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

Lynn Lawry MD, MSPH, MSc, M. Banda MPH, J. Ciza, A. Mudekereza MD, P. Bahati, C. Sadiki, W. Clemmer MD, MPH
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
- PURPOSES 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

<table>
<thead>
<tr>
<th>Health Zone</th>
<th>Mean Age (years) for Women</th>
<th>Mean Age (years) for Men</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health Zones</td>
<td>35</td>
<td>41</td>
<td>0.02</td>
</tr>
<tr>
<td>Katana</td>
<td>33</td>
<td>41</td>
<td>0.21</td>
</tr>
<tr>
<td>Walikale</td>
<td>42</td>
<td>41</td>
<td>0.12</td>
</tr>
<tr>
<td>Karisimbi</td>
<td>32</td>
<td>41</td>
<td>0.08</td>
</tr>
</tbody>
</table>

- 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**

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

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

<table>
<thead>
<tr>
<th>VIOLENCE TYPE</th>
<th>WOMEN (% HOUSEHOLDS)</th>
<th>MEN (% HOUSEHOLDS)</th>
<th>P-VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGBV</td>
<td>31.6</td>
<td>32.9</td>
<td>0.88</td>
</tr>
<tr>
<td>LIFETIME SV</td>
<td>11.8</td>
<td>3.1</td>
<td>0.03</td>
</tr>
<tr>
<td>SV WITHIN THE LAST YEAR</td>
<td>5.3</td>
<td>6.1</td>
<td>0.81</td>
</tr>
<tr>
<td>CONFLICT-RELATED SV</td>
<td>12.7</td>
<td>68.1</td>
<td>0.008</td>
</tr>
<tr>
<td>COMMUNITY-RELATED SV</td>
<td>87.4</td>
<td>31.9</td>
<td>0.009</td>
</tr>
<tr>
<td>LIFETIME IPV</td>
<td>22.6</td>
<td>25.0</td>
<td>0.81</td>
</tr>
<tr>
<td>IPV WITHIN THE LAST YEAR</td>
<td>12.0</td>
<td>12.9</td>
<td>0.88</td>
</tr>
</tbody>
</table>
Women and girls need more education about their rights to refuse sex.

A good wife obeys her husband even if she disagrees.

It is a wife's obligation to have sex with her husband even if she doesn't want to (p = 0.001).

A man has a right to beat wife if she disobeys him (p = 0.01).

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**

<table>
<thead>
<tr>
<th>Finding</th>
<th>Weighted Prevalence Rate</th>
<th>Estimated Population Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>12.9%</td>
<td>18,286 Women</td>
</tr>
<tr>
<td>Men</td>
<td>7.2%</td>
<td>12,432 Men</td>
</tr>
<tr>
<td>Children</td>
<td>5.0%</td>
<td>24,224 Children</td>
</tr>
</tbody>
</table>
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

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</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Women</td>
<td>21.1%</td>
<td>64,081 Women</td>
</tr>
<tr>
<td>Substance Abuse Men</td>
<td>38.9%</td>
<td>64,081 Men</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Violence Type</th>
<th>Percent</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGBV</td>
<td>49.6</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>66.3</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>IPV</td>
<td>49.9</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Trafficking</td>
<td>35.2</td>
<td>0.22</td>
</tr>
</tbody>
</table>

Legend: Blue = Violence, Red = No Violence
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

Suicidal Attempt Rates by Violence Type

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<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGBV</td>
<td>39.4</td>
<td>0.0002</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>45.8</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>IPV</td>
<td>38.6</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Trafficking</td>
<td>31.7</td>
<td>0.03</td>
</tr>
<tr>
<td>No Violence</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>No Violence</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>No Violence</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>No Violence</td>
<td>11.2</td>
<td></td>
</tr>
</tbody>
</table>
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


- ANASTARIO M, LARRANCE R, LAWRY L. USING MENTAL HEALTH INDICATORS TO IDENTIFY POST-DISASTER GENDER BASED VIOLENCE AMONG WOMEN DISPLACED BY HURRICANE KATRINA. J WOMEN’S HEALTH. 2008; 17(9):1437-44.


“This issue was taboo and hidden but now with, they [survivors] come on their own”

“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”

“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”
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

WILL ADD PICS AFTER REVIEW
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


Sexual Violence – Women (95% CI)
SUICIDAL ATTEMPTS

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- 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
“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

- If a woman really didn’t want to be raped she could fight off the attacker
- If a girl engages in kissing a boyfriend and she lets it go too far, it is her own fault if her...
- Women who wear short skirts or tight shirts are inviting rape
- Women can provoke rape by their appearance or behavior
- A raped woman is usually an innocent victim
- "Good" girls are less likely to be raped as "bad" girls
- Women who say no to sexual intercourse often mean yes
- Women often claim rape to protect their reputations
- Women who have had prior sexual relationships should not complain about rape
- Men, not women, are responsible for rape
- Most rapes happen because women entice men
- A spouse owes the other partner sex no matter what the circumstance
- A woman can enjoy sex even when it is forced upon her
- In most cases when a woman is raped, she deserved it
- Only soldiers can rape

**Percent Agreement**

- Female
- Male