

**EXPERIENCES OF GENDER – BASED DOMESTIC VIOLENCE AMONG
UNEMPLOYED WOMEN IN HAVANA INFORMAL SETTLEMENT-WINDHOEK**

A report on a research study presented to

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By

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DECLARATION

I declare that this research report is my own work and no plagiarism whatsoever was done. Every source used in this research report was acknowledged and the scholars referenced. This research report has not been submitted before for any degree at any other University.

Signature: -----

Date: -----

June 2018

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DEDICATION

I would like to dedicate this research report to all the women who experience Gender-Based Domestic Violence across the world.

ABSTRACT

Gender-based domestic violence (GBDV) has become one of the most widespread human rights abuses, with staggering prevalence rate in the world. GBDV also has public health implications. Globally, GBDV affects women disproportionately. According to World Health Organization, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner violence. In the sub-Saharan Africa alone, GBDV has affected millions of women because it is largely hidden and viewed as a private matter by many societies in the region. The predominance of the patriarchal system across Africa has meant that women are still perceived and treated as subordinate to men, as a result violence against women is accepted as a cultural norm. In Namibia the most recent reports indicate that 50 000 crimes related to gender based violence were reported to police stations around the country between 2012 and 2015. The aim of this study was to explore the experiences of GBDV among unemployed women who reside in Havana Informal Settlement in Windhoek. For this research, a qualitative approach and an exploratory research design were used. Semi-structured interviews were administered among 15 unemployed women aged between 19 and 55 years old who were recruited as participants. All interviews were audio-recorded and later transcribed. The social and cultural factors that perpetuate domestic violence, and the consequences of gender based-violence on unemployed women. The data was analysed thematically in line with the study objectives. It is envisioned that the findings of this study can be used as a foundation for future study that fully describes the experiences of unemployed women not only in Windhoek informal settlements but also in all the 14 regions of Namibia.

KEY WORDS: gender, family, domestic violence, unemployed, cultural experiences, women.

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LIST OF ACRONYMS

ACGSD	African Centre for Gender and Social Development
CCPR	Centre for Civil and Political Rights
CEDWA	Convention on the Elimination of All Forms of Discrimination against Women
DHS	Demographic Health Survey
IPV	Intimate Partner Violence
GBDV	Gender-Based Domestic Violence
LAC	Legal Assistance Centre
NAPPA	Namibia Planned Parenthood Association
PSI	Population Services International
SADC	Southern African Development Community
UN	United Nations
UNCHS	United Nations Centre for Human Settlements
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1. Introduction

Gender-Based Domestic Violence (GBDV) is emerging as a serious challenge to global health, human rights and development. It is a symptom of underlying gender inequalities as well as power imbalances that exist between men and women. GBDV is a world-wide phenomenon and it transcends the boundaries of geography, race, culture, class and religion (Baral, Sudeep & Lamichane, 2016). It is estimated that 35% of women world-wide have experienced either physical and/or sexual intimate partner or sexual violence by a non-partner at some point in their lives (World Health Organisation [WHO], 2016). Violence studies from 86 countries across WHO regions of Africa, the Americas, Eastern Mediterranean, Europe, South East Asia and Western Pacific show that up to 68% of women have experienced physical and/or sexual violence from an intimate partner, in their lifetime. The highest prevalence rates of violence were reported in central sub-Saharan Africa, with an estimated 66% of women experiencing it (United States Agency for International Development [USAID], 2013).

In Africa, as in other regions, GBDV perpetrated against women is complex and it results from various societal, economic and cultural factors. Some of the social cultural factors include poverty, social inequality, unemployment and inadequate social support (Briere & Jordan, 2009). The social cultural factors may also determine the magnitude and seriousness of GBDV against women. A review of seven sub-Sahara African countries (Cameroon, Kenya, Malawi, Rwanda, Zambia and Zimbabwe) by the Demographic and Health Survey (DHS) found that the percentage of women of reproductive age who had reported experiencing physical violence since the age of 15 was high in all countries. The rates were ranging from 30% in Malawi, Rwanda and Zimbabwe to around 50% in Cameroon, Kenya and Zambia, the highest was reported in Uganda at 60% (Mejei, Cannon, Zietz & Rahman, 2014).

Contributing significantly to high prevalence rates of GBDV in the African context could be the widespread acceptance of wife-beating in various communities. In Namibia the phenomenon of GBDV is no different from other countries in the world. According to Jauch (2016 p.50) “gender-based violence against women remains a pervasive problem in Namibia,

it is an outcome of violence that predates colonial times. At the centre of this gender-based domestic violence is unequal distribution of power”. GBDV is described as an endemic problem and can be regarded as the most underreported form of violence (DHS, 2013). According to the DHS’ (2013) report, information was obtained from women who; had never married, those who were married, as well as those who were divorced, separated or widowed. All these women were aged between 15-49 age old and violence was committed by either a current or former spouse, or others.

DHS (2013) reported that 32% of women who had been married at some stage, experienced physical violence at least once since the age 15. According to DHS (2013), 14% of the participants experienced physical violence within 12 months prior to the survey. 33% of married women experienced physical, sexual or emotional violence from their spouses, while 28% reported experiencing such violence in the previous 12 months. Among the married women 36% had experienced spousal physical violence, resulting in physical injuries, in the previous 12 months. 6% of the women reported experiencing violence during pregnancy. It is also reported that 15% of Namibian women who have experienced violence have never sought help or told anyone about the violence. The global, regional statistics and local incidents of gender-based violence indicate that the prevalence of violence perpetrated against women in Namibia is on the increase, and women continue to suffer from violence at the hands of their spouses.

1.2. Statement of the Problem and Rationale for the Study

In Namibia very little is known on the phenomenon of GBDV particularly regarding poor unemployed women living in Havana, an informal settlement on the outskirts of Windhoek. In a Karas Spousal Empirical Study conducted in 1997 among 130 self-reported victims and 27 perpetrators, on domestic violence, by an intimate partner, victims reported a variety of forms of physical abuse. More than 50% said they had been threatened with a dangerous weapon. One in five reported that the partner had tried to murder them, while one quarter of the victims reported being forced to have sexual intercourse (Legal Assistance Centre [LAC], 2014).

GBDV is a phenomenon that has been condemned on a global scale by different schools of thought, among them is feminism. According to Amaral (2011) feminist theory emphasises gender and power inequality in relations with the opposite sex. Feminist theory sees the root causes of GBDV as the outcome of living in a society that condones aggressive

behaviour perpetrated by men, while socialising women to be non-violent. GBDV has negative effects on the victims, their families and the communities in which they live.

In support of the above World's Women (2015) assert that the experience of violence can affect women in a myriad of ways that are often difficult to quantify. Injuries and health problems are common as a result of physical and sexual violence, but the psychological and emotional wounds they inflict are also deep and long lasting (World's Women, 2015). It affects the well-being and social functioning of women, as it takes place in the context of the family where it is hidden and not addressed (LAC, 2014). Women are often reluctant to disclose their experiences of physical or sexual violence because of shame or fear of reprisal coupled with the need to keep it hidden so as to protect family honour Koss (as cited in Kabeer, 2012). This keeps many women silent from reporting or telling someone about the violence. The fact that GBDV is hidden indicates that the exact magnitude of the problem may be underestimated in research. Furthermore GBDV is assumed to be a private matter and is an acceptable cultural norm in most societies (Sister Namibia, 2014). Viewing GBDV as a private matter rather than a public concern has a negative effect on possible interventions. Terry and Hoare (2010) also argued that seeing GBDV as a private affair permits the society to ignore its specific gendered nature.

According to Jauch (2016) the socio-economic inequality of women and girls and some negative cultural practices are at the root of widespread gender-based domestic violence in Namibia. Women's lower economic status and lack of economic autonomy create relationships of dependence and increase their vulnerability to abusive relationships, poverty, social exclusion and disempowerment. Poor women are more vulnerable to all forms of violence because they typically live in uncertain and dangerous environments (United Nations Development Programme [UNDP], 2015). Monazea and Khalek (2015) hold the view that poor and less educated women who generally tend to marry at a younger age are more likely to experience spousal violence than those who marry later and have more education. In Namibia women continue to be in a more precarious economic position than men. It is estimated that 56% of men in Namibia are employed compared to 41% of women, ultimately, women constitute the majority of the unemployed, the poor, and the dispossessed (Namibia Planned Parenthood Association [NAPPA], 2017). The differences in the employment rates could be attributed to that in Namibia men have higher levels of education, skills training and more opportunities to complete their education. Jauch (2016) concurs and

adds that gender inequalities in Namibia have its origins in the political economies of both pre-capitalist societies and colonialism.

In Namibia and other developing countries in Africa, urbanisation has led to the rise of informal settlements. Informal settlements are residential areas where inhabitants often have no security tenure for the land or dwellings they inhabit. These settlements usually lack or are cut off from, basic services and city infrastructure (UN-Habitat, 2015). Havana like most informal settlements in Windhoek is characterised by poor living conditions such as lack of access to basic sanitation and water supply, solid waste accumulation, recurrent shack fires, safety and security risks as well as a range of health hazards (Ndahafa, 2016). In 2016 Havana had about 100 000 people who lived in shacks, 150 people relocate to the area on a daily basis (Ugugwagwa, 2016). For many women living in Havana informal settlement poverty is both a consequence and cause of violence; the violence is inextricably linked to their daily lives and routines. According to Amnesty International (2010) the violence that women face helps to keep them poor in part because poverty inhibits their ability to find solutions.

Therefore the aim of this study was to explore the experiences of GBDV in the home among unemployed women in Havana informal settlement (Windhoek) and also to gain an understanding of how they cope with their experiences. Although gender-based domestic violence cuts across cultures, societies, and economic lines, and affects women in developed and developing countries alike, an increasing number of studies from different parts of the world show that poor women experience a greater incidence of violence (Women Thrive Organisation, 2015). This is evident in that poor women are more visible in society, in that they use public services such as hospitals while women from upper class use private facilities. As highlighted above, most empirical studies focus on the attitudes, knowledge and perceptions of survivors on GBDV. However, there has not been a similar study on the experiences of unemployed women on GBDV within informal settlements of Windhoek. There are still significant gaps on our knowledge of the Namibian situation with regard to the experiences of GBDV among unemployed women; this problem has never been specifically studied.

The researcher is of the opinion that detailed information and data on the scope of the problem and women's experiences of GBDV are needed in order to have a better understanding of the phenomenon. This knowledge will enable the government to monitor

the trends and progress in addressing and eliminating violence against women as well as to assess the impact of the measures taken. The study further intended to give survivors of GBDV a voice to talk about their own experiences as unemployed women. The study also attempted to prompt the government to monitor the implementation of existing laws such as The Combating of Domestic Violence Act 4 of 2003 and The Combating of the Rape Act 8 of 2000, if they are to serve their purpose of protecting women from GBDV. The study can provide useful information which can be used in the fight against GBDV, thus the findings derived from the study could generally enhance public awareness on the root causes of GBDV in informal settlements among unemployed women. Scholars and researchers can also find the study useful since it adds to the body of knowledge regarding the need for further research on GBDV in Namibia, that focus mainly on women who face many challenges in their lives. The study will also benefit social workers in the field to devise appropriate programmes that are culturally sensitive and provide services that meet the needs of individual women which are aligned to their own experiences.

1.3. Overview of the research methods

This study adopts a qualitative research approach which is exploratory in nature. Qualitative research approach will enable the study to capture the lived experiences of GBDV among unemployed women in Havana informal settlement (Windhoek). GBDV is a challenge for most governments globally as it hampers development and has devastating consequences on women, their children and their communities. Unemployed women who experience GBDV and reside in informal settlements are confronted with many challenges such as poverty, overcrowding, poor sanitation and uninhabitable structures. Purposive sampling was used to select fifteen women survivors of GBDV. These were unemployed women from Havana informal settlement, they were then interviewed. Braun and Clarke's (2006) six phases of thematic analysis were used to analyse the data.

1.4. Organisation of the research report

This research report is composed of five chapters:

Chapter One presents the introduction to the study, the statement of the problem and the rationale for the study, the overview of the research methods and lastly the organisation of the report.

Chapter Two presents the literature review and the theoretical framework; it also gives the background to gender-based domestic violence, as a global and societal issue. The definition of gender-based violence, the prevalence of GBDV among women, international human rights instruments against GDBV and the legal and policy instruments of GBDV in Namibia are also discussed. Categories of GDBV, factors that perpetuate gender-based domestic violence and the consequences of GBDV are also included in this chapter.

Chapter Three consists of the research methodology, the research question, primary aim, secondary objectives, research strategy and the research design. The population, sample and sampling procedures are included in this chapter. Research instrument, pretesting of the research instrument, methods of data collection, data analysis, data reliability and validity, ethical considerations and reflexivity are also presented.

Chapter Four outlines the presentation of data and discussion of findings. The findings are discussed in relation to the themes that emerged from the data that were collected from the interviews.

Chapter Five gives a summary of the major research findings, recommendations and the conclusion.

1.5. Definition of key concepts

Gender: refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (Bloom, 2008).

Gender-based violence: According to Bloom (2008 p.14) “Gender-based violence (GBV) is a general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with unequal power relationships, within the context of a specific society.”

Domestic violence: The term domestic violence includes violence against women and girls by an intimate partner including a cohabitating partner, and by other family members whether violence occurs within or beyond the confines of the home. (United Nations International Children’s Emergency Fund [UNICEF], 2000.

Informal settlements: These are residential areas where inhabitants have no security of tenure in relation to land. These settlements usually lack, or are cut off from, basic services and city infrastructure (The United Nations Centre for Human Settlements [UNCHS], 2015).

CHAPTER TWO

THE LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

The phenomenon of violence encompasses a wide range of human rights violations. It has become a public health challenge worldwide as it inhibits women's development in all spheres of their lives. According to the (Population Services International [PSI], 2016) Gender-based domestic violence (GBDV) is violence directed at an individual based on his or her sex, gender identity or expression of socially defined norms of masculinity and femininity. GBDV is defined as an umbrella concept that describes any form of violence used to establish, enforce or perpetuate gender inequalities and keep in place unequal gender-power relations. This includes intimate partner violence, sexual, emotional and physical violence (Mejia, Cannon, Zietz, Arcara & Rahman 2014). This chapter will discuss the relevant literature, conceptualise GBDV, and highlight the categories, causes, and factors that perpetuate domestic violence as well as the consequences. The conceptual framework of the study will also be discussed in this chapter.

2.2. Background

Globally, women and girl children have been and still continue to be the primary victims and targets of GBDV, while men continue to be the primary perpetrators of this violence (Chitiga, Kuruaihe, Reddy, Motola, Morrison, Botsis & Ntuli 2014). Violence in the domestic sphere is usually perpetrated by a man who is trusted and has a close relationship with the victim. According to Sister Namibia (2014) "Namibian women are also significantly more likely than men to suffer from GBDV (41%) compared to women (28%). The term gender-based domestic violence includes violence against women and girls by an intimate partner including a cohabitating partner, and by family members whether violence occurs within or beyond the confines of the home (UNICEF, 2014). The above shows a common thread which identifies men as the main perpetrators of violence within the family and intimate relationships while women and girl children are on the other hand the main victims.

Terry and Hoare (2010) comment that GBDV negatively impacts on all aspects of a woman's health such as physical, mental, sexual and; reproductive health and in some circumstances it may cause death. The family home has always been considered to be a place

of stability, affection and peace, yet for many women “home” is a place where they face a regime of terror (UNICEF, 2014).

In Africa, like elsewhere in the world, GBDV is a complex issue that has its roots in the structural inequalities between men and women that result in the persistence of power differentials between the genders. Women’s subordinate status to men in many societies, coupled with a general acceptance of interpersonal violence as a means of resolving conflict, renders women disproportionately vulnerable to violence at all levels of society: individual man within the family, in the community and by the state (United Nations Economic Commission (as cited in True, 2015). Lawoko (2008) is of the opinion that the African continent harbours some peculiar risk factors for GBDV that is culture-induced. As an illustration, wife-beating is widely justified by both men and women as normal, with women more likely to justify such grievous acts. Using a detailed analysis of DHS data for over 100 000 women from 15 countries in Sub-Saharan Africa, Cools and Kostadam (2014) find that women who believe that wife beating is justified are 7.9% more likely to be physically or sexually abused by a partner than those who reject the legitimacy of such violence. The findings by these two scholars indicate that the rate of violence is high in communities where wife beating is accepted in comparison to communities that do not normalise wife beating.

UNICEF (2000) maintains that violence against women in the domestic sphere cannot be separated from its social context, which reinforces and perpetuates sexist concepts and a discriminatory social order based on the historical production and reproduction of the gender system. Healey (1998) supports this view and describes GBDV as a situation where one partner in a relationship uses violent abusive behaviours in order to control and dominate the other partner. Healey further argues that men are unlike women in that men generally use multiple forms of abusive behaviour to dominate their partners, particularly through the use or threat of sexual and physical violence. The use of these abusive behaviours results from traditional beliefs of male superiority and privilege whereby men believe that they have the right to impose their will and expect servitude from their female partner (Healey, 1998). It is clear from the scholars’ views that GBDV is influenced by society and traditional beliefs which are practised in most African cultures. These traditional beliefs promote the use of violence against women as a means to show men’s superiority over women.

While anyone can be a victim of gender-based domestic violence, literature on family and home shows that women and girls are the most vulnerable targets as they are perceived to

be relatively defenceless. While it is true that many GBDV acts are directed towards women, there is evidence that men have also been victims of such abuse Christian (as cited in Djamba & Kamina, 2015). Although women can be violent in relationships with men, often in self-defence and violence sometimes occurs in same sex partnerships, the most common perpetrators of violence against women are men intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintance's than by someone close to them (World Health Organisation [WHO], 2012). Cooperative for Assistance and Relief Everywhere [CARE], (2013) concurs and states that though women and girls are overwhelmingly the targets of GBDV men and boys can also be subject to it, especially if they are perceived to be acting outside the prescribed social norms for men. It is estimated that of all women who were the victims of homicide globally in 2012, almost half were killed by intimate partners or family members, compared to less than 6 per cent of men killed by their partners in the same year (United Nations Women, 2015).

2.3. GBDV as a Global Issue

According to USAID (2016) the global prevalence of GBDV is staggering. Women and girls are affected disproportionately. Available statistics at national, multinational and global levels set the context and make a compelling case that cannot be ignored. Available evidence shows that intimate partner violence and non-partner sexual violence are highly prevalent and documented forms of GBDV that women face around the world (USAID, 2016). Global estimates published by the WHO (2013) indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their life.

