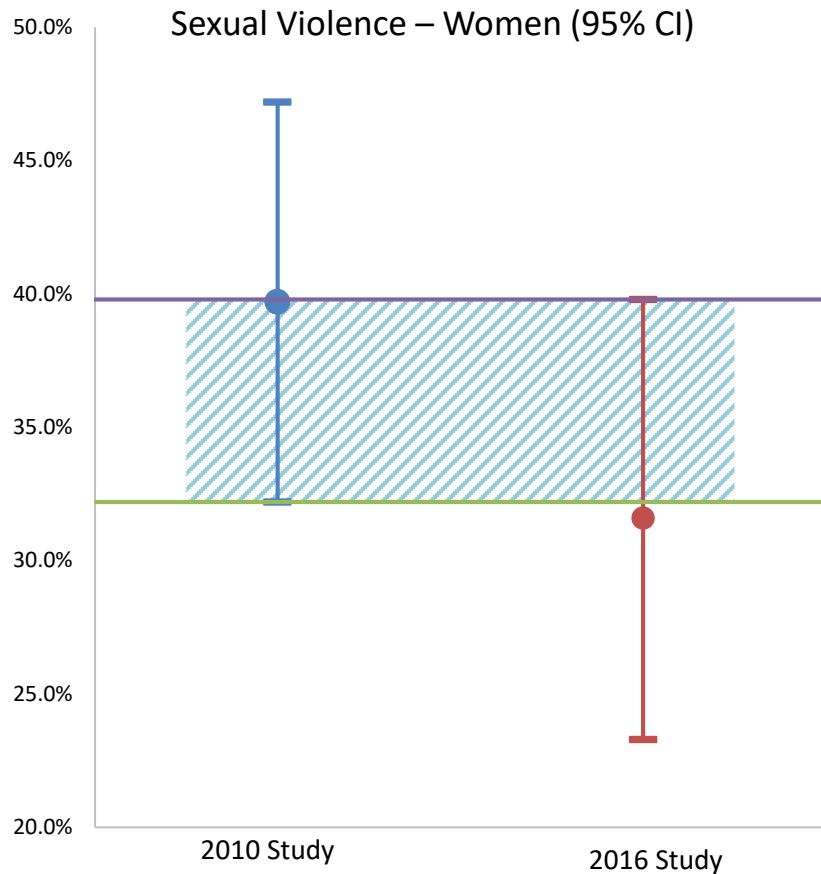


# DATA COLLECTOR TRAINING

- **DATA COLLECTORS**
  - Katana: 6 women/8 men
  - Walikale: 4 women/6 men
  - Karisimbi: 5 women/5 men
  - Supervisors were Ushindi staff/partner staff and Dr Lawry
- **THREE DAY TRAINING**
  - Standardized published curriculum
  - Observed role-play
  - Field testing
- **MINOR ISSUES**
  - Mitigated with supervision
  - Spot checks
  - Data quality reviews every morning