Globally it is reported that as many as 38% of murders are committed by a male intimate partner (WHO, 2016). In another 2013 analysis conducted by WHO with the London School of Hygiene and Tropical Medicine and the Medical Research Council, based on existing data from 80 countries, found that worldwide almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by an intimate partner. The prevalence estimates range from 23.3% in high income countries and 24.6% in the Western Pacific region and 37% in the Eastern Mediterranean region and 37.7% in the South East Asia region. In addition to intimate partner violence, 7% of women globally report having been sexually assaulted by someone other than a partner (WHO, 2016).

2.3.1. GBDV as a Societal Issue

Gender-based domestic violence has its roots in socially sanctioned male domination of women and women's low status. Societal factors include the cultural acceptance of wife battering and male dominance in every aspect of domestic and community life, including decision-making processes and factors of economic production (Fatusi & Oyeledum, 2002). Spreachman (2013, p9) holds the view that "Gender-based domestic violence is often hidden from view and perpetrators are rarely brought to justice. Even in countries where violence against women is prohibited under law, such acts can go unreported or unaddressed since society views GBDV as acceptable and chooses to stigmatise and blame women survivors".

Women and girls continue to be the main targets of GBDV because, throughout the world, social norms perpetuate second class status for women and place restraints on their social power. At the same time, men and boys are encouraged to exercise power in society and to be prepared to use violent means (Spreachman, 2013). Spreachman (2013) further highlights that threats, harassment, actual violence or fear of violence in collusion with gender-specific notions of honour and virtue constrain women's mobility. This limits women's livelihood opportunities, ability to access education and health services and participation in political processes. Thus GBDV can perpetuate poverty and impede development in all aspects of the women's lives. Furthermore, in some countries, women say that the social unacceptability of being single or divorced poses an additional barrier that prevents women from leaving destructive marriages (Fatusi & Oyeledum, 2002).

2.3.2. Definition of GBDV

The term gender-based domestic violence is used in many countries to refer to partner violence but the term can also encompass child or elder abuse or abuse by any member of the family (WHO, 2012). Furthermore, the terms gender-based domestic violence and violence against women are used interchangeably but are not synonymous. The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence as: "Any act of gender-based violence that results in the physical, sexual or psychological harm or suffering to women including threats of such acts as coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. The declaration encompasses all forms of gender-based domestic violence against women (physical, sexual and psychological), as occurring in the family, within the general community and violence perpetrated or condoned by the state". The United Nations Development Programme [UNDP] (2009) defines gender-

based domestic violence as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females.

From a feminist perspective, GBDV is seen as a result of a patriarchal society and the unequal distribution of power that has historically oppressed women. It is primarily about power by men, who believe they have a right to control women (Seeley & Plunket, 2012). In spite of the differences in the scholars' definition of GBDV, what is common in all their views is that GBDV is viewed as an act of violence that uses force to inflict harm on the victim which usually takes place in the context of the home and is influenced by unequal power relations between men and women. Furthermore the WHO (2012) definition further highlights that GBDV does not only occur in intimate partner relationships but also encompasses child or elder abuse.

2.4. Prevalence of gender-based domestic violence among women

Global studies suggest that Africa has some of the highest rates of physical and sexual intimate partner violence (IPV) and non-partner sexual violence in the world, with 45.6% of women experiencing one or more episodes of this kind of violence in their lifetime, compared to a global average of 35% (Mpani & Nsibande, 2015). The high rates of violence in Africa could be attributed to the wide acceptance of violence by both women and men.

Within the Southern African Development Community (SADC) region, violence which is committed against women and girls is escalating at an alarming rate causing severe implications not only on the victims of violence but also on their families, communities and country as a whole as it hampers development. According to Gender Links (2015) GBDV remains one of the most telling indicators of gender inequality. Despite the several constitutional and legislative advances in gender equality in the SADC region, levels of GBDV remain exceptionally high in all countries. In a baseline study of six countries by Gender Links (2015) on violence against women, findings reveal that GBDV was pervasive across the region. Zambia's four provinces had the highest prevalence rate at 89%. 86% of women in Lesotho, 68% of women in Zimbabwe, 67% in Botswana, 50% in South Africa's four provinces which are Gauteng, Limpopo, Western Cape and KwaZulu Natal had experienced GBDV while Mauritius had a prevalence rate of 24% (Gender Links, 2015). Findings from the same study also revealed that the most prevalent form of violence was

emotional violence which is barely featured in police statistics. In a review of seven (Cameroon, Kenya, Malawi, Rwanda, Zambia and Zimbabwe) countries in Sub-Saharan Africa by the Demographic Health Survey (DHS) findings reveal that the percentage of women of reproductive age who had reported experiencing physical violence since the age of 15 was high. The rate ranged from 30% in Malawi, Rwanda and Zimbabwe, to around 50% in Cameroon, Kenya and Zambia, the highest was Uganda at 60% (Mejei et al., 2014).

2.5. International Human Rights Instruments against GBDV

Comprehensive legislation is fundamental for an effective and coordinated response to violence against women. As a result, States have clear obligations under international law to enact, implement and monitor legislation addressing all forms of violence against women (Mann & Gruskin, 2014). Therefore Namibia is a signatory to the following international human rights instruments which are relevant to GBDV:

- UN Convention on the Elimination of all Forms of Discrimination against Women (CEDWA) 1979.
- The Declaration on the Elimination of Violence against Women (1993).
- The Beijing Declaration and Platform for Action (1995).

2.5.1 The UN Convention on the Elimination of all Forms of Discrimination against Women

On 18 December 1979, the Convention on the Elimination of All Forms of Discrimination (CEDWA) against Women was adopted by the United Nations General Assembly and came into effect in 1981. By the tenth anniversary of the Convention in 1989 almost 100 nations had agreed to be bound by its provisions. CEDWA is commonly referred to as the international bill of rights for women. It defines what constitutes discrimination against women and girls and sets out a comprehensive framework for tackling gender inequality. In its preamble, the Convention explicitly acknowledges that “extensive discrimination against women continues to exist”. The Convention emphasises that such discrimination violates the principles of equality of rights and respect for human dignity. As defined in **Article 1**, discrimination is understood as “a distinction, exclusion and restriction made on the basis of sex in the political, economic, social, cultural, and civil or any other field”. The Convention gives positive affirmation to the principle of equality. It requires States parties to abide to the principle of equality by taking all appropriate measures,

including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on the basis of equality with men (**Article 3**) (United Nations, 2012).

2.5.2 The Declaration on the Elimination of Violence against Women (1993)

In accordance with the Vienna Declaration, the General Assembly adopted the Declaration on the Elimination of Violence against Women by consensus on December 20, 1993 (resolution A/48/104). This Declaration became the international instrument explicitly addressing violence against women, providing a framework for national and international action (United Nations Women, 2016).

2.5.3 The Beijing Declaration and Platform for Action (1995)

The Beijing Declaration and Platform for Action is a global commitment to achieving equality, development and peace for women worldwide. It was adopted in September 1995 at the World Conference for Women. It builds upon a consensus and progress made earlier at UN conferences, particularly the Conference on Women in Nairobi in 1985. It still remains the most comprehensive global policy framework and blueprint for action today. The Beijing Declaration and Platform for Action is also the current source of guidance and inspiration to realise gender equality and the human rights of women and girls across the world (United Nations Women, 2015).

The Platform for Action covers 12 critical areas of concern that are as relevant today as 20 years ago, these are poverty, education and training, health, violence, armed conflict, economy, power and decision making, institutional mechanisms, human rights, media, environment and the girl child. For each critical area of concern, strategic objectives are identified, as well as a detailed catalogue of related actions to be taken by governments and other stakeholders, at national, regional and international level (United Nations Women, 2015).

Most countries are signatories to the international human rights instruments which were enacted to ensure gender equality and protect women and girls' rights in all aspects of their lives, including prevention from violence. However, evidence suggests that there are challenges in the implementation of these instruments as GBDV against women and girls is on the increase. Sepulveda (as cited in Gulu, 2010) asserts that one of the greatest limitations

of human rights framework is that the implementation process of human rights is left entirely in the hands of the states and its political will, although originally the idea of basic rights originated from the need to protect the individuals from state power. States may not be able to do the implementation since GBDV against women is considered a lesser priority than poverty, peace and stability Sepulveda (as cited in Gulu, 2010).

2.6 Legal and policy instruments of gender-based domestic violence in Namibia

According to Gender Links (2016) Namibia has strong laws in GBDV as well as services available to its survivors. As a signatory to various international and regional instruments such as the UN Convention on the Elimination of Discrimination against Women (CEDAW), The Protocol of the African Charter on Human and People's Rights of Women in Africa and the SADC Protocol on Gender Development, Namibia has committed itself to eliminate all forms of GBDV (Ministry of Gender Equality and Child Welfare [MGECW], 2010). The Namibian National Gender Policy (2010-2020) identifies GBDV as a major challenge to achieving gender equality. It stipulates the reduction of GBDV and protection of women and girls as one of thirteen major policy objectives. According to Sister Namibia (2014) to guide the implementation of this policy objective, the National Plan of Action on Gender-based domestic violence (2012-2016) was developed, with two key goals which are (i) to reduce the incidence of GBDV and (ii) to improve responses to GBDV.

However, Shevali (2016) argues that the National Plan of Action on GBDV highlights several challenges in addressing it in Namibia. The challenges included social dominance of men in many settings which is intensified by their stronger economic position in society. Namibia's Combating of the Rape Act (No. 8 of 2000) has been hailed as one of the most progressive laws on rape in the world. This legislation is characterised by a gender neutral definition of rape that uses less coercive circumstances to articulate the illegibility of a variety of sexual acts that can be persecuted using this Act (LAC, 2012). However, Matthews, Muinjangu, Nashandi and Rukambe (2014) argue that it has been noted in previous research that often women choose to withdraw rape cases for various reasons. They generally do not seek legal recourse because of inhibiting factors such as fear of being blamed for breaking up the family, fear of reprisals from the spouse, and shame about airing their personal affairs in public (Matthews et al., 2014). Another factor is the paradox that women usually blame themselves for the violence (Gordon, 1989). The scholars share the

same view that women are confronted with a variety of barriers which influence them to withdraw crimes of sexual assault which exacerbates their vulnerability to sexual violence as the perpetrators are not arrested and made accountable for their hideous actions.

Other studies conducted in Namibia indicate that many victims of gender-based domestic violence still experience problems when turning to the police including unsympathetic police attitudes, long response time, failure to provide follow up, inadequate investigations and the persistent police belief that domestic violence is a private matter (Sister Namibia, 2014). Similarly, sources indicate that where cases are reported in Namibia, there is lack of proper investigative work, withdrawal of cases, long length of time to conclude cases, family pressures, shame and bribery, all of which result in lack of action (Coomer, 2010). Even when these cases are reported the laws are too weak to ensure that justice take its course. Alleged perpetrators are often not convicted, people go out on bail just to go and commit even worse crimes Namises (as cited in Kahiurika 2016). The other reason why women do not report gender-based domestic violence is because of their lack of knowledge of the legal procedures required to lay a charge which further hinders women's opportunities of receiving the justice that they deserve.

The Combating of Domestic Violence (Act 4, of 2003) lays the foundation of addressing GBDV; it covers violence in a range of domestic relationships which include relationships between husbands and wives, parents and children boyfriends and girlfriends and close family members (LAC, 2014). This Act provides the mandate to create nationally available structures and procedures to allow survivors of GBDV to obtain a protection order from a magistrate's court which directs the abuser to stop the violence. It can also prohibit the abuser from having contact with the victim, or order the abuser to temporarily leave a common residence (Ministry of Gender and Child Welfare National Plan of Action 2012-2016). Despite the enactment of this Act, the situation on the ground indicates that its implementation has encountered administrative difficulties; significant problems have been identified with the application process for the Protection Orders as well as compliance with their provisions. Furthermore the Centre for Civil and Political Rights (2016) argues that in Namibia the prosecution rate of perpetrators is low and the Combating of The Domestic Violence Act (No 4 of 2003) is insufficiently enforceable, since protection orders may be issued by magistrates only, who are few and are only accessible during court hours.

Although Namibia has gone a long way in drafting policies to protect women, not much has been done to ensure effective implementation. Thomas (2007) argues that though Namibia has sufficient policies to address gender inequalities, the implementation of these instruments is yet to make significant impact on the lives of women. This is especially because of economic, institutional and cultural pressures. Iipinge and LeBeau (2005) concur with the above and argue that despite progressive policy and legal frameworks on gender, women still experience GBDV. Gender Links (2016) further elaborates that Namibia has strong laws on GBDV as well as services available to victims of GBDV. However, service providers have difficulty in administering these owing to lack of funding for the NGOs that provide them. Implementation remains a challenge. It is clear from the above views that whilst the scholars acknowledge the strong GBDV laws that Namibia has adapted to combat violence, they also highlight the ineffectiveness of these laws owing to challenges in their implementation.

2.7 Namibian context of gender-based domestic violence

The two most common forms of GBV in Namibia are domestic violence and rape, both of which disproportionately affect more Namibian women than men by over 90% (Sister Namibia, 2014). One of the reasons for the high prevalence of gender-based domestic violence in Namibia is the widespread cultural acceptance of violence perpetuated on the basis of gender (USAID, 2012). According to MGECSW report (2012) ‘Examples of GBDV in Namibia include domestic violence, rape and other forms of sexual abuse, sexual harassment at work and school, some forms of human trafficking, forced prostitution and early marriages. The issues around domestic violence in Namibia are multifaceted and complex; the most pervasive form of GBDV is domestic violence by an intimate partner’ (p.5). According to police reports the vast majority of victims of gender-based domestic violence are women 86 per cent and most of these crimes are perpetrated by men 93 per cent (LAC, 2014). A WHO multi-country study on Women’s Health and Domestic Violence against Women conducted in ten countries including Namibia, found that over one-third of women who had ever had partners in Namibia reported having experienced physical or sexual violence at the hands of an intimate partner at some point in their lives with 31 per cent reporting physical violence and 17 per cent reporting sexual violence (DHS Namibia, 2013).

In the Karas Spousal Empirical Study conducted in 1997 on spousal abuse, data was collected from 130 self-identified victims and 27 perpetrators. Victims interviewed reported a

variety of forms of physical abuse. More than half said they had been threatened with a serious weapon, while one in five highlighted that the partner had tried to murder them, while one quarter of the victims reported to being forced to have sexual intercourse (LAC, 2012). According to the statistics released by the Namibian Police GBDV division, about 50, 000 crimes related to GBDV were reported between 2014 and 2016 with the Khomas region being described as the GBDV capital. In 2016 alone, statistics from the Namibian Police showed that more than 2,000 cases of gender-based domestic violence were reported in the country (Nhongo, 2017). There have been numerous cases in Namibia where violence between intimate partners ends with murder of one of the partners, sometimes followed by the suicide of the abuser. Such murders sometimes arise from jealousy or revenge or a refusal on the part of the abuser to accept the end of a sexual relationship (Kahiurika, 2016).

The CIET Soul City Study conducted in eight countries in Southern Africa in 2002, which included both men and women, sought to find the physical (non-sexual) forms of abuse which had occurred during the 12 months prior to the survey. The study found out that in Namibia 15 per cent of the 1 167 men and 17 per cent of the 1 465 women surveyed reported violent arguments during the previous year where a partner had beaten, kicked, or slapped them. However, this study found no correlations between violence and education levels or overall household income. Although the majority of respondents considered gender-based domestic violence to be a serious problem and more than half believed their community had power to do something about the problem, many respondents had never spoken to anyone about the issue (LAC, 2012).

In a WHO 2005 multi-country study on Women's Health and Domestic Violence against women from which data were collected from 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand and Tanzania). Of the ten countries studied, Namibia was in the middle of the overall range for physical and emotional abuse, but in the lower end range in respect of sexual violence. The findings revealed that Namibian women reported higher percentages of serious injuries than women from the other countries studied. This study also found that violence against women by an intimate partner is more common than violence against women by other persons in Namibia than in the other countries studied (DHS Namibia, 2013).

In 2007/2008 the Ministry of Gender Equality and Child Welfare commissioned an Empirical Study on Knowledge, Attitudes and Practices on traditional practices that may

perpetuate GBDV in Namibia, from which data was collected from the eight northern regions of Namibia. The study found that 41 per cent of the female respondents and 28 per cent of male respondents had experienced physical or sexual violence from an intimate partner at some point in the previous seven or eight years, while those who were subjected to mental abuse were 59 per cent females and 58.8 per cent males. Sixteen per cent of females and 4 per cent of males reported that they had suffered injuries as a result of physical or sexual violence from an intimate partner during the last 12 months of the survey (MGEWCW, 2012). Among those interviewed married women were significantly more likely to have been subjected to gender-based domestic violence than single women regardless of age (LAC, 2012). The study had similar findings with the WHO 2005 multi-country study regarding the general prevalence of intimate partner violence against women, but found a much higher level of violence during pregnancy with 18 per cent of women who had ever been pregnant reporting physical violence from an intimate partner during pregnancy. According to Burch and Gallop (2004) some studies have found that the frequency and severity initiated by intimate male partners against women is higher when those women are pregnant.

Although the Combating of Rape Act (No 8 of 2000) was enacted 17 years ago, rape continues to be on the rise in Namibia. According to Gender Links (2015) in the year 2012, 1 397 rape and attempted rape cases were recorded. Sixty eight per cent (945) out of those were adult females and 29 per cent were females under the age of 18. Out of the 1 397 recorded cases, 16 were adult men and 27 boys under the age of 18. Gender Links (2015) further elaborates that to fully comprehend the situation regarding rape in Namibia it is important to know who commits rape. About 12 per cent of all rape cases were committed by a stranger. 11 per cent cases examined involved perpetrators who had committed rape many times. More than 99 per cent of the perpetrators were male, 13 per cent of those were young men under the age of 18. The above statistics indicate that, despite the legislative framework aimed at combating rape in Namibia, women and girls continue to experience gross violations to their human rights as a result of rape perpetrated by men known to them. One of the reasons to the high statistics could be attributed to the low conviction rates of perpetrators.

Recent statistics provided by the Deputy Inspector-General Major- General James Tjivikua of the Namibian Police (Nampol) 1 038 rape cases and 2 010 attempted rape cases were reported to the police between January 2015 to November 2016 (Nhongo, 2017). Gender Links (2015) comments that overall only 16 per cent of the perpetrators accused of

rape or attempted rape are convicted. Approximately one-third of the complainants requests withdrawal because in almost two-thirds of these cases, the rape perpetrator is the partner, a family member or an acquaintance of the complainant. Gender Links (2015) further notes that the conviction rate for rape cases is low, partly because approximately 20 per cent of all rape cases are withdrawn at the request of the complainant. The three most common reasons for rape case withdrawal are resolving the case by means of compensation from the rapist or his family, family pressure and shame. In some areas, compensation is likely to be administered by a traditional chief and is paid in the form of livestock. In other places, compensation is more likely to take the form of a sum of money that is agreed between the families of the complainant and the accused (MGE CW, 2012). The other reason victims do not report rape cases could be as a result of fear from being threatened by the perpetrator with death or further sexual violence. Furthermore marital rape is a common feature in most marriages in Namibia owing to the perception of husbands that their wives are their property or chattel. This is aligned to the traditional practice among many ethnic groups in Namibia of paying ‘lobola’ (or bride price). What is common in the views presented above is that women face various barriers in reporting sexual violence which may lead to underreporting and may cause perpetrators to escape from being punished for their crimes.

2.8 CATEGORIES OF GENDER- BASED DOMESTIC VIOLENCE

Gender-Based Domestic Violence includes a range of aspects that can be subtle or obvious, including but not limited to physical abuse, psychological abuse, economic abuse, and sexual abuse (Haar, 2013). It is well documented that battered women do not experience only one type of gender-based domestic violence, but often experience multiple types of violence concurrently.

2.8.1 Physical abuse

Physical violence is the intentional use of physical force with the potential of causing death, injury or harm. It includes actions such as slapping, hitting, choking, pushing, punching, biting and threatening or actually using a weapon (gun, knife) against another person. Physical abuse usually escalates over time and may end in a woman’s death (Heise et al., 2000). According to the World Bank (as cited in Nakray, 2013) women who are physically abused are likely to suffer from bruises, abrasions, cuts, and bites, more serious to the eyes and ears, fractures or broken teeth, facial injuries, chronic pain and back pain. In addition (Golding 1996) states that “Women who have been abused also tend to experience

poorer physical functioning, more physical symptoms, and more days in bed than women who have not been abused” (p.113). The scholars share the same views on physical violence and they highlight that physical violence is detrimental to the victim’s health and depending on its severity may cause death of the victim.

2.8.2 Sexual abuse

Jewkes and Abrahams (2002) argue that for many women and girls, sexual coercion and abuse are defining features of their lives. Forced sexual contact can take place at any time in a woman’s life and includes a range of behaviours, from forcible rape to non-physical forms of pressure that compel women and girls to have sex against their will. Sexual violence like other forms of violence is a serious public health and human rights concern with both short and long term consequences on women’s physical, mental and sexual reproductive health. Whether sexual violence occurs in the context of an intimate partnership, within the larger family or community structure, or during times of conflict, it is a deeply violating and painful experience for the survivor (WHO, 2002). Moreover this type of violence involves any sexual act, or attempt to obtain a sexual act, unwanted sexual comments or advances using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to the home and work. Sexual abuse includes rape, defined as physically forced or otherwise coerced penetration ... of the vulva or anus, using a penis or other body parts or an object Jewkes, Sen & Moreno, (as cited in Sanjel, 2013). Ganley (1998, p.23) declares that “victims may be coerced or forced to perform a kind of sex they do not want (for example sexual activities they find offensive, verbal degradation during sex and viewing sexually violent material)”.

Research studies have clearly established that sexual violence in ‘paid’ and marital contexts play an important role in deepening women’s vulnerability to HIV/AIDS; the violence also worsens after the illness is diagnosed (Silverman, 2010). Abraham (1999) comments that sexual assaults may not be easily disclosed because of intense feelings of fear of further trauma from the abuser, lack of confidentiality, embarrassment, stigmatisation and not being believed, fear of retaliation from the abuser and shame. Equally, cultural acceptance of violence, including sexual violence as a private affair, hinders outside intervention and prevents those affected from speaking out and gaining support (Adewele, 2007). Perpetrators of sexual violence are most commonly known to the victims, and are

often an intimate partner or, in the case of child abuse, a trusted family or community member (Dartnell & Jewkes, 2013).

2.8.3 Psychological abuse

Physical abuse of women in the absence of psychological abuse is virtually non-existent. Psychological abuse generally precedes physical abuse, both during the course of the relationship and in escalation of particular incidents. According to Tracy (2016) psychological abuse, like other forms of abuse, tends to take the form of a cycle. In a relationship, this cycle starts when one partner emotionally abuses the other, typically to show dominance. The abuser then feels guilt, but not about what he has done, but more over the consequences of his actions. Different types of psychological abuse such as recurrent criticism and ridicule, threats, verbal aggression and acts of isolation, control and domination are found to be interrelated, suggesting that most abusive men have a repertoire of emotionally abusive methods (O'Leary, 1999).

Furthermore, Saunders (2015) concurs and says that when an abuser verbally demeans his partner by yelling or name calling, they do so not simply out of anger, but specifically as a means of establishing power and control. In addition for some women, the incessant insults and tyrannies which constitute emotional abuse may be more painful than the physical attacks because they effectively undermine women's security and confidence (WHO, 2001). For most abused women constant criticisms that attack their dignity may force them to remain in the abusive relationships. However, for these women it is not the bruises or sores that remain but the emotional burden created by these experiences. The social and psychological consequences of their experiences with GBDV are something that these women carry with them their entire lives (Graaf, 2016). Heggen (1993) argues that as victims adapt to abusive behaviour, the verbal or psychological tactics can gain a strong 'foothold' in victims' minds making it difficult for them to recognize the severity of the abuse over time. Furthermore, the experience often erodes women's self-esteem and puts them at greater risk of a variety of mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse (Heise, Ellesburg & Gottomoeller, 1999). In spite of the different views expressed by the scholars they share a common understanding that abusers use a variety of psychological tactics to establish power and control in their relationships, which places women at high risk of developing mental health problems which they may live with for the rest of their lives.

2.8.4 Economic abuse

Finally; economic abuse against women happens when their intimate partner/husband controls the family's access to resources such as food, clothing, shelter, and health care. Women may also be prevented from becoming financially self-sufficient as a way to maintain power and control; women may be forced to account for all money that they spend (Ganley, 1998). The role of economic abuse in relationships is to control and manipulate women by creating dependence on men and obstructing women's escape. It has a long term impact on women after leaving the relationship (National Domestic and Family Violence, 2017). Like other forms of violence, economic abuse is a gendered issue. The majority of victims are women while the majority of the perpetrators are men (Ganley, 1998). Von de Linde (2002) notes that to establish a state of economic dependence, an abuser might take control of a woman's resources by preventing her from obtaining and maintaining employment outside the home, causing her to be absent from her job or even lose her job by showing up at her work place regularly. In addition to creating financial dependence, economic abuse creates a hostile environment where the abused woman is continually psychologically distressed and anxious about material or financial issues. Furthermore, Adams, Sullivan, Bybee and Greenson (2008) undertook research with survivors of partner violence and found that higher levels of economic abuse were significantly related to higher levels of physical and psychological abuse.

2.9 CAUSES OF GENDER –BASED DOMESTIC VIOLENCE

2.9.1 Cultural causes

The predominance of the system of patriarchy in Africa has meant that women are still perceived of and treated as subordinate to men; violence against women is accepted as a cultural norm in many societies and is often condoned by the community (ACGSD, 1995). Many societies are fundamentally patriarchal, with men given greater value than women and accorded privileges including power over women's behaviour, entitlement with respect to marital and extra marital-sex, and command of the political and economic sphere (Jewkes & Morrell, 2012). They further state that the roles assigned to women in conjugal life are based on submission, dependence and acceptance of the indisputable authority of the man and the various norms and behaviour patterns that limit women's development. Namibia being a patriarchal society is also characterised by the patriarchal male domination in the home (Mathews et al., 2014). Spreachman, (2013) asserts that the influence of entrenched social

norms that uphold patriarchal attitudes towards women and girls presents challenges to ending gender-based domestic violence. Broad cultural values and beliefs that may contribute to gender-based domestic violence include factors such as masculinity linked to dominance or toughness, male entitlement and ownership of women and the physical chastisement of women (WHO, 2004).

2.9.2 Masculinities and Gender- Based Domestic Violence

Gender-based domestic violence is connected to dominant notions of what it means to be a man. Connell (2005) argues that masculinity is not a fixed entity embedded in the body or personality traits of an individual but rather involves configurations of practice that are accomplished in social action and therefore can differ according to the gender relations in a particular social setting. The most visible form of masculinity is often referred to as 'hegemonic' masculinity. Connell (2005) emphasises that although these hegemonic forms of masculinities are used as a marker for men's individual behaviours and beliefs, they also shape dominant social norms and values. Hegemonic masculinities are supported and reinforced by complicit masculinities which sanction hegemonic forms of masculinity out of fear even though they may not share its fundamental premise of domination. As such hegemonic masculinity is normative, and requires all other men to position themselves in relation to it (Connell & Meserchmidt, 2005).

A number of masculine gender norms facilitate gender-based domestic violence, including the pressure to deal with problems through violence, the pressure to consume alcohol and the notion that it is acceptable for men to control and dominate their partners. Throughout sub Saharan Africa, marriage and sexual unions have long been managed through strong patriarchal traditions and institutions (McCloskey, 2005). Jewkes and Morrell (2012) argue that research with violent men suggests that the risk of partner violence is highest when narratives of what it means to be a man in a society are linked to toughness, male control of women, husband as breadwinner and heterosexual performance. Jewkes and Morrell (2012) further maintain that it is the dominant construction of masculinity, reinforced through a complex web of legal, material and cultural processes that unites these desperate behaviours.

According to Connell and Meserchmidt (2005) hegemonic masculinities are more often than not built upon and generate systems of power inequalities and imbalances between men and women. It is this very system through this notion of hegemonic masculinities that

uses violence as a means to ensure that these power imbalances stay in place. Gender-based domestic violence becomes a means to solidify relations of domination that uphold this structure of inequality (Connell & Meserchmidt, 2005).

2.9.3 Economic Disadvantages of Women

Adeweale (2007) comments that there are inter-linkages between several factors relating to woman's socio-economic status and an increased risk of abuse, such as poverty, inequality between partners, relative isolation, and unemployment. A Food and Agricultural Organisation (FAO) study which was conducted in the Oshana, Ohangwena, and Caprivi regions of Namibia found that lack of economic independence, lack of support from their birth families and cultural disapproval of divorce were factors which made women reluctant to leave. In addition Heise (1998) states that where women have low status they often lack the necessary perceptions of self-efficacy and social and economic ability to leave a relationship and return to their family or live alone, and thus are severely curtailed in their ability to act against an abuser. In gender-unequal situations women often lack access to household income and have less control of household resources (Haar, 2013). Also, this country has a long history of social inequality. Many of the challenges currently facing women in Namibia have been influenced by the historical imbalance of power between men and women, social, structural, poverty, unemployment and HIV (UNDP, 2010).

2.10 FACTORS THAT PERPETUATE GENDER- BASED DOMESTIC VIOLENCE

2.10.1 Increasing levels of poverty

Terry and Hoare (2010) assert that "There is an increasing body of literature showing the links between poverty, gender inequality and violence against women. Other studies have linked a rise in violence to the destabilization of economic patterns in society, macro-economic policies such as structural adjustment programmes, globalisation and the growing inequalities have been linked to increasing levels of violence, increases in poverty, unemployment, hardship income inequality and stress"(p.128). Terry and Hoare (2010) further highlight that studies show that in poor households where the male partner cannot find work, such unemployed men feel that their status is undermined and this may lead to the use of violence against their spouse to impose their authority. Heise (1998) concurs with the above and says that other qualitative studies have demonstrated how economic and social

dislocations can de-stabilise the existing gender order and lead to increase in physical and sexual partner violence. For example, men who cannot fulfil expected male roles and responsibilities as head of household and breadwinner, feel disempowered and humiliated, leading them to 'seek comfort in other women' and to reassert power and dominance in the one realm they still control – the family (Heise, 1998).

2.10.2 Witnessing gender-based domestic violence as a child

Childhood experiences of violence in the home reinforce the normative nature of violence for both men and women, thus increasing the likelihood of male perpetration and women's acceptance of violence (Heise, 1998). There has been a proven correlation between children that have been exposed to domestic violence and those go on to abuse their own families when in other relationships (Nixon, 2013). Similarly children who have witnessed domestic violence are more likely to be either the victim or perpetrator of violence in adult relationships (Faller, 2003).

Bancroft and Silverman (2000) assert that most experts believe that children who are raised in abusive homes learn that violence is an effective way to resolve conflict and problems. They may replicate the violence they witnessed as children, in their teen and adult relationships and parenting experiences. They further state that boys who witness their mothers' abuse are more likely to batter their female partners as adults than boys raised in non-violent homes (Bancroft and Silverman, 2000). According to the social learning theory violent behaviour is a learnt phenomenon. Bandura's (2001) model demonstrates that violent behaviour develops through observation and reinforcement. When applied to violence against women this theory is more often termed as intergenerational transmission of violence and it suggests that violence is learnt through socialisation practices in the family which serves as a training ground for violence and provides examples for imitation and role models (O' Leary, 1998).

2.10.3 Substance abuse

Excessive consumption of alcohol and other drugs has been noted as a factor in provoking aggressive male behaviour towards women and children in Namibia. A survey on domestic violence in Moscow revealed that half of the cases of physical abuse are associated with the husband's excessive alcohol consumption (Matthews, 2004). Furthermore studies from different parts of the world conclude that high levels of alcohol consumption increase

the risk of violence. Drinking at such high levels may also lead to many problems that, in turn, can become a breeding ground for violence. For example, if the father in the family spends all of the family's money on beer and liquor, he jeopardises the whole family's financial situation. For those already living in poverty the consequences can be devastating (Wannberg, 2010).

Freeman and Perry (2006) assert that research shows that domestic violence is five times higher in relationships where one or both partners abuse alcohol. Alcohol abuse among men as well as domestic violence is often a manifestation of an underlying need for power and control related to gender-based domestic violence distortions and insecurities. One study in Namibia revealed that male informants identified alcohol as a symbol of masculinity while female informants reported that men who did not drink alcohol were more valuable (Brown, Sorrel & Rafeli, 2005). Alcohol abuse also impacts negatively on communication between partners and increases the occurrence of arguments. In relationships like these, men are more likely to accuse their partner of disrespect or infidelity, depending on the circumstances in which the woman is drinking. The violence meted out against her may escalate if she tries to respond, challenges her partner's authority or fights back while she is drunk (Jewkes, 2002).

According to WHO (2009) societies that tolerate high rates of alcohol abuse and intoxication report stronger relationships between alcohol use and violence than those where drinking occurs moderately. Heisse (1998) comments that some researchers have noted that alcohol may act as a cultural "time out" for anti-social behaviour. This implies that men are more likely to act violently when drunk because they do not feel they will be held accountable for their behaviour. Furthermore, alcohol-related violence is considered more likely in cultures where many believe alcohol plays a positive role by helping people to shed their inhibitions. Here alcohol can be used as a justification for violent behaviour, or consumed to fuel the courage needed to commit violent crimes (Heisse, 1998). It is clear from the scholars' views that alcohol intoxication exacerbates violence that is perpetrated against women that it can also be considered a contributing factor to violence; furthermore alcohol may be used as an excuse to commit acts of violence against women. For some men heavy alcohol consumption represents toughness which is associated with power.

2.10.4 Pregnancy

Evidence suggests that there is an increased risk that gender-based domestic violence will begin in pregnancy and that it will intensify among women already experiencing it.

Sanjel (2013) argues that violence during pregnancy escalates during a woman's gestation with serious consequences not only for the woman, but also for the fetus and ultimately for the child's development. A US National survey found that whilst overall pregnant and non-pregnant women were equally likely to be physically assaulted by their partners, persistent violence was more likely for pregnant mothers (Adeweke, 2007). Violence during pregnancy has been associated with adverse pregnancy outcomes, such as low birth weight, premature labour, preterm delivery, miscarriage, foetal loss and maternal mortality (Campbell & Garcia-Moreno, 2004). A study in Mozambique notes that violence was the fourth largest cause of maternal deaths (Glassier, 2006). Some evidence suggests that women who suffer violence are less able to negotiate family planning or condom use; consequently, victims of GBV may experience higher rates of unintended pregnancies as well as vulnerability to sexually transmitted infections including HIV/AIDS (Garcia-Moreno, 2002).

2.10.5 Separation from partner

Separation from an abusive partner has been found to be a high risk factor for domestic violence. Although for many it brings relief from violence, for a significant minority it risks an escalation of violence and abuse (Keeber, 2014). The breakdown in men's control when their partners leave them and the perceived threat of abandonment may intensify efforts to regain and maintain control by fear which induces violence (Riggs, 2000). According to Baban (2013) where violence has occurred during the relationship, it is common for the perpetrators to continue or escalate the violence after the separation in an attempt to gain or reassert control over the victim or to punish the victim for leaving the relationship.

2.11 CONSEQUENCES OF GENDER- BASED DOMESTIC VIOLENCE

2.11.1 Children

Gender-based domestic violence has particularly serious repercussions for children who live in households where it is habitual. Abused women say that their children become nervous, irritable and fearful, do poorly in school and are often abused by the father or the women themselves (WHO, 2012). Furthermore, studies indicate that boys who witness the abuse of their mothers are three times more likely to grow up to be abusive than boys who have not witnessed such domestic violence (UNICEF, 2000).

2.11.2 Women's health

Gender-based domestic violence has a significant impact on the health and well-being of women both in the immediate and longer term, continuing even after the relationship has ended (WHO 2012). Gender-based domestic violence against women leads to far reaching physical and psychological consequences, some with fatal outcomes (UNICEF, 2000). The individual women who are victims of such violence often experience life-threatening emotional distress, mental health problems and poor reproductive health as well as being at high risk of acquiring HIV (WHO, 2012). Gender-based domestic violence and the threat of violence impact women's abilities to exercise control over their own bodies. Their fear of the partner's violent reactions mean that they are less able to negotiate family planning or condom use, and hence face higher risk of unwanted pregnancies and sexually transmitted infections, including HIV and AIDS (Kabeer, 2012). According to UNICEF (2000) survivors report that on-going psychological violence, emotional torture and living under terror is more unbearable than physical brutality, with mental stress leading to a higher incidence of suicide and suicide attempts.