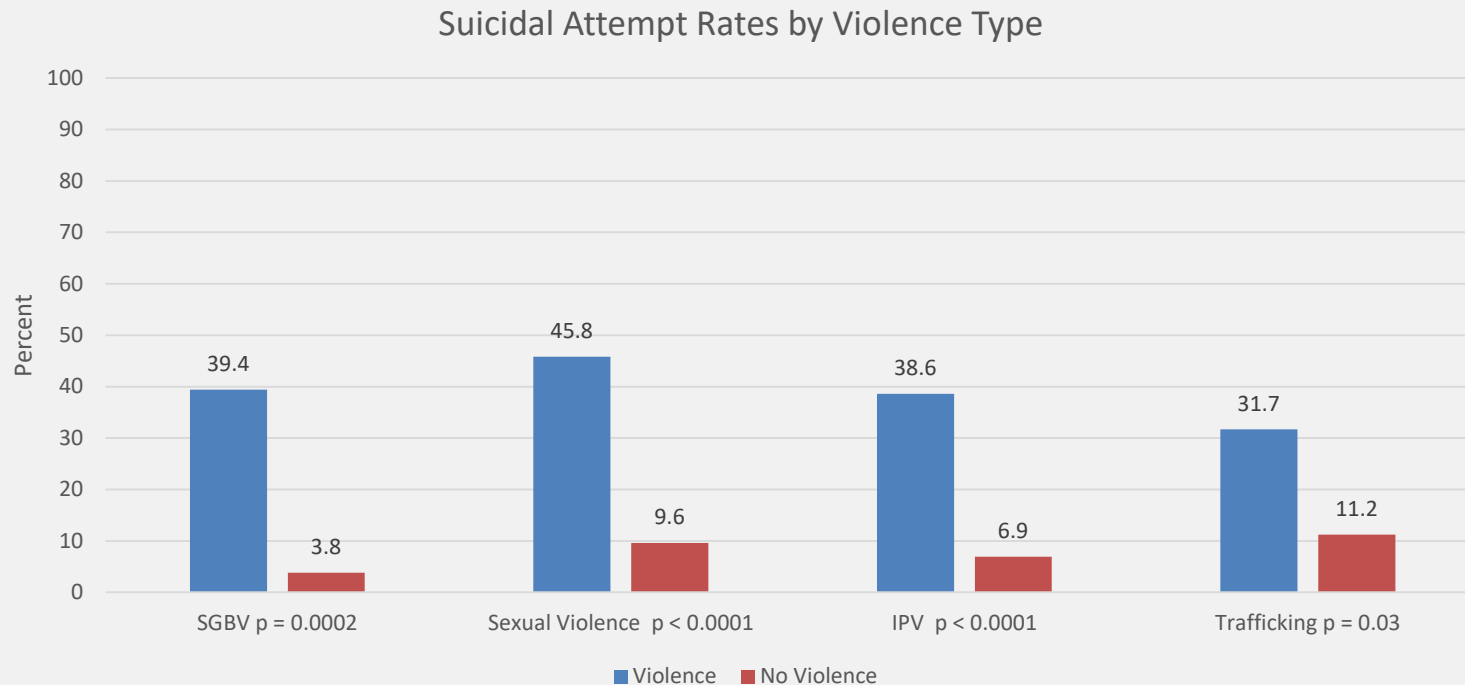
# COMPARING RATES



- **MUST COMPARE LIKE METHODOLOGY**
- **MIDPOINT ESTIMATES LOOK DIFFERENT – 40% VS 32% - LESS SGBV AMONG WOMEN NOW?**
- **MUST TAKE INTO ACCOUNT THE CONFIDENCE INTERVALS**
  - Somewhere between the upper and lower lies the truth
  - Convention is to choose the midpoint
- **CROSSING CONFIDENCE INTERVALS MEANS THERE IS NOT SIGNIFICANT EVIDENCE TO SAY THE MIDPOINT ESTIMATES ARE DIFFERENT**