2.12 THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

Feminist theories are now becoming the dominant explanatory models for understanding domestic violence against women. This is because of their major strengths in the praxis of advocacy approach. Feminist theory focuses on the uneven distribution of power that men hold over women in society. According to the feminists, violence is the ultimate expression of male dominance over women, and therefore domestic abuse and sexual violence are manifestations of dominance and exploitation (D'Unger, 2005). Patriarchy is a cardinal concept of the feminists who define it as a system of social structures, and practices by which men dominate and oppress women (Walby 2011). According to French (as cited in Walby, 2011) patriarchy is the manifestation and institutionalisation of male dominance over women and children in the family and the extension of male dominance over women in society in general. It implies that men hold power in all important institutions of society and women are deprived of such access to power. Despite much diversity amongst feminist theorists, one central tenet is that the vast majority of societies around the world are structured in patriarchy. There are two necessary elements of patriarchy: social structures that define and reinforce a superior position for men, and an ideology that serves to legitimate this arrangement (Dobash & Dobash, 2005).

The feminists argue that it is common for batterers to take advantage of the family in terms of decision-making, establishing the rules, disciplining disobedient wives and children as well as correcting unsatisfactory performance of duties (Brown & Herbert, 1997). According Yllo and Bogard (1988) the explanatory utility of the constructs of gender and power, men in general have power over women and can potentially use violence to subordinate them. Wife abuse or battering reinforces women's passivity and dependence as men exert their rights to authority and control (Yllo & Bogard, 1988). The feminists contends that such violence is normalised through the lack of public resistance to this category of crime and also contends that women themselves begin to see this type of treatment as typical and acceptable because no contrary opinion is noted, particularly in the lives of those girls who are socialised within an abusive home (D'Unger, 2005).

The central focus of the feminist approach is on women's victimisation as a social problem and the need to address the patterned, continuing and harmful use of psychological and physical coercion to control and dominate women (Gelles, 1993). Johnson, Ollus and Navala (2008) concur with the above view and maintain that feminist theories explain domestic violence within the context of socio-economic and legal structures and practices that historically have fostered male privilege and women's dependence on male partners. Johnson et al. (2008) further state that feminist theories maintain that gender-based domestic violence occurs on a scale that is possible only in a social context that defines women as subordinate to men. Parker and McFarlene (1991 p. 63) argue that "physical abuse of women specifically is central to women's condition and oppression" and as such the application of feminist principles to the proposed study was deemed to be appropriate, and could be used as a framework to make sense of the findings. Feminist theory in domestic violence emphasises gender and power inequality in opposite sex relationships. It focuses mainly on the societal messages that sanction a male's use of violence and aggression throughout life and the prescribed gender roles that dictate how men and women should behave in their domestic relationships (Pence & Paymar, 1993). In addition, masculinity is often characterised as being authoritative and controlling of women. For example, it is posited that those with more traditionally masculine identities are expected to be more violent and show a range of aggressive traditionally masculine behaviours (Wooden & O'Leary, 2009).

Dobash and Dobash (2005) hold the view that violence against women involves the use of coercive control, which focuses on power and control by males which they exert over

females. This power and control, occurs at both societal level and in the context of the home and the family. At the societal level this can be seen as males occupying positions of power and control in government, religious organisations and society in general. In other words, violence against women is one manifestation of a system of male dominance that has existed historically across cultures (Yallo & Straus, 1990). Dobash and Dobash (2005) further argue that just as males dominate females at the societal level, this also occurs in the context of the family and the home. Abuse is viewed as a consequence of a culture that supports the domination of men over women through sexism and economic inequality (Dutton, 1994). According to Schneider (2000) feminist theory incorporates the notion that economic inequalities between men and women contribute to the legitimisation of male domination and abuse of females. Economic and social processes operate directly and indirectly to support a male-dominated social order and family structure. Proponents of feminist theory acknowledge that women can also be violent in their relationships with men; however they simply do not see the issue of women abusing men as a serious social problem, and therefore, it does not deserve the same amount of attention or support as violence against women (Kurz, 1997).

2.13 CONCLUSION

In this chapter the researcher gave a background to gender-based domestic violence among women and girls. The researcher reviewed the prevalence and the Namibian context of gender-based domestic violence. The international human rights instruments, the legal and policy instruments in Namibia which protect women against GBDV were highlighted. The definitions of gender-based domestic violence were noted and discussed. The causes, categories, consequences and factors that perpetuate gender-based domestic violence were pointed out. The feminist theoretical framework was used to guide this study with special focus on radical feminist theory. In the following chapter the researcher discusses the research methodology used for this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology and outlines the research question, primary aim, secondary objectives while making specific reference to the research approach. The chapter also explains the study population, the sample, sampling procedures, research instrument and pretesting. The data collection methods, data analysis and ethical considerations are also discussed.

3.2 RESEARCH QUESTION

The research question for this study was: What are the experiences of gender-based domestic violence among unemployed women in Havana Informal Settlement (Windhoek)?

3.3 PRIMARY AIM

The primary aim of this study was to explore the experiences of gender-based domestic violence in the home by unemployed women in the Havana Informal Settlement (Windhoek).

3.4 SECONDARY OBJECTIVES

1. To gain an insight of unemployed women's experiences of gender-based violence.
2. To determine the participants' understanding of the causes of gender-based domestic violence among unemployed women.
3. To assess the social and cultural factors that perpetuates gender-based domestic violence among women.
4. To explore the available resources that women use to cope with their experiences of gender-based domestic violence.
5. To ascertain if participants are aware of any laws that aim to protect women who experience gender-based domestic violence in Namibia.

3.5. RESEARCH STRATEGY

For the purpose of this study a qualitative research approach that is exploratory in nature was used. Patton (2002) defines qualitative research as attempting to understand the unique interactions in a particular situation. In selecting a research strategy the nature of the perceived connection between theory and research implied by the research question, as well as epistemological and ontological considerations, will be influential, as quantitative and qualitative research strategies differ greatly (Bryman, 2004). The researcher used this approach to capture the lived experiences of the participants. Thus qualitative researchers study phenomena in terms of the meanings people bring to them in particular social contexts and historical times (Marshall & Rossman, 2006). According to Robison (2002) qualitative approaches are constructionist, an approach which understands reality as being socially constructed. This approach was also chosen by the researcher since the topic dealt with sensitive issues, traumatic events of the past were recalled in the interviews, which were consistent with an interpretivist epistemological position.

The qualitative approach has certain characteristics that distinguish it from quantitative approach. Padgett (1998) summarised the characteristics of qualitative research as follows: qualitative research is inductive, it is naturalistic, and it takes place in uncontrolled conditions, it is holistic, it uses thick descriptions, it is dynamic in reality, it uses the researcher as a key instrument of data collection and categories result from data analysis and bricolage.

The strengths of the qualitative approach include: obtaining a more realistic view of the lived world that cannot be understood or experienced in numerical data and statistical analysis, allowing the researcher to describe existing phenomena and current situations, yielding results that can be helpful in pioneering new ways to perform data collection, subsequent analyses, and interpretation of collected information and creating a descriptive capability based on primary and unstructured data (Denzin & Lincoln, 2000). However, Sharan (2009) identifies limitations of qualitative research as the possibility of the researcher drifting away from the original objectives of the study in response to the changing nature of context under which the research is conducted, replication of study is difficult, data gathering and analysis is often time-consuming and lastly it requires a high level of experience from the researcher to obtain the targeted information from the respondent.

3.6 RESEARCH DESIGN

Focusing primarily on qualitative research, an exploratory research design was used for this study. Burns and Groove (2009, p.374) defines exploratory research as “research conducted to gain new insights, discover new ideas, and for increasing knowledge of the phenomenon”. The researcher explored the experiences of gender-based domestic violence among unemployed women by conducting in-depth face to face individual interviews which elicited rich detailed material that was used in the analysis of data. Exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for such a study could rise out of lack of basic information on a new area of interest, or in order to get acquainted with a situation so as to formulate a problem or develop a hypothesis (De Vos, Strydom, Fouche & Delport 2011). Furthermore, gender-based domestic violence is an area of concern that has gained more focus in the research arena; there is need for more exploration on the experiences of unemployed women in informal settlements.

3.7 POPULATION, SAMPLE AND SAMPLING PROCEDURE

3.7.1 Population

The population for this study were all the unemployed women residing in Havana Informal Settlement aged between 19-55 who had experienced gender-based domestic violence at one time in their lives. According to Polit and Beck (2004, p.6) population is defined as “the aggregate or totality of those conforming to a set of specification”. Havana informal settlement was chosen because it is one of the mushrooming informal settlements which is densely populated and has women from different cultural backgrounds living there. Havana, like most informal settlements in Windhoek, is characterised by poor living conditions such as poor access to basic sanitation and water supply, solid waste accumulation, recurrent shack fires, safety and security risks and a range of health hazards (Ndahafa, 2016).

3.7.2 Sample and sampling procedure

For this study the purposive sampling method which is a non-probability type of sampling was used. In non-probability samples, it is impossible to predetermine an appropriate sample size thus probability based selection is not feasible (Neuman, 2011). Robson (2002) asserts that sampling is linked with external validity, or generalisability of research findings, considered high in probability samples which allow results to be

generalised from the sample to the population. Rubin and Babbie (2011) stipulate that the nature of the subject under investigation places restrictions on the recruitment and selection of participants.

The sample consisted of fifteen unemployed women aged between 19-55, living in Havana Informal Settlement of Windhoek who had experienced gender-based domestic violence in the home at one time in their life. These women were affiliated to the Namibia's Women's Health Network, a Non-Governmental Organisation (NGO) which provides counselling services to survivors of GBDV. Saldana (2009) emphasised that samples in qualitative studies are generally smaller than those used in quantitative studies. This is for a number of reasons. Firstly the: occurrence of a piece of data or a code, is all that is necessary to ensure that it becomes part of the analysis framework. Secondly qualitative research is concerned with meaning and not making generalised hypothetical statements. Lastly qualitative research involves intensive work, thus analysing a large sample can be time-consuming and simply impractical.

The sampling criteria: involved selecting unemployed women between the ages of 19-55 who gave consent to take part in the study. These women were selected from members of support groups who receive counselling services from the Namibia Women's Health Network.

3.7.3 The sampling process

The researcher emailed the Director of Namibia Women's Health Network and requested a meeting with both the Director and all the women from marginalised communities who were affiliated to the organisation and were receiving counselling services. On a proposed date the researcher was introduced to the survivors of GBDV by the Director of the organisation. During the meeting the researcher clearly stated the purpose of the study and the objectives of the study. The interested participants were invited to remain behind when the meeting ended for the recruitment process which was conducted in the presence of the Director and the other employees of the organisation who provide counselling services to these women.

3.8 RESEARCH INSTRUMENT

In this qualitative study a semi-structured interview schedule with 12 open-ended questions was used flexibly to guide the interview. The semi-structured interview tool was

also chosen for this study as it enabled the researcher to gain a detailed picture of the participant's experiences of gender-based domestic violence. Wengraf (2004) concurs with the above and says semi-structured in-depth interviewing was chosen as a key method in the study because it offers the researcher an interactive approach as well as providing in-depth research data. Honey (as cited in Katsirikou and Skiadas 2010) comments that the semi-structured interview is the appropriate tool to capture the participant's thinking about a particular topic or domain where the answers given by the participant may induce the interviewer to move forward for in-depth questioning. After obtaining consent from the participants, the interviews were audio tape recorded and were transcribed verbatim. This is considered to increase the validity of qualitative research findings, as it enables the researcher to have a valid description of what they heard during the interview (Robson, 2002). Open-ended questions are used which define the area to be explored but allow the interviewer or interviewee to diverge so that particular areas can be followed up in more detail (Britten, 1995). Audio taping allows the interviewer to concentrate on what is being said, it is more inclusive than note taking. Audio tapes capture laughter, sighs, and other aspects of the interview that are vivid and revealing (Padgett, 1998). However, Kothari (2004) argues that semi-structured interviews also have a limitation in that the interviewer's behaviour, style and looks may discourage certain responses from the respondents.

3.8.1 Pre-testing of research instrument

The research instrument was pre-tested on five unemployed women who reside in the neighbouring informal settlement of Hakahana who had experienced GBV in the home and had also received counselling services from Namibia Women's Health Network. These women had the same characteristics in terms of age and unemployment status. Pre-testing of the interview schedule provided the researcher with an opportunity to determine whether the participants understood the questions and whether the questions were appropriate for eliciting information on the experiences of GBDV among unemployed women. This allowed the researcher to make an adjustment to the flow of the questions and to determine whether the estimated duration of the interview was well timed.

3.9 METHODS OF DATA COLLECTION

Interviews are useful data collection method for enabling respondents to give detailed responses about complex issues (Bowling, 2002). For the purpose of this study the researcher used a semi-structured in depth one to one interview in order to gain a detailed picture of the

participant's perceptions and experiences of gender-based domestic violence. De Vos, et. al., (2011) recommend that semi-structured interviews and qualitative analysis are a suitable combination when the goal is to explore personal and controversial issues. The researcher contacted the participants who had consented to take part in the study and made appointments to conduct the interviews. Before the interviews the participants were asked to fill in the consent forms, the researcher created a conducive environment which enabled the participants to be relaxed and provided the researcher with more detailed information on the topic. Semi-structured in depth interviews enable the participants to share their own stories in their own words, rather than be coerced by pre-established lines of thinking developed by the researcher (Bowling, 2002). One on one interviews are also more private and minimise the chances of conflict which are inevitable within group interviews. Wengraf (2001) states that semi-structured interviews are more difficult to conduct than fully structured interviews, as the interviewee's responses cannot be predicted and therefore the responses of the interviewer has to be improvised, which requires mental preparation.

3.10 DATA ANALYSIS

According to Patton (2002, p.432) "qualitative analysis transforms data into findings, this involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveal". The analysis of the data was dependent on the thick descriptions from the data collected, which led to a deep analysis (Patton, 2002). In this study an analysis of the semi- structured interviews followed the technique of thematic analysis and provided a structure of exploring the experiences of gender-based domestic violence among unemployed women in the Havana informal settlement.

Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail (Braun & Clarke, 2006). However, frequently it goes further than this, and interprets various aspects of the research topic Boyatzis (as cited in Braun & Clarke, 2006). Braun and Clarke (2006) further state that thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data. Rubin and Rubin (1995, p.226) assert that analysis is exciting because "you discover themes and concepts embedded throughout your interviews". Data analysis is not a linear process where you simply move from one phase to the next. Instead, it is more recursive process where you

move back and forth as needed, throughout the phases. It is a process that develops over time and should not be rushed (Ely, Vinz, Downing, & Anzul, 1997).

The researcher used Braun and Clarke's (2006) six phases of thematic analysis to identify and report the participants' experiences, thoughts and meanings as themes. The six phases are as follows:

Phase 1: Familiarising yourself with your data

The researcher familiarised herself with the data collected by first transcribing the interviews into written texts. While transcribing the data, the researcher immersed herself in the data by reading and re-reading the data and noting down the initial ideas during the process.

Phase 2: Generating initial codes

The researcher coded the data manually, working systematically through the entire data set, giving full and equal attention to each data item, and identified interesting aspects in the data phase, all the actual data extracts were coded, and then collated together within each code.

Phase 3: Searching for themes

This phase begins when all the data have been initially coded and collated, and you have a long list of the different codes you have identified across your data set (Braun & Clarke, 2006). The researcher sorted the different codes into potential themes, and collated all the relevant coded data extracts within the identified themes. The researcher used visual representations (tables) to sort the different codes into themes.

Phase 4: Reviewing themes

The researcher re-read the entire data set to ascertain whether the themes 'worked' in relation to the data set and to code any additional data within themes that the researcher had missed in earlier coding stages. This phase involved two levels of reviewing and refining themes. Level one involved reviewing at the level of the coded data extracts. The researcher read all the collated extracts for each theme, to find out whether they appeared to form a

coherent pattern. Level two involved reviewing the entire data set generating a thematic ‘map’ of the analysis.

Phase 5: Defining and naming themes

Phase 5 involved an on-going analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme. As part of the refinement, you will identify whether or not a theme contains any sub-themes. Sub-themes are essentially themes within a theme (Braun & Clarke, 2006). By the end of this phase the researcher had clearly defined themes.

Phase 6: Producing the report

Phase 6 is the last phase which gave the researcher the final opportunity to conduct analysis. It involved the selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

After transcribing the interviews, the researcher colour coded the data manually. Coding involves generating pithy labels for important features of data relevance to the broad research question guiding the analysis (Braun & Clarke, 2006). Braun and Clarke (2006) further state that coding is not simply a method of data reduction; it is also an analytic process to capture both a semantic and conceptual reading of data. Saldana (2013) highlights that qualitative codes are essence capturing and essential elements of the research story, that, when clustered together, according to similarity and regularity (a pattern), they actively facilitate the development of categories and thus analysis of their connections. A classification or coding system using common themes and categories that emerged was created.

3.11 DATA RELIABILITY AND VALIDITY

According to Patton (2001) validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analysing results and judging the quality of the study. Thyer (2001) argues that qualitative research should not overly concern itself with generalizability of the study findings or external validity since qualitative study is meant to reveal experiences and not test them. Seale (1999) asserts that to ensure reliability in qualitative research, examination of trustworthiness is crucial.

Trustworthiness is the term used in qualitative research as a measure of the quality of research. Lincoln and Guba (1985) proposed four criteria for judging the soundness of qualitative research and explicitly offered these as an alternative to more traditional quantitatively oriented criteria. The four criteria better reflected the underlying assumptions involved in much qualitative research. The proposed criteria are as follows: Credibility (vs. internal validity), Transferability (vs. external validity), Dependability (vs. reliability) and Conformability (vs. objectivity) (Krefting, 1991).

3.11.1 Validity

Validity is concerned with two main issues: whether the instruments used for measurement are accurate and whether they are measuring what they want to measure (Winter 2000). Ritchie and Lewis (2003) indicated that the validity of research is conceived as the precision or correctness of the research findings. Hammersley (1987, p.69) argues that “An instrument is valid or true if it represents accurately those features of the phenomena, that it is intended to describe, explain or theorise”. A measure is valid if it measures what it is supposed to measure, and without including other factors. The focus here is not necessarily on scores or items, but rather inferences made from the instrument which need to be appropriate, meaningful and useful (Gregory, 1992). Winter (2000) identified two different dimensions to the concept of validity namely external and internal validity. Internal validity ensures that the researcher investigates what he claims to be investigating. External validity is concerned with the extent to which the research findings can be generalised to the wider population. Denscombe (1998) added that the use of multiple methods for examining one issue corroborates the findings of the research and increases the validity of data. For the purpose of the study the researcher maintained validity by ensuring that the interpretation of the data are consistent and transparent, as well as including the rich and thick verbatim descriptions of participants accounts to support the findings. The researcher ensured validity through peer debriefing, persistent immersion in the data during data analysis and member checking. The researcher used triangulation by cross checking the view points of the 15 participants with the field notes that the researcher made during her observations while conducting the interviews in order to seek similarities and differences across accounts to ensure different perspectives.

3.11.2 Reliability

Reliability is the extent to which a measurement instrument or procedure yields the same results on repeated trials (Carmines & Zeller, 1989). In qualitative research reliability is known as to what extent the research findings can be replicated if another study is undertaken using the same research methods (Ritchie & Lewis, 2003). They further state that the reliability of the findings depends on the reoccurrence of the original data and the way they are interpreted. Gray (2004) argues that phenomenological research may be difficult to repeat because it depends generally on unstructured data collection methods. Instead a good practice of reliability can be enhanced through an aspect of reflexivity, which is showing the audience of research studies as much as possible of the procedures that have led to a particular set of conclusions Seale, (1999). In this study the researcher applied reliability by conducting a code-recode procedure on the research data that was collected during the analysis phase of the study. After coding a segment of data the researcher waited for at least two weeks and recoded the same data and compared the results. The researcher asked postgraduate students from other institutions to review her research procedures and findings. The researcher ensured reliability of the study by keeping accurate and detailed field notes to note the variations in responses over the course of time.

3.12.1 Ethical Considerations

Researchers need to anticipate the ethical issues that may arise during their studies, Berg, (as cited in Cresswell, 2005). Research involves collecting data from people, about people (Punch, 2005). Researchers need to protect their research participants, develop trust with them, promote the integrity of research, guard against misconduct and impropriety that might reflect on their organisations or institutions, and cope with new, challenging problems (Israel & Hay, 2006). Ethical issues that were taken into consideration in this study include avoidance of harm, informed consent, voluntary participation, protection of privacy and confidentiality.

3.12.2 Avoidance of harm

The researcher adhered to this ethical principle by informing the participants in advance about the possible harm/risks that they were likely to encounter during the data collection phase. The researcher informed the participants that they were likely to experience some emotional distress, psychological harm such as feeling upset, depressed and some acute stress when answering some of the questions since GBDV is a sensitive topic. According to

Babbie (2001, p.27) “The fundamental ethical rule of social research is that it must not bring harm to participants, subjects can be harmed in a physical or emotional manner”. The researcher has an ethical obligation to protect participants within all possible reasonable limits from any form of physical discomfort that may emerge from the research project (Cresswell, 2005). In circumstances where the participants became tearful during the interview the researcher provided frequent breaks and also informed the participants that they could discontinue with the interview if they felt uncomfortable with the questions at any time. Counselling support services were made available at NWHN for women who felt distressed after the interviews; however no referrals were made for further counselling. In distressing moments the women requested a few minutes to gain composure and resumed the interviews since they felt they wanted to share their experiences as it was a healing process for them.

3.12.3 Informed consent

Informed consent is a voluntary agreement to participate in research. It is not merely a form that is signed but is a process in which the participant has an understanding of the research and its risks (Armiger, 1997). Royse (as cited in De Vos et al., 2011) states that obtaining informed consent implies that all possible or adequate information of the goal of the investigation, the expected duration of the participant’s involvement, the procedures which will be followed during the investigation, possible advantages and disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, are given to potential subjects or their legal representatives.

Within the research process, written consent was obtained from the participants before the commencement of the study. The participants were given consent forms to fill in and to provide their signatures as an indication that they understood what the research was about and that they gave their consent to participate in the study. The participants were further informed that they were at liberty to withdraw from the study at any time; this statement is clearly stated in the Consent Form (See appendix D). According to Babbie and Mouton (2001) participants must be legally and psychologically competent to give consent and they must be aware that they would be at liberty to withdraw from the investigation at any time. Informed consent was also sought from the participants to record the interviews.

3.12.4 Voluntary participation

Before the study, the participants were informed about the study and that their participation in the study was voluntary. Participation should at all times be voluntary and no one should be forced to participate in a project (Rubin & Babbie 2005). De Vos et al. (2011) argue that if the researcher does not ask the participants will act differently if they know what is being studied.

3.12.5 Protection of privacy

The researcher adhered to this ethical principle by ensuring that the interviews were conducted in a safe private place; the researcher used NWHN's counselling rooms. Every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed (De Vos et al., 2011). Amirger (1997) argues that an invasion of privacy happens when private information such as beliefs, attitudes, opinions and records, is shared with others, without the participant's knowledge or consent. Yegidis and Weinback (as cited in De Vos et al., 2011) assert that this principle can be violated in a variety of ways, and it is imperative that researchers be reminded of the importance of safeguarding the privacy and identity of respondents and act with the necessary sensitivity where the privacy of subjects is relevant Morris (as cited in De Vos et al., 2011).

3.12.6 Confidentiality and anonymity

Anonymity means that no identifiers (e.g. name, address, and telephone numbers) are collected that link information/records/ samples to the individual from whom they were obtained (Crow & Wiles, 2008). The researcher adhered to this principle by ensuring that no identifying information of the participants was used on the data collection instruments instead study codes were used for each participant. During the data analysis pseudo names were used. Confidentiality means that the treatment of information (data) is disclosed in a trust relationship with the expectation that it will not be divulged without permission to others in ways inconsistent with the understanding of the original disclosure (Crow & Wiles, 2008). The researcher adhered to this ethical principle by ensuring that all the data collecting documents (consent forms) were filed and kept locked in a cabinet and all the data collected was stored on a computer which was password protected. Babbie (2001, p.472) says "Confidentiality implies that only the researcher and possibly a few members of his or her

staff should be aware of the identity of participants and that the staff should also have made a commitment with regard to confidentiality”.

3.13. LIMITATIONS

The study was affected by the language barrier; the researcher does not speak any of the local languages spoken in Namibia, although a translator was used the actual experiences, feelings and thoughts of the participants were misinterpreted in the process. The participants were initially reluctant to talk openly about their experiences in the presence of the translator, who was a trained person who was not known to the participants. The researcher reassured the participants of confidentiality which enabled them to relax and talk freely about their experiences. In addition, Brislin’s model of translation (as cited in McDermott & Palchanes, 1994) for example, is considered to be the best method for cross language studies. This model suggests recruiting at least two bilingual people who translate the qualitative research texts that is the field notes or interview transcripts from the source language (non-English) into the target language.

3.14. REFLEXIVITY

Reflexivity is essentially a process of self-critique by the researcher to examine how her/his own experiences might or might not have influenced the research process. Reflexivity pertains to the analytic attention to the researcher’s role in qualitative research (Dowling, 2006). Reflexivity entails self-awareness, which means being actively involved in the research process. It is about the recognition that as researchers we are part of the social world we study Ackley and True, (as cited in Dowling, 2006). The researcher’s professional knowledge and experience of working with vulnerable women may have influenced the follow up questions that were asked to the participants as well as the responses that were provided. The participants may have given responses that they felt the researcher wanted to hear and this may have influenced the interpretation of the data. As a remedy the researcher adjusted the flow of the questions and had to make sense of the responses with the aim to draw relevant data to support the research. In addition, the transcripts were cross-checked with all participants so as ensure accurate and relevant information.

3.15. CONCLUSION

In summary this chapter focused mainly on the research methodology. The research design that was adopted followed the qualitative research approach which sought to explore

the experiences of gender-based domestic violence among unemployed women in Havana informal settlement (Windhoek). Purposive sampling was used in the study, a total of fifteen unemployed women were interviewed in this study. A semi-structured interview guide was used to collect the data. The data was analysed thematically in line with the study objectives. Data reliability and validity were also discussed in this chapter. Ethical considerations, limitations and reflexivity were highlighted in this chapter. The following chapter will focus on the presentation of data and discussion of the findings.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1. INTRODUCTION

This chapter presents the demographic profile of the participants and the findings from the Havana informal settlement (Windhoek). The findings are presented based on the secondary objectives of the study and the major themes that emerged from the interviews with the participants. Relevant literature to support the themes is also presented. The following eight significant themes emerged from the data: risk factors for experiencing GBDV, multiple forms of violence, heavy alcohol consumption, infidelity, economic dependency and poverty, cultural factors, disclosing abuse, seeking help and awareness of GBDV laws.

4.2. Demographic Characteristics of the Participants

Table 1: Profile of the Participants (N=15)

Participant	Age	Educational Level	Marital Status	No of years in relationship	No of children	Ethnicity
Esther	25 – 30	Grade 9	Married	6	2	Kavango
Marita	36 – 40	Grade 9	Married	16	2	Wambo
Jade	19 – 24	Grade 7	Separated	3	2	Damara
Mangano	31 – 35	Grade 8	Married	4	1	Wambo
Sussana	31 – 35	Grade 6	Cohabiting	6	6	Wambo
Heleni	36 – 40	Grade 8	Married	18	6	Wambo
Sophia	36 – 40	Grade 1	Married	13	4	Wambo
Tamika	25 – 30	Grade 7	Separated	5	2	Wambo
Omega	31 – 35	No education	Cohabiting	5	4	Wambo

Rosia	31 – 35	Grade 9	Cohabiting	4	2	Wambo
Ruth	36 – 40	Grade2	Cohabiting	7	3	Wambo
Taanga	25 – 30	Grade 9	Married	6	2	Wambo
Monica	19 – 24	Grade 10	Separated	3	2	Wambo
Mary	41–45	Grade 7	Married	18	4	Wambo
Anna	46 –55	Grade 8	Cohabiting	10	5	Wambo

Table 4.2 displays the demographic data of the 15 participants drawn from Havana informal settlement in Windhoek Namibia. Pseudonyms were used to protect the identities and the information that was shared by the participants. The table provides the participants' demographic information of during the time, the study was conducted. The table provides the participants' age, educational level, relationship status, years in the relationship, number of children and ethnicity.

As presented in the above table, there were 15 women who were interviewed in this study, seven of them were married. Of these seven women, four had been married for 13 to 18 years, while the other three had been married for an average period of 4-6 years. The women who had been married for more than ten years did not regard divorce as an option to leave their abusive partners. This was because they held strong cultural beliefs regarding marriage. Four of the women were cohabitating with their partners and had been living together for an average period of 3-5 years. Lastly, only three women had separated from their partners within the last 12 months and they cited near death experiences from violence as the reason for leaving their abusive partners. This thus implies that GBDV among unemployed women is more prevalent in the category of married and cohabitating women and less pronounced in the category of separated women in Havana informal settlement. Of the fifteen women interviewed, seven reported that their partners or husbands were in seasonal employment, not formerly employed. Four participants highlighted that their partners or husbands were employed as security guards. The other four remaining participants reported that their partners or husbands were not employed. At the time of the interview none of the participants were employed.

Furthermore, women in the (25-30) and (31-35) age groups were not hesitant to share their experiences of GBDV with the researcher. This was contrary to the older women in the (41-45) and the (46-55) age groups who felt helpless and had accepted GBDV as normal in their relationships. This is shown by the number of years they had been married as presented above.

Table 4.1 also depicts that majority of the participants were from the Wambo ethnic group, while the Damara and Kavango ethnic groups had one participant each. Of the women interviewed the (31-35) and (36-40) age groups had the most participants with equal representation of four participants each. The lowest number of participants was found within the (41-55) and (46-55) age groups. Eight of the women interviewed were secondary school

dropouts, while six women did not complete primary education for various reasons. One of the women interviewed had never been enrolled in school because of the loss of her parents in childhood. All the women interviewed had children; six women had children who were in pre-school and early years of primary school while six women had children in secondary school. Two women had children who were under the care of their parents in the village. One woman had a disabled daughter whom she lived with in the informal settlement.

With regard to the onset of violence in their relationships, six women reported experiencing violence within the first year of marriage. Four women reported experiencing violence soon after cohabitating with their partners. The other five women reported experiencing violence for the first time in pregnancy. Despite their completion of primary or secondary school all the women migrated to Windhoek from the rural areas to improve their livelihoods through employment. It is well known that the poor economic conditions and lack of employment opportunities in the rural areas are some of the push factors of rural-urban migration. Four of the women reported that failure to secure employment forced them to cohabit with their partners as they had no relatives in Windhoek. This is in line with Edwards (2017) who states that migrants from rural areas to towns are a form of domesticated economic refugees who are attracted to the bright lights by better economic prospects that arise from securing employment.

4.3. THEMES AND SUB-THEMES THAT EMERGED

Table 4.2 describes the themes and sub-themes that emerged during the process of data analysis. The first theme is risk factors for experiencing GBDV; this is divided into three sub-themes. The second theme is multiple forms of violence which is divided into four sub-themes. The third theme is heavy alcohol consumption, this theme has one sub-theme which is; influence of alcohol. The fourth theme is infidelity, it has one sub-theme which is; multiple sexual partners. The fifth theme is economic dependency and poverty. The sixth theme is cultural factors, it has one theme on gender norms; disclosure of violence and seeking help was identified and had three sub-themes labelled issues surrounding disclosure, seeking support from informal sources and seeking support from formal sources. The last theme to be identified was labelled awareness of laws and government agencies that provided social services, this theme had one sub-theme which is lack of awareness and knowledge.

Table 2: Themes and sub-themes

THEMES	SUB – THEMES
4.3.1. Risk factors for experiencing GBDV	• Low levels of education • Witnessing violence in childhood • Pregnancy
4.3.2. Multiple forms of violence	• Physical violence • Emotional violence • Economic violence • Sexual violence
4.3.3. Heavy alcohol consumption	• Influence of alcohol
4.3.4. Economic dependency and poverty	• Economic dependency and poverty
4.3.5. Infidelity	• Multiple sexual partners
4.3.6. Cultural factors	• Cultural norms
4.3.7. Disclosure of violence and seeking help	• Issues surrounding disclosure • Seeking support from informal sources • Seeking support from formal sources
4.3.8. Awareness of GBDV laws and government agencies that support survivors.	• Lack of awareness and knowledge

4.3.1. Theme: Risk factors that perpetuate women's experiences of GBDV

The first category that was identified from the interviews with was labelled *risk factors that perpetuate women's experiences of GBDV*. This category contained data on different attributes that perpetuate the risk factors of experiencing violence at the individual level. This theme was further divided into three sub-themes which were labelled as, *low educational attainment, witnessing violence in childhood and experiencing violence in pregnancy*.

4.3.1.1. Sub-Theme: Low educational attainment

Participants reported experiencing violence from their partners or husbands as a consequence of their low educational attainment, which results in failure to economically provide for themselves and their children, thus creating economic dependence on their

partners or husbands. Some participants (five women) reported that teenage pregnancy was a factor to their low educational attainment as they had been forced to leave school prematurely. Of the five participants two women namely Esther and Rosia reported falling pregnant at their first sexual encounter as a consequence of lack of knowledge on reproductive health issues. While the other (three) participants Jade, Monica and Marita reported falling pregnant due to peer pressure to date older men.

“When I met my husband I was 16 I was so much in love, I didn’t realise the ten age gap that was between us. I was saying to myself I am the luckiest girl to get an older boyfriend who can take care of me at this age. I was in love and very foolish he trapped me with gifts” (Marita).

The participants’ narrative indicates that teenage pregnancy is a contributing factor for young girls’ low educational attainment, when they are forced to prematurely terminate their education, which further hinders their employment opportunities and life choices. Several studies found that teenage pregnancy is a significant cause of school dropout for girls Dunne and Leach (as cited in Shaidul & Karim, 2015). From the participants’ accounts it is evident that young girls date older men for economic reasons. Thus the age gap can be a risk factor for manipulation and control where the older partner dominates the relationship and may make all the decisions including those regarding sex and condom use. The other reason why young girls may find themselves pregnant in school could owe to lack of access or inconsistent use of contraceptives, which is exacerbated by unfriendly health care workers who perceive pre-marital sex as taboo in the African context. Evidence suggests that teenage girls find it extremely difficult to return to school once they become mothers. Though Namibia has an educational policy that permits young girls to return to school after they deliver their babies; research indicates that re-entry is low. Teenage pregnancy in turn leads to school dropouts and reinforces a vicious cycle of economic and social disempowerment (WHO, 2009).

The majority of the participants (9 women) cited poverty as a contributing factor to their low educational attainment and a major reason for them dropping out of school. Lack of school fees as a consequence of rural poverty, hunger and long distances to school were also cited by the participants.

“It was not easy in the village, we used to walk to school in the morning at 6’oclock it was really far, when you get to school you will be tired, we only got home at 5pm very hungry and there would be nothing to eat; when I got to grade 6 my father removed me from school. There was no money to pay for my fees (Sussana).

From the participants’ narrative it is evident that family poverty is a risk factor for girls dropping out of school when the parents cannot afford the direct and indirect schooling costs. Economic factors are amongst the most important constraints to getting children into school, especially in the poorest of families where the girl child may be required to stay at home to help support younger brothers and sisters (UNICEF, 2014). It should be noted that in some patriarchal societies the girl child’s education is not considered important as it is believed that she should be married off and become a wife. These beliefs, however, exacerbate women’s vulnerability to GBDV in adulthood when the women struggle to sustain themselves financially and are dependent on their husbands. Women’s vulnerability to GBDV is aggravated when the husband is unemployed as in the case of these participants. According to Haar (2013), education increases women’s employment opportunities. The empowerment of women reduces the imbalanced power relationship between men and women, which has been identified as the root cause of GBDV. Research show that a low level of education is the most consistent factor associated with being a perpetrator and victim of domestic violence increasing between 2 and 5 fold in women with just primary education or no education at all (Ackerson, Kawachi, Barbeau & Subramanian 2008). Furthermore, dropping out of school may promote early marriages among young girls which is also a risk factor to experiencing GBDV.

It is also evident from the above narrative that long distances to school is a contributory factor for young girls dropping out of school in rural areas. A large number of studies in African regions report that school distance can discourage young girls from being educated (Ainsworth, 2005).

4.3.1.2 Sub-Theme: From witnessing violence in childhood to normalisation.

This sub-theme contained data of the participants’ history of violence in their childhood and adolescence within their homes, families and communities. All the 15 participants shared their experiences of witnessing violence in childhood. Of the 15

participants, three, Taanga, Mangano and Sophia, shared their childhood experiences of witnessing violence in their families, through observation of their fathers beating their mothers. For these three women, violence in their homes was a weekly occurrence, which caused them to internalise violence as a social norm. The other four participants reported experiencing violence in the form of corporal punishment from their immediate family members. Of these four women, two of them, namely Marita and Anna, reported using corporal punishment on their own children. They reported that there was nothing wrong with instilling discipline since they were also disciplined. Feelings of anger towards their abusers were expressed by these four participants as they shared their direct experiences of violence in childhood. Regarding witnessing parental violence Mangano shared:

“Aah my father used to drink too much; he used to beat my mother every week. He would threaten to kill her and would insult her; I would cry and ask my father to stop assaulting her. My mother would run away and seek refuge by her relative’s home for about a week” (Mangano).