# SUICIDAL ATTEMPTS

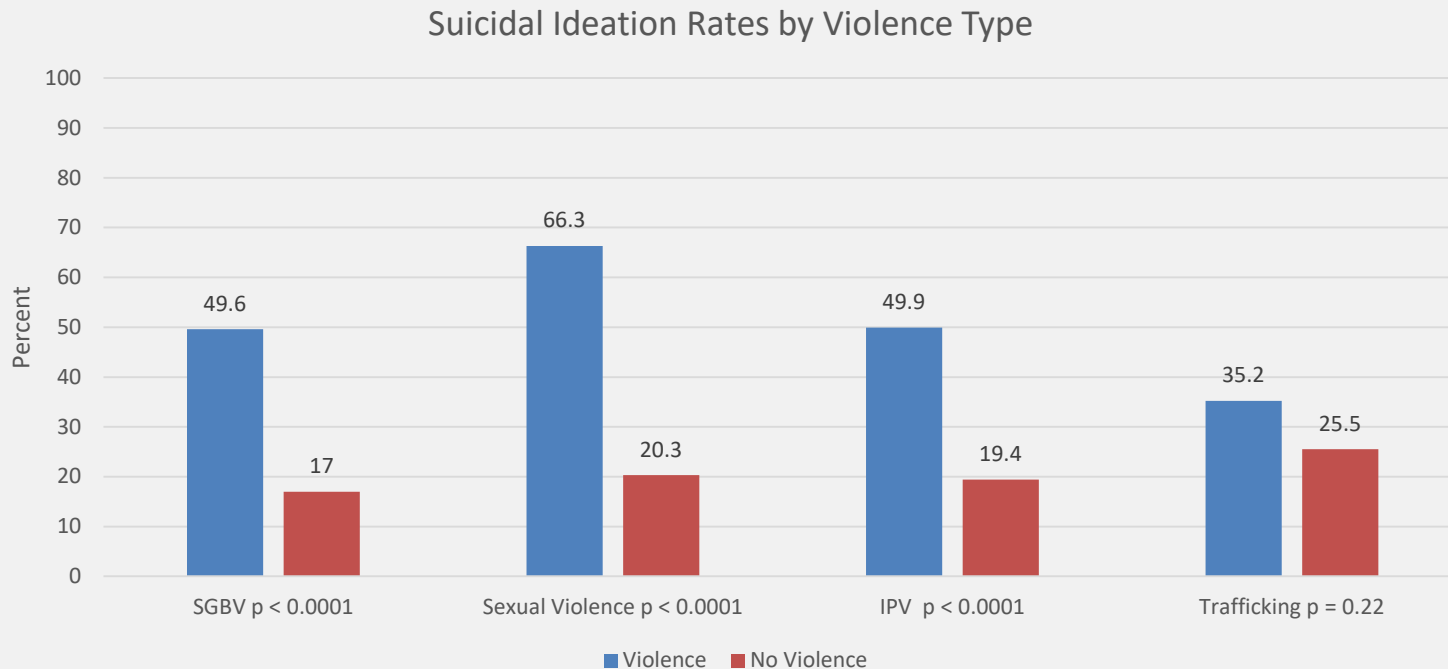
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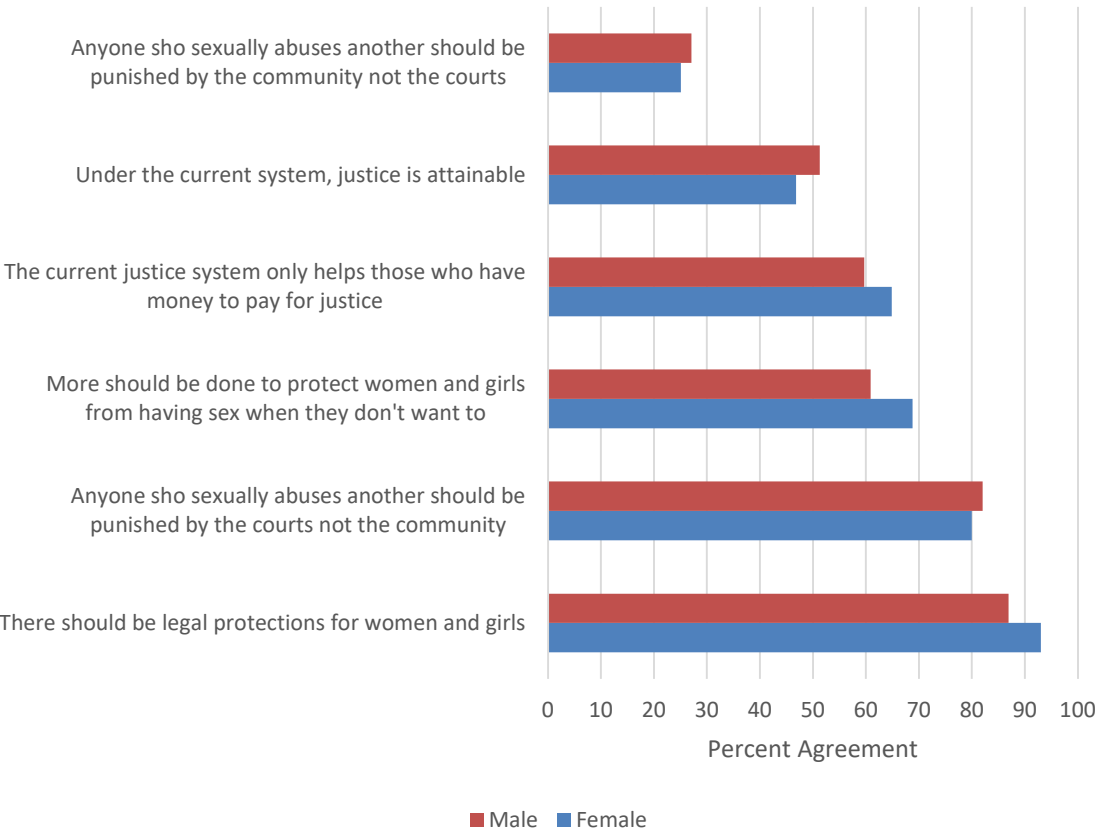
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# OPINIONS - JUSTICE

## Opinions on Justice



*“Sexual violence has become a business for officials. The perpetrator family only needs to offer money and he [perpetrator] is released. It is easy because even the officials are not getting paid”*

# OPINIONS-RAPE MYTHS

## Agreement with Rape Myths by Sex