It is clear that GBDV does not only affect women in abusive relationships, but also affects their children emotionally, especially when the children are powerless to stop the violence. The use of violence against women, in the presence of their children, by their husbands or partners is an indication of male dominance over women and children, which is common in most patriarchal societies such as Namibia. It is evident from the study that GBDV is associated with an increased risk of neglecting children when the abused mother escapes from the abuse. This temporary neglect of children may expose them to abuse by their father or other community members.

Various studies confirm that men who abuse their wives or partners are most likely to abuse the children too. Hiese and Fulu (2014) argue that most abused women are not passive victims, but use active strategies to maximise their safety and that of their children. Some women resist, others flee and others attempt to keep peace by capitulating to their husband’s demands. It is also evident that the use of corporal punishment by some women on their own children explains the intergenerational transmission of violence which is passed on from one generation to the next. According to social learning theory violent behaviour is a learnt phenomenon. Bandura’s (2001) model demonstrates that violent behaviour develops through observation and reinforcement. It suggests that violence is learnt through socialisation practices in the family which serve as a training ground for violence and provide examples

for imitation, and role models (O' Leary, 1998). It is evident from the participants' responses that they also witnessed violence in their neighbourhoods and communities in their own childhood which rationalised and normalised violence. This then explains that GBDV is not only reinforced in the context of the home within families but is also observed and practised within the communities in which children live.

One participant Ruth reported that when her husband physically beat her she thought it was natural for all men to be violent towards their wives, just as she had witnessed it happening to her mother.

Ruth shared the following:

"You know when I was about five years old my father would beat my mother whenever they had an argument. Then when I got married I was young, every time my husband beat me I thought that was natural for every man to beat his wife just as I had witnessed my mother being beaten. I thought my husband's behaviour was normal. It took me time to realise that violence was not normal in marriage."

The finding clearly sheds light on the negative outcomes of witnessing parental violence in childhood. For these participants in the study, witnessing their mothers being assaulted everyday normalised violence in their lives which created an acceptance and tolerance of violence in their current relationships. Thus these women grew up believing that violence was an expected part of marriage or intimate relationships. This is clearly shown by the number of years these women have remained in abusive marriages or relationships. Heise (1998) comments that childhood experiences of violence in the home reinforce in both men and women the normative nature of violence, thus increasing the likelihood of male perpetration and women's acceptance of violence.

4.3.1.3. Sub-theme: Experiencing violence during pregnancy

This sub-theme looks at the participants' experiences of GBDV during pregnancy. The sub-theme demonstrates the consequences of GBDV on both the abused woman and her unborn child. Some participants (five women) reported experiencing high levels of physical and emotional abuse from their husbands or partners during pregnancy. Of these five participants, three namely Jade, Taanga and Monica, reported experiencing severe physical violence during, especially, unplanned pregnancy. These three participants reported being

hospitalised after the physical violence which was perpetrated by their husbands or partners. For Taanga the interview was an emotional process for her as she recounted how she lost her unborn child owing to the violence she experienced during pregnancy.

As shared by **Taanga**

“I remember one day I was not feeling well and I slept for the whole day. I was four months pregnant. He came back home and there was no food. He started insulting me and kicked me quite hard. He pushed me outside of the shack and I fell on my back. He followed me outside and continued to assault me with his fists. I started bleeding heavily and was taken to hospital by my neighbours. I stayed in hospital for two weeks, but I lost my baby just because of food.”

The pain of losing a baby in pregnancy due to physical violence is evident in Taanga’s narrative. From this narrative one can clearly note that physical violence in pregnancy has severe health consequences for both the mother and the unborn child. The present findings support the assertion that women experience life threatening physical injuries in pregnancy which may require medical attention. Violence during pregnancy has been associated with adverse pregnancy outcomes, such as low birth weight, premature labour, preterm delivery, miscarriage, foetal loss and maternal mortality (Kabeer, 2014). A study in Mozambique notes that violence was the fourth largest cause of maternal deaths (Glassier, 2006).

Participants’ accounts of violence also reveal that women are subjected to high levels of physical abuse in pregnancy, when they fail to fulfil expected gender roles such as preparing a meal for the husband. In these circumstances physical punishment is used as a mechanism to discipline the wife; the justification of violence perpetuates the cycle of violence and supports the dominance of men over women. The violence experienced by women in pregnancy may be triggered by stress which is experienced by some men when their wives/partners are pregnant. The thought of financially supporting a baby may trigger some emotions of anger when the husband/partner is unemployed or when the pregnancy is unplanned.

Of the five participants mentioned above, (two) participants reported experiencing severe emotional violence in the form of verbal insults and false accusations of infidelity after

they tested HIV positive during a routine test which is a requirement in pregnancy. As explained by **Monica**:

“All seemed well until 2014 when I fell pregnant with our last daughter, I went for the routine blood tests as it is a requirement when you are pregnant. I tested HIV positive. The day I told him I was HIV positive he told me I was very stupid and questioned me why I had gone for blood tests. He was very angry with me, that day he physically assaulted me six months later he abandoned me and the pregnancy.”

This indicates that women experience high levels of emotional abuse when they disclose their HIV status in pregnancy to their husbands/partners. They are also blamed for bringing the disease into the relationship. The findings of this study also reveal that women tend to blame themselves for the violence that is perpetrated against them by their partners/husbands. Disclosure of HIV status in pregnancy has shown to be a risk factor for GBDV as well as abandonment. In addition to the GBDV that these women experience, they also have to deal with the challenges of the HIV diagnosis which is accompanied by stigma and discrimination which is common in Havana informal settlement as reported by the participants. The findings of this study are supported by literature which contends that some evidence suggests that women who suffer violence are less able to negotiate family planning or condom use; consequently, victims of GBDV may experience higher rates of unintended pregnancies as well as vulnerability to sexually transmitted infections including HIV/AIDS Campbell & Garcia- Moreno (as cited in Kabeer, 2014). Moreover, evidence suggests that gender-based domestic violence is multidimensional and is caused by various factors; thus gender-based domestic violence is not limited only to the risk factors identified in this study. In support of this view Hiese (1998) explains that an ecological approach to abuse conceptualises violence as a multifaceted phenomenon grounded in interplay among personal, situational, and sociocultural factors.

4.3.2 Theme: Forms of violence

This theme clearly defines the multiple forms of violence women experience at the hands of their partners/husbands in the context of their homes. This theme was further divided into four sub-themes which include physical violence, psychological violence, economic violence and sexual violence. It is well documented that battered women do not experience only one type of gender-based domestic violence, but often experience multiple

types of violence concurrently (Haar, 2013). All the participants showed great awareness on the different forms of violence that are perpetuated against them by their partner/husbands. Participants identified the forms of violence as physical, emotional, economic and sexual violence.

4.3.2.1 Sub-Theme: Physical violence

Participants reported experiencing physical violence in their marriages/relationships which was triggered by various factors such as marital discord and arguments over money. Physical violence reported to be the highest form of violence experienced by women in this study. The majority of the participants (eleven of fifteen) women reported experiencing physical violence on a regular basis from their partners/husbands. They cited experiences of violent acts that include being slapped, kicked, strangled and beaten with fists. Of the (eleven) participants (three) women namely Sophia, Marita and Anna reported experiencing violence in which a dangerous weapon such as a knife, belt and bottle were used to inflict harm on their bodies. They also had visible scars on different parts of their bodies which they showed the researcher during the interviews. Two participants Jade and Monica reported that their partners tried to strangle them on several occasions when they were sleeping; they further narrated that the frequency of the strangulations pushed them to leave their abusive partners. Most of the women (seven of eleven) participants narrated that when they sought medical treatment, and that they often lied to the health care providers about their injuries insisting they were attacked by robbers.

Tamika shared her experiences of physical violence as follows:

“I remember in 2015 I came home late when I entered our shack he started insulting me calling me names, before I could put down the plastic bag I was holding he slapped me twice across my face. It made me so angry and I pushed him away I was tired of his beatings I wanted to protect myself. Then he said to me, you think you are a man, I will show you who the real man is in this house. He started beating me with his fists; when I fell to the ground he sat on me and continued to beat until my 17 year old daughter came in and went to call the neighbour, that’s when he stopped. When I went to hospital I didn’t go with a police report. I lied to the nurses that I was attacked by tsotsis.

The use of physical violence by Tamika's husband demonstrates the power imbalances that exist between men and women in most relationships. From Tamika's narrative her husband used aggression and physical strength to show power, control and dominance over her. This suggests that most men tend to use severe violence against women who defend themselves and when they feel their manhood has been challenged through fighting back. WHO (2012) is of the opinion that much of the violence perpetrated by women tends to be in self-defence and that the injury inflicted by them, owing to their lesser size and strength, on men appears to be less. Violence is also used to prove the patriarchal assumptions about women's subordinate status. Feminists argue that in patriarchal societies those with all the power - males resort to violence when their position of dominance is challenged (Steven, 2007).

The participants' accounts of violence indicate that physical violence is the most prevalent form of violence inflicted on women by their partners/husbands and it is often used in conjunction with other forms of violence. The study reveals that the extent and severity of physical abuse has detrimental effects on women's physical health as they seek medical treatment after a violent experience. Despite the severity of these injuries most women reported that they had never sought help from the police or any other government agency as they believed that the physical violence was a once off incident and would not happen again. According to the World Bank (as cited in Nakray, 2013) women who are physically abused are likely to suffer from bruises, abrasions, cuts, and bites, more serious to the eyes and ears, fractures or broken teeth, facial injuries, chronic pain and back pain. In support of the above the Centre for Relationship Abuse (2015) comment that from a feminist perspective GBDV is seen as a result of a patriarchal society and the unequal distribution of power that has historically oppressed women. It is primarily about the misuse of power by men, who believe they have the right to control women through emotional and physical violence.

An interesting finding from this study is that abused women often misinform hospital staff about the causes of their injuries when they seek medical treatment. This is largely due to the fact women seek treatment without a police report which is a prerequisite before treatment. Lack of reporting to the police may be influenced by the economic dependence that women have on their husbands/partners and may also be used by the women as a mechanism to protect their husbands/partners from being arrested. These women also deny themselves an opportunity of getting the help and support that they need to deal with their

experiences or to stop the violence. Furthermore, when women seek medical help, they may not be accorded some form of privacy to talk about their experiences; hence the dishonesty.

4.3.2.2 Sub-theme: Emotional abuse

With regard to emotional abuse, all the participants reported experiencing emotional abuse in their marriages/relationships which was perpetrated by their partners as a mechanism to control and manipulate them. The participants reported experiencing verbal insults, name-calling, ridicule, and threats of abandonment or being killed. The participants became emotional as they shared their experiences of emotional abuse; this was evident in their facial expressions; and tone of voice as they struggled to describe the feelings inflicted by emotional abuse. All the women interviewed described how the pain inflicted by emotional abuse had left them with permanent emotional scars. The majority of the women reported that constant verbal insults and name-calling caused them so much emotional pain to the extent of causing them depression and high blood pressure. Of the fifteen women (seven) participants reported being accused of infidelity whenever an argument erupted between them and their partners/husbands.

Three married participants, namely Mary, Heleni, and Mangano, reported that their partners often called them ‘prostitutes’ in the presence of their children and neighbours which was demeaning, humiliating and left them severely wounded emotionally. They also reported that their humiliation was further worsened by the set-up of informal settlements which are overcrowded and lack privacy. Some of the participants (four) women reported being ridiculed and called ‘stupid, useless, dumb’ in public in the presence of other community members which was embarrassing. For one participant, Marita rejection and isolation were her worst experiences of emotional abuse perpetrated by her husband; she reported feeling worthless and unwanted every time she was ignored. Coercive controlling behaviour was reported by three participants who mentioned that their partners/husbands locked them up in their shacks on some weekends when they wanted to go out with other women. One participant reported that she lived in constant fear of threats of being killed by her husband. Most of the participants reported that emotional abuse was very difficult to disclose to someone else as it had no visible scars unlike physical abuse.

“My husband will not just come home and beat me; first he will insult me by telling me that I am a prostitute. First he would ask why I married a prostitute. You are a

prostitute; get out of my Kambashu (shack)! What saddens me the most is that he insults me in the presence of my children and sometimes in the presence of my neighbours. I have actually developed depression over these insults; he has never caught me with another man". This is very humiliating what will my children think of me?" (Hileni).

The participant's experiences of emotional violence indicate that her husband uses emotional abuse as a mechanism of attacking her self-esteem and confidence in order to maintain power and control in their marriage. Saunders (2015) concurs and says when an abuser verbally demeans his partner by yelling or name-calling, they do so not simply out of anger, but specifically as a means of establishing power and control. For some women, the incessant insults and tyrannies which constitute emotional abuse may be more painful than the physical attacks because they effectively undermine women's security and confidence (WHO, 2001). For most abused women constant criticisms that attack their dignity may force them to remain in the abusive relationships.

Marita shared her experiences of emotional abuse as follows:

"There is nothing that is emotionally heart breaking when your husband ignores you for a week or more. He does not eat the food that you cook; he does not want to be near you or to touch you. He does not even tell you what you have done wrong, he just ignores you."

Abusers who emotionally neglect their partner with the salient treatment are not primarily poor communicators, they are using this manipulation to gain power and control (Londt, 2004).

It is evident from the study that prolonged experiences of emotional abuse can have devastating effects on the victim's mental and physical health in which diseases such as blood pressure and depression may develop. For these women it is not the bruises or sores that remain but the emotional burden created by these experiences. The social and psychological consequences of their experiences with GBDV are something that these women carry with them their entire lives (Graaf, 2016). Furthermore, it is evident that some forms of emotional abuse are subtle and some of the women may not be able to notice the severity of the emotional abuse. Heggen (1993) comments that as victims adapt to abusive behaviour, the

verbal or psychological tactics can gain a strong ‘foothold’ in victims’ minds making it difficult for them to recognise the severity of the abuse over time.

4.3.2.3 Sub-theme: Economic abuse

All fifteen participants reported experiencing economic abuse in their marriages/relationships, with their husbands/partners withholding money. All the women reported their partners /husbands denied them funds for basic needs and were often interrogated on why they needed the money, yet the partners had money for alcohol. Of the fifteen women, (two) women reported that they survive from borrowing money from their neighbours, especially when they need to go for medical check-ups. Some participants (four) women reported that their husbands/partners gave them pocket money on some days which was a very small amount that could hardly sustain their basic needs. The (seven) participants with husbands/partners in casual employment reported that they were never told how much their partners/husbands earned.

In regard to economic abuse **Sussana** said:

“Like right now, he got paid and he only gave me N\$20-00. Just N\$20-00, I don’t know whether I will use the N\$20-00 to buy food or take the child to hospital because she is very small, honestly what can I do with N\$20-00? If I ask him to give me more money he will ask me what I need the money for and if I keep asking him he will beat me.”

The experiences of economic abuse reported by the participants indicate that their husbands/partners use this form of abuse as a strategy to control and dominate them, forcing them to become dependent. The role of economic abuse in relationships is to control and manipulate women in creating dependence on men and obstructing women’s escape (WHO, 2001). Findings reveal that economic abuse is an indication of oppression which renders women powerless when they receive insufficient funds to meet their basic needs. Furthermore, when women ask for more funds physical violence is perpetrated against them; this then demonstrates the unequal power relations that exist between men and women in that women have no power to make decisions regarding family finances. According to Ponton (as cited in Saunders, 2015) economic abuse can be explained as a form of abuse that is exerted by male partners on women where they have control of the finances and allocate funds to their female partners at their discretion. This view is supported by the feminist theory which

incorporates the notion that economic inequalities between men and women contribute to the legitimisation of male domination and abuse of females. Thus the findings of this study are similar to the Levison (1989) study which reported that wife beating was most frequent in societies in which men controlled wealth (Heise, 1998).

4.3.2.4 Sub-theme: Sexual violence

Three participants reported experiencing sexual violence perpetrated by their ex-husbands after separating from their partners. The majority of the participants (eleven women) avoided talking about their experiences of sexual violence in the interviews; this was shown by the avoidance of eye contact with the researcher. This could have been because the women were not comfortable to share their intimate details since sex is considered a taboo subject in some Namibian cultures.

“One day he took my personal documents to his house, then I went there demanding my documents, then he pulled me inside and he raped me and then I had to go to the Women and Child Abuse (Protection unit). The policeman who was there said I needed to speak to a social worker. He told me that I had to make up my mind on whether I really wanted to open a case that time because as women we open a case today and pull it out later. I told him I wanted to open a case during that time I was there. He had actually told me to come back the following day because there was no social worker to counsel me. Then he said to me I will write what I want because I told you to come tomorrow. I don’t know until now whether a case was opened or not I never got feedback” (Jade).

The study findings demonstrate that perpetrators of sexual violence commit sexual offences on their ex-wives/partners as a mechanism to reassert control and dominance over them after the relationship has ended. According to Baban (2013) where violence has occurred during the relationship, it is common for the perpetrators to continue or escalate the violence after the separation in an attempt to gain or reassert control over the victim or to punish the victim for leaving the relationship. From the participant’s narrative it is evident that rape victims are turned back by the relevant law enforcers and no urgent assistance is rendered and no action is taken against the perpetrator. The fact that no action is taken against the perpetrators suggests that the victims of sexual violence will live in constant fear of further sexual violence from the perpetrator. Furthermore, the study reveals that some service

providers are unsympathetic towards rape victims, which leaves women disempowered and may discourage rape victims from reporting sexual violence in the future. This study supports the assertion that although Namibia has enacted laws to protect women against GBDV, the implementation of these laws is still a challenge. Coomer (2010) states that similar sources indicate that where cases are reported in Namibia, there is lack of proper investigative work, withdrawal of cases, length of time to conclude cases, family pressures, shame and bribery result in lack of conclusive action. Even when these cases are reported the laws are too weak to ensure that justice take its course. Alleged perpetrators are often not convicted, people go out on bail just to go and commit even worse crimes (Namises as cited in Kahiurika 2016).

4.3.3. Theme: Heavy alcohol consumption

Participants reported experiencing severe violence from their partners/husbands triggered by heavy alcohol consumption which is associated with masculine gender norms that pressurise men to consume alcohol. This theme contained data on the different forms of violence experienced by the participants in their relationships when their partners/husbands were intoxicated. This theme had one sub-theme labelled the *influence of alcohol*.

4.3.3.1 Sub-Theme: The influence of alcohol

More than half of the participants (nine of fifteen) women reported experiencing high levels of physical and psychological violence when their partners were under the influence of alcohol. These participants reported that alcohol often triggered violence in their relationships. Of the (nine) participants (five) women reported that they also drank alcohol occasionally to cope with their daily experiences of GBDV and that violence was most severe and frequent when they were both under the influence. Some participants highlighted that their partners were unemployed, hence they spent most of their time drinking to cope with the stress of being unemployed. Some participants (four) women argued that alcohol should not be blamed for men's aggressive nature, they reported that their partners/husbands' aggressive behaviour was the same whether under the influence of alcohol or not. Two participants blamed the presence of shabeens within the informal settlement for the high rates of GBDV against women. The majority of the participants whose husbands/partners drink alcohol were defensive over their violent behaviour and argued that when sober their partners/husbands were loving people. This perception by the participants explains the cycle of violence which is prevalent in most relationships.

“My husband drinks but I don’t drink but the things he says when he is drunk disturb me. He also says I go to other men just because he is unemployed, and that they buy me things that I need simply because he can’t provide. Sometimes he says it when he is drunk and sometimes he pretends to be drunk but I can see easily that he is affected by his unemployment. He tells me that alcohol makes him relax and takes away the thoughts of being unemployed” (Anna).

Abuse of alcohol is known to be a major social problem and a contributing factor to gender-based domestic violence perpetuated against women in Namibia. Studies suggest that some men use alcohol to cope with stressful situations in their lives and at the same time use alcohol to justify violent acts of physical and psychological violence. This implies that men are more likely to act violently when drunk because they feel they will not be held accountable for their behaviour. Furthermore, alcohol - related violence is considered more likely in cultures where many believe alcohol plays a positive role by helping people to shed their inhibitions, here, alcohol can be used as justification for violent behaviour, or consumed to fuel the courage needed to commit violent crimes (Heise, 1998).

“My partner drinks on a daily basis; just look around you what can you expect? Beer is everywhere, look at these shebeens, it is even sold at some homes illegally. For me my worst experience is one time he went away for days and he came back very drunk he demanded to sleep with me. So when I refused he just physically beat me. I couldn’t even escape from him, he beat me unconscious and neighbours came and assisted me to hospital” (Rosia).

From Rosia’s narrative, it is clear that the participant was physically assaulted for turning down her husband’s sexual demands. It is evident from the study that the use of alcohol is associated with masculinity that stems from rigid traditional norms that support male superiority and entitlement.

Moreover, the frequency of alcohol consumption is a factor in perpetuating violence against women as it also exacerbates the severity of the physical injuries sustained by women. Thus the findings of this study are commensurate with a survey on gender-based domestic violence conducted in Moscow which revealed that half of the cases of physical violence are associated with the husband’s excessive alcohol consumption (Mathews, 2004). Furthermore, studies from different parts of the world conclude that high levels of alcohol

consumption increase the risk of violence. However, research on alcohol consumption suggests that connections between drunkenness and violence are socially learnt and are not necessarily universally applicable (Sister Namibia, 2014). The study also reveals that the presence of many shebeens in Namibian communities and the easy accessibility of alcohol is closely linked to tendencies and risks of violence. According to WHO (2009) societies that tolerate high rates of alcohol abuse and intoxication report stronger relationships between alcohol use and violence than those where drinking occurs moderately.

4.3.4 Theme: Economic dependency and poverty

Participants reported experiencing violence from their partners when they asked for money to sustain their basic needs since they are unemployed and have no other source of income to maintain and sustain themselves and their children. This category contained data on the participants' experiences of GBDV arising from economic dependence on their husbands/ partners. All the women interviewed spoke of the economic hardships they were facing due to their unemployment status which forced them to financially rely on their partners/husbands. More than half of the participants (nine of fifteen) women stated that the frequency of physical abuse was high in homes where their partners/husbands were unemployed. Some of the women (four) participants felt that since their husbands were considered as the head of the household in the African culture, they should be providers.

“Uhhh, it's just between two people and if I get beaten, I just cry there, I have nowhere to go if there is no food, it's just him I will ask, there's nothing I can do, I am not working and I depend on him. I cannot go back to the village there is nothing there; sometimes when I have a follow up visit at the hospital I can't even go if he does not give me the money” (Ruth).

“It's all about money, when I ask him to give me money to buy clothes or shoes for the children he gets very angry. Where am I supposed to get money from? I am not working. Like today I asked him to give me money to buy food for the children, there is nothing in the house. I am not working, he is the man and should provide” (Rosia).

The study findings reveal that financial dependence is a major cause for gender-based domestic violence among unemployed women. It is also evident that women's low economic status limits their ability to sustain themselves financially, hence the dependence on their

abusive husbands/partners. The study findings suggest that lack of economic empowerment forces women to remain in these relationships despite the severity of the abuse that they experience. Owing to deep rooted cultural beliefs women prefer not to take the option of separation or divorce (Kaur & Garg, 2013). The findings from this study are similar to those of the Food and Agricultural Organisation (FAO) study conducted in the Oshana, Ohangwena, and Caprivi regions of Namibia, which found out that lack of economic independence, lack of support from their birth families and cultural disapproval of divorce were factors which made women reluctant to leave their marriages.

Two thirds of the participants (ten) women reported experiencing high levels of poverty and hunger in their relationships. They reported that their partners/husbands were struggling to provide them with basic needs such as food because their employment was not full time. Several women reported sending their children back to the village to their parents because they could not provide for their basic needs. These participants reported that they also come from very poor backgrounds which could not accommodate them and their children.

“...I was struggling with food and ended up sending the kids to Vamboland. Sometimes I would just give them to people I don’t even know, whether I was related to them or not, because I couldn’t stay with the children I had nothing to give them. They are days we would go without food and sometimes I would get food from the neighbours to feed them. But how long can you depend on neighbours; they will also get tired of you” (Sussana).

“The hunger is the worst experience; there will be no food in the house, sometimes he goes out in the morning and leaves me and the children with no food. I think he eats somewhere where because when he comes back in the middle of the night he just comes home to sleep and also if I ask him to buy food he beats me and insults me that I should buy the food” (Rosia).

It is evident from the study that most participants are living in abject poverty and hunger. Studies have shown that gender-based domestic violence can increase the levels of hunger and child malnutrition. Violence impacts on family economics, and less money means less food and security (Concern Worldwide, 2018). It is also clear from the findings that women are physically assaulted when their partners cannot provide for their basic needs such

as food. Men who fail to provide for their families' financial needs for instance tend to be socially sanctioned and may try to exert power over women and children in frustration, or to prove their manhood (WHO, 2009). Moreover, O' Nell (1998) states that the social structural theories of violence revealed that family of low socio-economic status are particularly vulnerable to frustration, stress and tensions. O' Nell (1998, p.462) pointed out that "Lower socio-economic groups are structurally predisposed to great marital conflicts as they have fewer life chances, frustrations are higher combined with greater stresses of poverty and a lack of skills and resources to deal with them effectively". The findings of this study indicate that women are forced to temporarily separate from their children due to food shortages they experience in their homes which is influenced by the economic control of resources by their partners or husbands.

4.3.5. Theme: Infidelity

Participants reported experiencing physical violence from their husbands/partners; when they discovered and questioned their partners about their extra-marital affairs. This category was a common theme which was identified by most participants as it contained data of the participants' experiences of violence as a result of their husband/partners' infidelity. This theme was further divided into a sub-theme which was labelled *multiple sexual partners*.

4.3.5.1. Sub-Theme: Multiple sexual partners

The majority of the participants (eleven) women interviewed reported high levels of physical violence when their partners/husbands were in relationships with other women. For these participants the cheating by their partners/husbands caused them so much pain emotionally when the partner spent unexplained days away from home. About a quarter of the participants (four) women reported that although the African culture endorsed infidelity it was still a painful experience to be cheated on. One third (five) of the participants explained that their partners assaulted them on several occasions with the assistance of their girlfriends. This is described in the following narrative:

"...Just the beating you know he is a cheater, he used to cheat. You know the pain and jealousy you feel, if a man goes out with another woman. If I ask him he will just take a belt and start beating me, look I have a lot of scars. Yes, like I said when I went to confront him at the girlfriend's house he beat me, the woman poured water on me

and they were both shouting kill the witch! Kill the witch! He had been away from home for four days (Ruth).

“Apparently he beat me because of his other woman, he was cheating and the in-laws knew about it because when I told them about it they said it is expected because he is a man. This woman used to call him every day, then one day I saw an SMS and I confronted him about it because he didn’t sleep in the house that Saturday and he had told me that he was going to sleep at his cousin’s place, when I asked him about it he pushed me out of the house and began assaulting me” (Tamika).

The findings indicate that infidelity is a risk factor for gender-based domestic violence among women in intimate relationships. The findings further demonstrate that there is some social acceptance of male promiscuity in most intimate relationships which stem from social norms that encourage men to have multiple partners. Wilderman and Kendall (1999) confirm that a partner’s infidelity in some cultures affronts a man’s masculine identity, while committing adultery may affirm masculinity. Findings from this study show that women are not supposed to challenge or question their partner’s promiscuity. Women’s protest over men’s extra- marital affairs and their failure to provide, often results in a backlash of violence as men seek to re-establish their equilibrium and assert authority (Heise & Fulu, 2014). The study also reveals that women are defenceless when weapons are used against them which is evidenced by the scars on their bodies which serve as a reminder of their experiences of violence.

Onyango (2014) argues that hegemonic masculinities have projected men as having power over women and children. This unequal distribution of power makes promiscuity and polygamy among men acceptable. Throughout sub-Saharan Africa, marriage and sexual unions have long been managed through strong patriarchal traditions and institutions (McCloskey, 2005). The other reason that may disempower the women from leaving their cheating husband/partners is the high economic dependence they have on their partners. This dependence may force the women to tolerate their partners’ infidelity which is a high risk for them in contracting HIV.

Women are more likely to experience physical violence if they refuse to have unprotected sex with their husbands/partners when they find out about the extra-marital affair/infidelity which exacerbates their vulnerability to GBDV.

4.3.6. Cultural factors

Culture was a common theme that emerged from the interviews. This category contained data on the traditional gender roles that exacerbate violence against women. This category had one sub-category labelled *social norms*. The patriarchy system that is dominant in African culture in particular also entrenches traditional and cultural practices which contribute to the root causes of abuse against women (Randall, 2013).

4.3.6.1 Sub-Theme: Gender norms

Participants confirmed experiencing physical violence because of the wide social acceptance of violence which is inherent in the social norms within their community. Three participants argued that tradition had nothing to do with GBDV but it was the nature of their partners to be aggressive and violent like other men in the community. Most of the participants (nine) women reported experiencing violence at the hands of their husbands/partners after they failed to prepare and serve food on time. These participants felt that there was nothing wrong in being corrected by one's partner when one fails to fulfil one's duties; this was also considered as a sign of love.

Mangano shared the following:

“If your husband is beating you he is trying to correct you, he loves you because if he does not love you he will not be concerned about what you are doing. If he is beating you to correct you, then he is giving you good advice and there would be nothing wrong with that. If you fail to heed his advice on the things he will be complaining about like cooking and washing, then it's his right to correct you. I am used to being beaten for a long time when I do wrong”.

Findings from the study reveal that violent behaviour by some men is an indication of social norms relating to masculinity. Men who use violence are regarded as real men, powerful, and in control. There is a strong pressure on men to align their behaviour with society's expectations. Not acting violently when a spouse or partner fail to fulfil their roles or responsibilities is sanctioned with lack of respect and being perceived as “less of a man” (UNICEF, 2016). Furthermore Heise (1998) states “Most cultures approve of physical punishment of women and/or children under certain circumstances. Generally such circumstances follow clearly defined cultural rules about who has the right to hit whom,

under what degree. If the punishment is considered culturally acceptable, then the abuse is considered justified” (p.281).

It is evident from the study that women are socialised to tolerate violence in their relationships, as violence is perceived to be a sign of love in some Namibian cultures. It is clearly evident from the study that women are punished through physical violence if they transgress a gender norm. Vasiria (2000) posits that a troubling aspect of gender-based domestic violence is that physical chastisement of women is socially and culturally accepted and it is seen as the husband’s right to correct an erring wife. Although, wife battering is a worldwide phenomenon, it is accepted as part of African culture. This is reinforced by the socialisation of women as regards sex roles, which encourages and emphasises submissiveness (Adewe, 2007). Many African societies are fundamentally patriarchal, with men given greater value than women and accorded privileges including power over women’s behaviour (Heise & Fulu, 2014). Thus the findings of this study are similar to previous studies conducted in Namibia which report that being beaten by one’s husband was traditionally understood to be a sign of love in some Namibian cultures (LAC, 2012).

4.3.7 Theme: Disclosure of violence and seeking help

This theme was labelled *disclosure of violence and seeking help*. It contained data on the participants’ feelings towards disclosing the violence and seeking help. This theme was further divided into three categories: *issues surrounding disclosure, help seeking from informal sources and help seeking from formal sources*.

4.3.7.1 Sub-theme: Issues surrounding disclosure

It was interesting and surprising to note that of the fifteen participants interviewed just under half (seven) reported that they had never spoken to anyone about their experiences of violence. These women cited reasons such as lack of trust in other community members, limitations of culture as well as being socialised to believe that every marriage is violent.

“Because in our tradition we have this belief, when our parents raise us, we are told that all marriages have problems. That’s why I just wanted to keep it a secret and if my husband hears that I told someone about it he will come and assault me again more than he did the first time. Also for the people in the community to know that you were beaten ... you want to be known as John’s wife, you are living a full life though you are being abused” (Marita).

“I feel bad about it that there is no one I can talk to about my abuse, but you know sometimes in the community, you can’t trust anyone and people are very judgemental. For me where I come from it’s inappropriate to go and tell someone, that I am abused all; that I do is sit at home and pray to God” (Heleni).

The study findings reveal that traditional beliefs through socialisation prevent women from disclosing their experiences GBDV as family matters are regarded as private and should be kept a secret. This lack of disclosure promotes underreporting of violence among abused women; it is also an indication of tolerance of violence among women. From the above extracts it is evident that women who experience violence do not disclose their abuse for reasons such as fear of reprisal in the form of physical violence from the husband/partner, shame of being stigmatised as an abused woman in the community and fear of being judged as deserving the abuse. The other reason women do not disclose their experiences of violence could be linked to the fear of having their partners/husbands arrested and the persistent hope that the violence will stop.

4.3.7.2 Sub-theme: seeking support from informal sources

Some participants (four) of the cohabitating women reported that they had never disclosed their experiences of violence to anyone neither had they sought help. These participants reported that it was very difficult for them to approach their own immediate families as their partners were not regarded as son in-laws since there was no payment of lobola. They stated that the situation was more complicated for them to report the abuse to the families of their partners as they had never been introduced to them. What was more challenging for these women was that all their immediate families are in the rural areas and they had no close relatives in Windhoek. These women reported that the interview process of this study was the first time they had actually opened up and talked about their experiences of violence which was a huge relief for them.

“You know how can I even start? This man did not marry me, we are just living together; if I approach the elders that I am abused by a man they have never met or know do you think they will listen to me. In our Oshiwambo culture it’s not accepted at all, but because of this modernisation we just live together, its wrong but what can we do? That’s also the other reason why these men abuse us and take advantage of us, because to him I am a girlfriend and not a recognised wife” (Omega).

Findings from the study indicates that some aspects of culture prevent cohabitating women from seeking help and disclosing their experiences of violence; this could be a result of the negative social connotations that are attached to living together as a couple without marriage. Bent-Goodley (2001) argues that cohabitating rather than married partners were at an increased risk of both domestic violence and homicide as they are not known to the boyfriends' families and do not hold any status as daughter-in-law. Furthermore, Goldblatt (2003) supports the findings of this study and comments that cohabitation places African women in violent partner relationships in a more vulnerable situation compared to married women.

Six of the married participants reported seeking help from their immediate relatives when violence escalated in their marriages, but had not received the support they expected. Two of these six participants reported that despite the severity of the violence they experienced they are always told to remain in the relationship as it was nothing new for women to be abused by their partners. However, these participants reported receiving tremendous support from their neighbours who often supported them with accommodation, money, food and accompanied them to hospital in time of need after a violent episode of violence. Four of the remaining participants reported seeking mediation between the two families which was never successful as violence would intensify after the mediation meetings.

“Our parents sometimes if you are married even if the man is beating you must stay in your marriage, you have nowhere to go. That’s what they say, even if I tell my mother, she is just telling me I must stay, he is the man he married me and if I leave it brings shame to the family. Then she tells me that she was beaten but she never left my father. I only told her once and I will never tell her again because she will never help me” (Mangano).

The findings of the study indicate a high tolerance and acceptance of violence in most communities which force women to remain in abusive relationships. It is evident that women tend to feel hopeless when they do not receive help and support from their families which may cause them to avoid seeking help in the near future. The family or other informal sources should be the first contact of disclosure which can boost the survivor's self-confidence to talk about their experiences. Women who have limited support from friends, family or the community find it more difficult to leave abusive relationships than those who

have such support (Sullivan, Campbell, Angelique & Davidson, 2004). The main reason for not seeking help is that violence against women is treated as normal (Naved, 2006).

4.3.7.3 Sub-Theme: Seeking support from formal sources

This sub-theme contained data on the participants' experiences of seeking help and support from the police and other service providers who offer support services to survivors of GBDV. About a quarter of the participants (four) mentioned that they sought police intervention in an attempt to minimise the violence in their relationships. These participants reported that they felt helpless when the police officers did not give them any protection or support when they needed it the most. They mentioned that most of the police officers they encountered on the days they wanted to open a case were hostile and insensitive towards their plight and they vowed never to seek police assistance again.

“Aaaah, sometimes if you go to the police, you don’t get any help. It’s not good; I went there two times and the policemen were telling me that there’s no car or they will ask you what you want us to do with your situation. I remember there’s a day I went there in the middle of the night, and I begged them if I could sleep there because my husband had threatened to kill me. I ended up sleeping on the bench outside the charge office and went back home without being assisted” (Mangano).

Jade had this to share:

“Now I went to the police to open a case but my experience of being at the police, its very difficult for me to talk about especially at the charge office. I went there to report abuse because that day my husband strangled me until I blacked out. This meme (policewoman) would not listen to me and kept on saying “ooh this child is so young what is she doing with men”, they will make a joke you” (Jade).

Esther narrated:

“Sometimes he would beat me and hide me in the house for a week. I would be all swollen up and bruised. But there are times where he would beat me and leave the door open. That was my opportunity to go to the police to tell them what was going on, but to say the truth I do not have a good relationship with the police for me to say that through my abuse to say that the police helped me I do not remember.”

It is evident from the findings that some police officers are insensitive to the survivors of violence, to such an extent that women feel discouraged to report their experiences of GBDV to the police. This suggests that some police officers consider GBDV to be a private matter and do not regard it as a crime. These study findings are consistent with previous studies conducted in Namibia that indicate that many victims of gender-based domestic violence still experience problems when turning to the police for help including unsympathetic police attitudes, long response time, failure to provide follow-up, inadequate investigation and on-going police beliefs that domestic violence is a private matter, inter alia Sister Namibia (as cited in Mathews et., al 2014)

4.3.8. Theme: Awareness of laws and government agencies that provide social services to survivors of GBV.

This theme contained data on the participants' awareness of laws and government agencies that provide social services to survivors of GBDV. This theme was further divided into one sub-theme labelled *lack of awareness and knowledge of GBDV laws*

4.3.8.1. Sub-theme: Lack of awareness and knowledge of GBDV laws

It was discouraging to note that all the participants (fifteen) interviewed had no knowledge of the Namibian Gender laws such as the Combating of the Domestic Violence (Act 4 of 2003) and the Rape (Act 2008) that are supposed to protect them from violence. The Domestic Violence (Act 2003) covers a range of domestic violence issues including sexual violence, harassment, intimidation, trespass, economic violence and psychological violence (LAC 2012). A third of the participants (five) confirmed that they had heard of the Woman and Child Protection Unit, but had never used their services. These participants did not understand the role of the government agency in assisting survivors of GBDV; most of the women thought that the Women and Child Protection Unit was one of the GBDV laws that protect women against violence.

"I have never heard of any laws that protect women. I don't know them. I have never used them. I only know the Women and Child Protection Unit" (Hileni).

It is evident from the study that the majority of women interviewed have no knowledge of the existing GBDV laws in Namibia. This indicates a low level of awareness of the laws; this hinders women from receiving full legal protection and support. This lack of awareness could be attributed to their normalisation of violence in their relationships,

ignorance and low levels of education. Furthermore, lack of awareness of laws leads to underreporting of violence.

4.9. CONCLUSION

This chapter focused mainly on the presentation and discussion of findings which were based on the secondary objectives and the themes that emerged from the interviews with the participants'. From the information obtained from the interviews, it is clear that power imbalances between men and women increase women's susceptibility to gender-based domestic violence. It is evident from the research findings that unemployed women are at a greater risk of experiencing gender-based domestic violence owing to the economic dependence they have on their husbands/partners. In the next chapter the researcher will summarise the research findings, highlight the recommendations and conclusions.

CHAPTER FIVE

SUMMARISING FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

The purpose of this study was to explore the experiences of gender-based domestic violence among unemployed women in Havana informal settlement (Windhoek). The study adopted the qualitative research approach in which the data obtained was thematically analysed. In this study the semi-structured interview schedule was used as an instrument of data collection. This chapter presents the summary of findings, conclusions and the recommendations.

Findings are summarised from the secondary objectives and the themes that emerged from the interviews as discussed in the previous chapter, eight themes and sub-themes emerged. These themes include: risk factors for experiencing GBDV, the second theme identified was multiple forms of violence, heavy alcohol consumption was the third theme identified; infidelity is another theme that was identified by the participants. Other themes identified include economic dependency and poverty, cultural factors, disclosure of violence and seeking help and awareness of GBDV laws. These themes will be summarised individually in the following section.

5.2 SUMMARY OF MAIN FINDINGS

The summary of the findings are as follows:

5.2.1 Risk factors for experiencing gender-based domestic violence

Findings from the study reveal that multiple factors such as low educational attainment, witnessing violence in childhood and pregnancy contributed immensely to women's experiences of GBDV. Based on the study findings, it is clear that the participants had neither completed primary/ or secondary education when they migrated to Windhoek which limited their opportunities of entering the competitive job market. High school dropout among girls because of teenage pregnancy and other social issues were identified as factors for low educational attainment which further exacerbated their experiences of GBDV in adulthood. Without an income to sustain themselves and their children the participants were

financially dependent on their partners/ husbands. Educational attainment increases the chances of getting employment and increases economic independence among women, moreover educated women are less likely to be abused; this is so because they can leave the abusive relationship/marriage and are able to financially sustain themselves. Furthermore the empowerment of women through education reduces the unequal power relationship between women and men which is perceived to be the root cause of GBDV. Regarding witnessing violence in childhood findings further revealed that witnessing parental violence on a regular basis had negative effects on women, as some women abused their own children through corporal punishment. This then explains the intergenerational transmission of violence in some families. In addition findings revealed that childhood experiences of witnessing parental violence impacted negatively on some participants who were socialised to normalise violence from childhood, hence the lack of action to protect themselves from violence in their current relationships/marriages. This shows that witnessing parental violence in childhood teaches children that violence is acceptable and should be tolerated in relationships and in their marriages.

The study findings indicated that women experienced high levels of emotional abuse and abandonment when they tested HIV positive during a routine test in pregnancy. The findings also revealed that women get insulted and blamed for bringing the disease into the relationship/marriage, which exposed them to more violence. The abandonment of women means that they were left to deal with the challenges of the diagnosis alone and to raise the unborn child with no financial resources.

5.2.2 Multiple forms of violence

Findings from the study indicated that women experienced multiple forms of violence in their marriages/relationships owing to the dominance and control that men have over women. Research findings demonstrated that physical violence was the most prevalent form of violence that was perpetrated against women by their partners/husbands. The research findings revealed that women sought medical treatment in most situations after being assaulted by their husbands/partners. This shows that physical violence had detrimental effects on women's well-being and physical health. The study also revealed that women misinformed hospital staff about their injuries when they sought medical attention. This shows that despite their experiences of violence women protect their husbands/partners from

the law with the hope that their partners will change their behaviour and the violence will stop.

5.2.3 Heavy alcohol consumption

In addition, the study findings show that heavy alcohol consumption exacerbated incidences of violence against women. It is evident that some men consume alcohol in excess as a mechanism to escape from the harsh realities of unemployment, hence the perpetration of violence against their partners/wives when intoxicated. The study further revealed that the frequency of violence perpetrated on women was high when both partners were intoxicated. This shows that women in abusive relationships consume alcohol in excess, to cope with their experiences of GBDV. According to Terry and Hoare (2010) studies show that in poor households where the male partner cannot find work, unemployed men feel that their status is undermined, this may lead to the use of violence against their spouse as a means to impose their authority. Findings from this study support the assertion that alcohol use is a manifestation of stress and insecurities among some unemployed men who are likely to perpetuate GBDV on women.

5.2.4 Infidelity

Findings from the study revealed that infidelity was a contributing factor to women's experiences of GBDV. Findings also indicated that women were severely beaten by their partners/husbands whenever they questioned their promiscuity. This shows that some men use violence to show their control and dominance over women and become aggressive when their manhood is challenged. In most African societies having multiple partners is viewed as a sign of masculinity. The study shows that infidelity by some men increases women's vulnerability to contracting HIV/AIDS and other Sexually Transmitted Infections.

5.2.5 Economic dependency and poverty

One unanticipated finding that emerged from the study was that due to the poverty and food insecurity some women opted to give their children to strangers when they could not provide for their basic needs such as food. This finding may be explained by the fact that women tend to feel helpless when they cannot provide basic needs for their children this is exacerbated by the lack of economic independence among women, thus violence may increase the levels of child malnutrition. Furthermore giving children away to strangers may expose the children to all forms of abuse.

5.2.6 Cultural factors

Findings of the study demonstrated high levels of cultural acceptance of violence against women perpetrated by their husbands/partners as a consequence for transgression of a gender norm. The study also showed that men who adhered to gender norms were likely to use violence against their wives/partners when they failed to do what was expected of them for example failing to prepare a meal for the husband. This shows that some men use violence against their wives/partners to fulfil societal expectations which promote violence against women as a form of punishment.

5.2.7 Disclosure of violence and seeking help

Based on the study findings, it is clear that disclosure of gender-based domestic violence is low among women. They cited reasons such as lack of trust in other community members, limitations of culture which perceives GBDV as a private matter, fear of reprisal from the husband/partner and shame of being stigmatised as an abused woman in the community. Research findings also revealed that cohabitation had negative effects on seeking help and disclosure among some women as their culture was against the practice, which perpetuated their vulnerability to GBDV. Findings from the study clearly demonstrated that women had negative experiences when they sought help from the police, to such an extent of being discouraged to report subsequent cases of abuse. Thus the unsympathetic attitudes displayed by the police could promote under reporting among women.

5.2.8 Awareness of GBDV laws

Another unanticipated finding that emerged from the study was the absence of knowledge on the legal frameworks on GBDV in Namibia. This finding maybe explained by the socialisation of women into normalising violence hence the ignorance and the lack of awareness on GBDV issues in general. This means that without adequate information on GBDV and the legal frameworks women will continue to experience violence in their marriages/relationships, despite the fact that there are laws put in place to protect them.

5.6 CONCLUSION

Conclusions drawn from these findings indicate that:

Gender-based domestic violence is a social problem among unemployed women in the Havana informal settlement; the high prevalence rate is a result of the financial dependence these women have on their partners/husbands. Low educational attainment is a contributory factor for women's experiences of gender-based domestic violence as their employment opportunities are limited. Witnessing violence in childhood has negative effects on both the women and their children as some women tend to abuse their own children through the use of corporal punishment.

Women experience multiple forms of violence in their relationships/marriages which include physical, psychological, economic and sexual violence. Physical violence was the most prevalent form of violence used against women to show dominance and control, and depending on the severity of the violence some women needed medical care. Physical violence was more severe in relationships/marriages where the partner/husband was unemployed. It can be concluded that women misinform hospital staff about the causes of their injuries when they seek medical treatment for various reasons. Heavy alcohol consumption was identified as a risk factor in perpetuating violence against women. The study also concludes that having multiple partners increased women's vulnerability to contracting Sexually Transmitted Diseases and HIV.

There are low levels of disclosure among women in violent relationships because of lack of trust in other community members, a culture which views gender-based domestic violence as a private matter, fear of reprisal from the husband/ partner as well as shame.

Lack of awareness and access to information on Namibian legal frameworks increases women's vulnerability to gender-based domestic violence. This also leads to under reporting of crimes of violence committed against women.

Although Namibia has GBDV legal frameworks in place, challenges still remain with the implementation of such legislation as indicated by the rise in gender-based domestic violence among women in Havana informal settlement.

5.7 RECOMMENDATIONS

The following recommendations are made based on the findings of the study:

5.7.1 In terms of practice

- Women should be educated on their human rights and should be encouraged to report acts of violence perpetrated against them by their husbands/ partners.
- Unemployed women in abusive relationships/marriages should be educated in-depth on gender-based violence, causes, types and its consequences on women's health. Women should also be educated by government and civil society on their human rights, the legal frameworks that protect women against gender-based domestic violence through awareness raising programmes. Women should also be educated on the community resources available where they can seek help.
- Women in abusive relationships should be equipped with vocational skills to sustain themselves and their children in to alleviate economic dependence and poverty.
- Men should be mobilised and engaged to attend community awareness raising campaigns on gender-based domestic violence. Encouraging men to seek counselling and establishing support groups for men that focus on anger and stress management in the informal settlements.
- Government should monitor and ensure that all operating shabeens in informal settlements are registered and have set opening hours and liquor licences to minimise the easy accessibility of alcohol from illegal shebeens.
- The police and other professionals who work directly with survivors of violence to receive regular staff development training- on case management to ensure effective and efficient service delivery.
- Policy makers to review the laws and policies on gender-based domestic violence, together with the other professionals who are involved in the implementation to establish and find solutions to the challenges experienced in their implementation.

5.7.2 Future Research

- Research should be conducted on the factors influencing the increase of violence among women in Namibia despite the enactment of the GBDV laws.
- Research should be conducted on the experiences of GBDV among employed women in informal settlements to determine whether they share the same experiences of GBDV with unemployed women.

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Appendix A: Participant information sheet.

Experiences of Gender-Based Violence among unemployed women in Havana informal settlement-Windhoeck

Good day,

My name is **Memory Sithole**, and I am a post-graduate student registered for the degree in MA in Social Development at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research into the experiences of gender based violence among unemployed women in the Havana informal settlement in Windhoek. It is hoped that this information may enhance social workers understanding of the experiences of women who have experienced gender based violence in the home.

I therefore wish to invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall agree to take part; I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may also refuse to answer any question that you feel uncomfortable with answering.

With your permission, the interview will be tape- recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview will include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the interview, I have arranged for this service to be provided free of charge by Namibia Women's Health Network? To make an appointment, they may be contacted at 061 220117.

Please contact me on 081 3154778 or my supervisor, Motlalepule Nathane-Taulela on +27 11 717 4471 if you have questions regarding the study. We shall answer them to the best of

our ability. Should you wish to receive a summary of the results of the study; an abstract will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours Sincerely

MEMORY SITHOLE

APPENDIX B: Consent Form for Participants
Experiences of Gender Based Violence among unemployed
women in Havana informal settlement in Windhoek

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me. I understand that my participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way. I may choose not to answer any specific questions asked if I do not wish to do so. There are no foreseeable benefits or particular risks associated with participation in this study. My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript. A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. I understand that my responses will be used in the write up of a Masters project and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: _____

Date: _____

Signature: _____

Name of Researcher _____

Date _____

Signature _____

APPENDIX:C Consent Form for audio-taping of the interview
Experiences of Gender Based Violence among unemployed
women in Havana informal settlement in Windhoek

I hereby consent to audio- taping of the interview. I understand that my confidentiality will be maintained at all times. The tapes will be destroyed two years after any publication arising from the study or six years after the completion of the study if there are no publications.

Name of Participant _____

Date _____

Signature _____

Name of Researcher _____

Date _____

Signature _____

APPENDIX D: Permission letter to conduct research

P.O. Box 26749

Windhoek

Namibia

14 December 2016

The Director

Ms. Jennifer Gatsi - Mallet

Namibia Women's Health Network

22 John Albretch Street

P.O. Box 23778

Windhoek

Dear Madam

REF: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Memory Sithole, I am a student at the University of the Witwatersrand and am currently enrolled in the Masters of Arts Social Development Degree. As part of the requirement of the Master's Degree, I am expected to complete a research study. The topic of my study is the ***Experiences of Gender Based Violence among unemployed women in Havana informal settlement (Windhoek).***

The purpose of the research study is to explore the experiences of gender based violence in the home among unemployed women in Havana informal settlement (Windhoek). It is hoped that the findings of the study will provide detailed data on the scope of the problem which will generally enhance public awareness on the root causes of gender based violence. It is also hoped that the knowledge obtained from the study will enable the government to monitor the trends and progress in addressing and eliminating violence against women.

I hereby request for permission to conduct a research study at your organisation. I am also requesting for permission to recruit and interview 15 unemployed women who are survivors of gender based violence. Should you require any further information please do not hesitate to contact me or 081 3154778 email: mgarawaziva@gmail.com or my supervisor Ms. Motlalepule Nathane Taulela on +27 11 717 4471/ +27 11 717 4473 email: Motlalepule.Nathane- Taulela @wits.ac.za. Upon completion of the study, I undertake to provide you with a bound copy of a research study.

Your permission to conduct this study will be greatly appreciated. Thank you for your time and consideration in this matter.

Yours Sincerely

Memory Sithole

APPENDIX E: Approval letter to conduct research

Namibia Women's Health Network



22 Johann Albrecht Street
P. O. Box 23778
Windhoek
Namibia

16 December 2016

REF: HRM /14/12/2016
Ms. M. Sithole
P. O. Box 26749
Windhoek
Namibia



Dear Madam,

RE: LETTER OF AUTHORISATION TO CONDUCT A RESEARCH STUDY THROUGH OUR ORGANISATION

This letter will serve as authorization of Ms. Memory Sithole an MA Social Development student with the University of the Witwatersrand (Student no 1254504) to conduct a research study entitled "EXPERIENCES OF GENDER BASED VIOLENCE AMONG UNEMPLOYED WOMEN IN HAVANNA INFORMAL SETTLEMENT: WINDHOEK" Upon a review of the letter you sent to us, I am glad to offer you an opportunity to conduct this study with women participants from our support groups in Havana informal settlement. You shall only interview women who volunteer to participate in the study.

If you have any concerns or require additional information, feel free to contact the organisation.

Yours Faithfully

Jennifer Gatsi Mallet (Director).



APPENDIX F: SEMI STRUCTURED INTERVIEW SCHEDULE

Section 1: Biographic Details

1. Place of birth_____

2. Age

19- 24	25- 30	31- 35	36- 40	41- 45	46- 50	51- 55

3. Home language group

Oshi wambo	Otjihe rero	Nama	Dama ra	Lozi	Other specify

4. Ethnicity

Ovam bo	Kava ngo	Herer o	Dama ra	Nama	Capri vian

5. What is your current relationship status? _____.

6. How long have you been married/ in that relationship? _____.

How many children? _____.

7. What is your highest level of education? _____Were you ever employed?

How long have you been unemployed?

8. What is the occupation of your partner? _____

Section 2: Experiences of GBV

1. Tell me, briefly about yourself and where you come from.
2. Would you be comfortable to share with me your history of violence? Probe: Growing up in your family/community did you witness violence as a child?
3. Would you like to share with me the reasons /circumstances you find yourself unemployed.
4. How old were you when you experienced violence for the first time in your life?
5. When did the violence start in this relationship; before or after you were married?
6. Tell me what happened with your worst experience of violence.
7. What happened after the incident? Probe: Did you talk to anyone about it /did you report it to the police?
8. In your opinion what are the reasons influenced by culture that leads to women experiencing so much violence in this area (Havana informal settlement)?
9. What are some of the beliefs of Havana community members towards violence against women?
10. Do you know of any laws in your country that protect women against violence in their families?
11. Have you ever used any government agencies like police to seek help? If yes or no please elaborate.
12. What has been most useful and helpful way of coping with your experiences?

APPENDIX G: Ethics Clearance



SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)



DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW1/17/01/01

PROJECT TITLE: Experiences of Gender Based Violence Among Unemployed Women in Havana Informal Settlement (Windhoek).

RESEARCHER/S: Sithole, Memory (1254504)

SCHOOL/DEPARTMENT: SHCD Social Work

DATE CONSIDERED: 31 March 2017

DECISION OF THE COMMITTEE: Approved

EXPIRY DATE: 25 May 2019

DATE: 24 May 2017

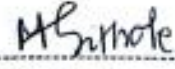

CHAIRPERSON: Dr. F. Masson

Cc: Supervisor: Mrs M. Nathane-Taulela

DECLARATION OF RESEARCHER(S)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. For Masters and PhD an annual progress report is required.


SIGNATURE

5/6/17
DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES