Final Report

Knowledge, Attitudes and Practices Study on Factors that May Perpetuate or Protect Namibians from Violence and Discrimination: Caprivi, Erongo, Karas, Kavango, Kunene, Ohangwena, Omaheke and Otjozondjupa Regions

Prepared by
Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd. (SIAPAC), Windhoek, Namibia

for the
Ministry of Gender Equality and Child Welfare (MGECW)

December 2008

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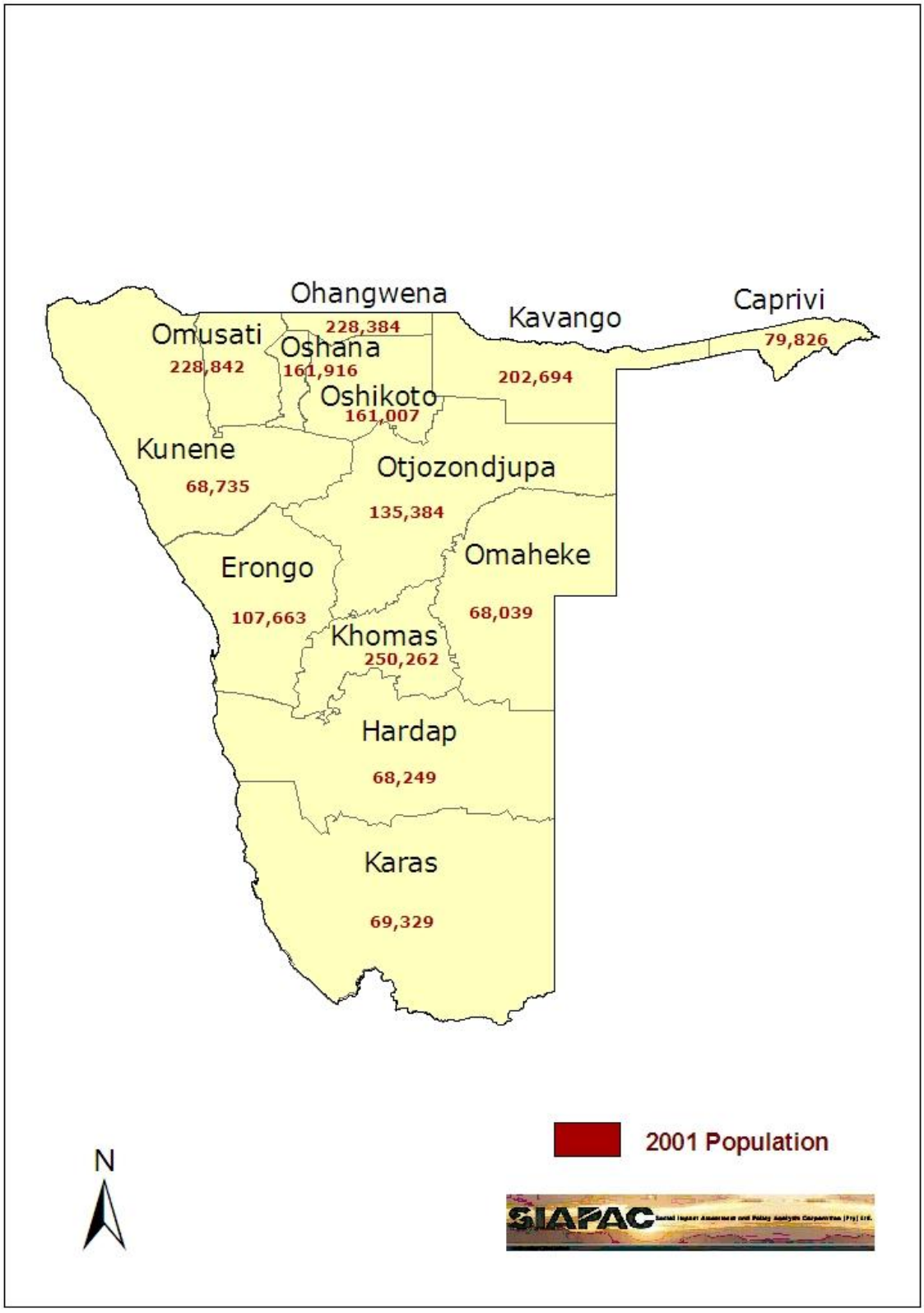
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
CBO	Community Based Organisation
CBS	Central Bureau of Statistics
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	United Nations Convention on the Rights of the Child
DHS	Demographic and Health Survey
FBO	Faith Based Organisation
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KII	Key Informant Interviews
LAC	Legal Assistance Centre
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MGECW	Ministry of Gender Equality and Child Welfare
MICS	Multiple Indicators Cluster Survey
MOE	Ministry of Education
MOHSS	Ministry of Health and Social Services
MTPIII	Medium Term Plan III for HIV&AIDS
NGO	Non Governmental Organisation
NLKII	National Level Key Informant Interview
NPCS	National Planning Commission Secretariat
OVC	Orphans and Other Vulnerable Children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV&AIDS
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
SIAPAC	Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd.
STIs	Sexually Transmitted Infections
SVRI	Sexual Violence Research Initiative
UN	United Nations
UNAIDS	United Nations Programme on HIV&AIDS
UNAM	University of Namibia
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
VAWC	Violence Against Women and Children
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WRC	White Ribbon Campaign

Introductory Maps

Map 1: Map of Namibia Showing its Position in Africa

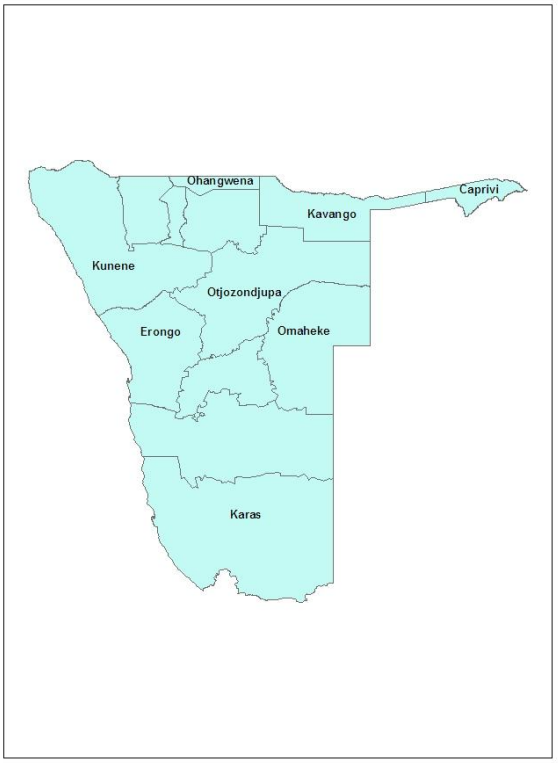
Map 2: Population Distribution (2001 census)



Executive Summary

Overview	**In 2007 the Ministry of Gender Equality of Child Welfare (MGECW[c1]) commissioned a knowledge, attitudes, and practices (KAP) survey on gender-based violence in four regions. This survey was extended to four additional regions in 2008.**

In mid-2007 MGECW commissioned a study[c2] on Gender-Based Violence (GBV) in Namibia. The survey covered the four northern regions of Kunene, Ohangwena, Otjozondjupa and Caprivi. In 2008, the survey was extended to four more regions, comprising Erongo, Karas, Kavango and Omaheke regions.



The survey considered the following issues, as they related to gender-based violence:

- Identify the different attitudes and practices having an impact on people's lives, including traditional ones.
- Collect quantitative and qualitative data on selected key indicators to measure current levels of knowledge, attitudes, and practices among Namibian communities.
- Identify factors that hinder or enable an individual to change a particular behaviour. [LA3]
- Achieve a better understanding of the factors that play a key role in influencing the above-mentioned behaviour.
- Baseline results have to assist the study in testing the suggested strategy and if necessary to review and modify it.

In considering GBV issues at start-up, it was felt that the investigation should not be restricted to an investigation of traditional attitudes and practices and their impacts on GBV. Therefore, other determinants were also considered.

Data collection involved both quantitative and qualitative data collection techniques, as well as an extensive review of secondary materials (see the 'Documents Consulted' list at the end of this report):

- Implementation of a highly-structured Quantitative Questionnaire in 8 regions (Caprivi, Erongo, Karas, Kavango, Ohangwena, Omaheke, Kunene, and Otjozondjupa) (n=1680).
- Implementation of a FGD Instrument in the same eight regions (n=32).
- Implementation of a Regional KII Instrument in the same eight regions (n=39).
- Implementation of a National Level KII Instrument (n=10).

The investigation was overseen on a day-to-day [c4]basis by a Project Management Committee headed by MGECW, while strategic oversight was provided by the OVC Working Group which served as a Reference Group.

The is a need for gender expert to do analysis of the data collected for the KAP study

Overall Findings, Conclusions and Recommendations	**One-third (34%) of all respondents had experienced physical GBV. The rate varied significantly across females (40.5%) and males (27.6%). Emotional violence affected 59% of all respondents, while overall 69.3% of all respondents had ever experienced violence of any type. Just under one-half (44.5%) of all children are subject to one form of physical punishment or other, and 36.4% were subject to punishment serious enough to leave bruises.** **Attitudinal findings and insights from focus group discussions and key informant interviews suggest that there are serious challenges to reducing GBV. A number of traditional social norms allow violence, specifically against women, and these continue in spite of the fact that traditional social norms that were meant to control violence were losing their effectiveness. In a situation of rapid social change, traditional systems to constrain GBV were no longer coping[c5].** **While considerable progress had been made since independence, social change had undermined traditional systems of protection against violence. Opportunities did present themselves, many associated with strengthening local initiatives and improved community cohesion.[c6] A particularly important issue was including men and boys as part of the solution, rather than just as part of the problem. A key opportunity presents itself, focused on how to enable communities (including traditional leaders) to understand that new legislation and policies are meant to strengthen action against GBV, strengthen good practices in communities and build capacity of local institutions to safeguard GBV[c7].**

Finding: Findings from the quantitative survey and from the qualitative investigations suggest that a certain amount of GBV is tolerated in societies in the eight regions in the investigation. This tolerance has two dimensions: 1) violence up to the level of slapping and similar physical acts, as well as emotional 'pressure', is felt to be consistent with traditional social norms; and 2) what goes on behind closed doors is a family matter, and not the business of neighbours, friends, or others.

Almost all respondents from the quantitative survey, key informant interviews, and focus group discussions felt that GBV was worsening[c8]. For older respondents[LA9], especially older men but also older women, and especially in Caprivi and Kavango regions, the solution was felt to be a reversion back to traditional social norms of male control of relations between women and men[LA10], and the strengthening of traditional systems in the community to manage affairs. For younger respondents, and for some other respondents in Otjozondjupa, Ohangwena, and Kunene regions, the solution lied generally in 'new' mechanisms that reinforce a strengthened role for women in society. This meant the expansion of the influence of laws and national norms that would eventually improve gender relations, but it also meant a better understanding of, and respect for, traditional social norms, and a better 'blend' between the two.

Recommendations: The acceptance by the majority[c11] of respondents that gendered relations needed to change to provide equal rights for women and men offers an opportunity for Government and its partners in development to pursue the National Gender Policy and the gender plan [c12]to achieve desired objectives. However, findings highlight the need to focus more attention on adapting approaches to better integrate with traditional responses to GBV. In this respect, it is clear that the emphasis needs to be placed much more on regional planning and response development, and less on identifying actions at the national level for implementation throughout the country[c13]. While the national level can put forward goals and objectives, this needs to be matched by a regional process that sets decentralised goals and objectives and, equally important, a decision on which actions would be warranted to deal with GBV in each region. Ideally, this would rely heavily on local initiatives and the actions of local civil society organisations, supported by state and non-state actors. The number of such actors, and the 'infrastructure' for the response remains limited, and therefore the emphasis needs to be less on direct service delivery, and more on serving as a catalyst for local action[c14].

Even with improved outreach and more local initiatives, however, the fact remains that actions that would be classified as GBV will continue to be seen as acceptable. [c15]While in some respects there are generational changes that would presumably lead to a reduction in GBV, the problem is simply not going to go away. Findings [LA16]highlight the need to continue to focus attention on various 'entry points' to change attitudes, including in schools, through peer channels, through community action groups, and with traditional and local authorities and the Ministry of Local Government. Given the ~~sometimes difficult~~sometimes-difficult situation around merging traditional and national legal approaches to problems such as GBV, it is especially important that an open process of consultation with traditional authorities take place to design local responses[c17].

An especially under-valued resource was religious institutions which, while playing an important role in society, played a little roule in dealing with GBV. While in part the issue is improved enforcement, limitations in the number of enforcement agents and limitations associated with the acceptable of a certain level of violence suggest that changing attitudes through dialogue and local identification of entry points remains key.

Given that GBV will continue to be tolerated culturally, strengthening the ability of health workers to identify the signs of GBV and offer support is important, particular because violence severe enough to be clearly noted at a health facility is generally not tolerated by traditional authority systems or local social norms. [c18]Health worker actions that would be aimed at reducing GBV

would therefore fit well within solutions that rely on local actors to resolve matters.[c19] The following specific actions should be considered:

- Being informed about the types, extent and underlying causes of violence.
- Screening for abuse during reproductive health consultations.
- Supporting victims emotionally by validating their experience, and by being non-judgmental and willing to listen.
- Providing appropriate clinical care (inc. emergency contraception, pregnancy testing, STI/HIV testing and treatment).
- Documenting the medical consequences of violence.
- Maintaining confidentiality.
- Referring women to community services and resources, if they exist.

[c20]Peer education programmes could also serve to help as support networks for victims of GBV. For children, there are support networks in schools, including after school clubs, peer educators, etc. There are also community counselors (e.g., Red Cross, Catholic AIDS Action, and others) available in a number of communities to assist adults.

While much of the international literature focuses on entry points similar to those noted above, these tend to undervalue opportunities that can be found within social networks of extended family members and friends and neighbours. Unfortunately, this runs up against the second major constraint to responding to GBV (what goes on behind closed doors is the business of the immediate family). The second major thrust of an enhanced local response must therefore be focused on dialogue with communities about how to enhance local social capital in a manner that reduces tolerance for GBV, and strengthens informal referral networks within families and within communities. Further, these local actions could be linked to innovations underway in, for example, the Family Literacy Programme run by the Adult Education Directorate in the Ministry of Education, as well as Family Protection and Family Life Empowerment Programmes planned for implementation during the National Development Plan 3 timeline (2007-2011). [c21]

With an enhanced focus on local responses, national objectives associated with 'zero tolerance' will be more implementable than would otherwise be the case.

[c22]

National Objectives	**While much of the response to GBV will need to be focused at the local level, including establishing local definitions of what is unacceptable behaviour, there is a need to focus on national objectives that set a framework for an overall reduction in violence[c23], and that serve to change attitudes about violence over time.**

Findings: While local initiatives are central to a reduction in GBV, this does not negate the need to continue to focus attention on national objectives. Considerable progress has been made on the legislative and policy fronts in Namibia intended to, among other things, reduce gender-based violence (GBV). Constraints are associated with the limited reach of these laws and policies, and gaps between these laws and policies and traditional social norms that govern the same areas of gender relations. Until alignment between national laws and policies and traditional social norms

is improved, until laws are better known, and until local initiatives are strengthened, progress will be limited.

Recommendations: At the national level, there is a consensus that GBV is a serious problem in Namibia, and that there should be no tolerance for any level of violence. The 2007 National Conference on Gender-Based Violence yielded a number of important recommendations whose soundness is reinforced by the findings of the survey. In addition to adopting a policy of zero tolerance to GBV, these include:[c24]

- GBV should be considered a violation of human rights.
- Namibia is a country that has emerged from a very violence history, which still has an impact on people's psychology. It is therefore necessary to have programmes for teaching people how to solve differences and problems in a non-violent manner. Relationship skills should be taught at all levels by all - churches, schools, traditional systems, academic institutions, etc.
- Statistics and studies show that, due to gender inequality, women and girls are the majority of the victims of GBV, while men and boys are the main perpetrators. It is therefore crucial to pay additional attention to issues of violence against women and girls.
- To address issues related to GBV, special attention has to be paid more to women and girls who are living with disabilities.
- Men are part of the problem, but they are also part of the solution. The programme to eliminate GBV calls for personal commitment and responsibility of every woman, man, girl, and boy in the country.
- The response to GBV cannot be vested in one ministry. The response must be multisectoral and multi-pronged.
- Both customary law and national legislation should contribute to solving the problem of GBV.
- The process of making or amending laws should involve extensive consultations in the regions, so that laws are cognizant of the realities on the ground.
- The GBV response must recognise that culture is not static. Customary/traditional laws and practices should be reviewed with an eye to identifying positive elements that will help address new challenges facing society when considering GBV, notably HIV&AIDS.
- Gender issues should be included in the national education curriculum, so that people grow up with a culture of equality, peace and respect for each other.

The Conference goes on to consider 'specific recommendations', which are consistent with findings from the survey:

<u>Government</u>

Various arms of government involved in combating gender violence need to be empowered to do the work well. The following was proposed at the Conference:

National Gender Machinery (MGECW)

- To receive adequate budgetary allocation for gender mainstreaming programme.
- Must intensify gender sensitisation workshops in all regions, also targeting traditional authorities.

- Conferences on GBV should be held in each region to create more awareness, discuss local issues and build capacity for addressing this issue.

Women and Child Protection Units (WCPU)

- Must have adequate budgets for effective implementation of their programmes.
- Must have its own budget vote.
- Need to have Units and wherever there are police stations.
- Need for Places of Safety all over the country.
- The Units also need greater prominence and modern communication technology.
- Training and counselling for the staff, adequate equipment.
- Should have premises that would include shelter for battered women and children.

Social Workers

- To meet the dire need for social workers in the country, a quota of the bursaries at university should be reserved for students of social work.
- Adequately trained social workers should be placed in all the regions and at all the Units.

Police

- The conditions of service need to be improved.
- They should received better and more training, equipment, transport and communications.
- Statements from accused should be recorded in the language of the complainant to ensure accuracy.

Medical Personnel

- Accurate and timely medical evidence is absolutely essential if the rate of convictions is going to have an impact on GBV.
- The medical services need to be adequately staffed and equipped.
- Doctors and nurses involved in GBV cases should receive specialised training in evidence collection.

Forensic Services

- Must have adequate budgets.
- The forensic services need to be adequately staffed and equipped.

Judiciary

- To improve the current level of very low percentage of convictions in GBV cases.
- Restitution should be made to the victim by the perpetrator in addition to facing the criminal charges (consistent with traditional norms).
- The judiciary also needs more resources and equipment to get the right information form the victims.
- Need for gender training for the judiciary.

Prisons

- Should be equipped for rehabilitation and should be able to provide counselling and therapy services.

Traditional Authorities

- Community Court Act must be implemented with immediate effect to empower the Traditional Authorities to effectively prevent GBV.
- Traditional Authorities need financial assistance to join with all organisations to combat GBV through education, training, workshops and information sharing to various communities.
- The police must be effectively empowered to ensure the delivery of effective service to the nation at large.
- Co-operation within all relevant Ministries to accommodate and support traditional authorities in implementing their functional duties on GBV.
- Traditional healers must be registered under the Traditional Authority Act for effective control measures.
- Traditional Authorities must have direct communication with the MGECW
- The Ministry of Justice must support traditional authorities on all legal aspects pertaining to Law and Order for the reduction of GBV.
- All traditional authorities should review written customary laws and consider the degree to which they conform to the Constitution of the Republic of Namibia.
- Traditional authorities must educate and teach their communities about peace and human rights.

Religious Organisations

- Should seriously implement the programmes of the Council of Churches[LA25] Decade for Eliminating Gender-Based Violence (2001-2011).
- Adopt a 50-50 participation of women and men on all Church Councils.
- Preach and teach about peace and human rights at all levels of the church.

Media

- Can be either negative or positive, hence should always strive to portray positive image.
- Need for more gender sensitisation programmes.
- Must broadcast and promote more programmes about peace and human rights.
- Must include adverts portraying resolving conflict positively.
- Challenge any message in the media that promotes violence.

Community and Civil Society

- Restitution should be made to the victim by the perpetrator in addition to facing the criminal charges.
- There should be non-threatening and inclusive training on gender, peace, and reconciliation for all stakeholders at community level. CSOs and NGOs can play a critical role in this.

- Set up Task Forces/Committees to spearhead, monitor and evaluate the Zero tolerance to GBV campaign at all levels from the national to the regional, constituency right to the community levels.
- Communities must intensify campaigns against GBV.
- Need for the involvement of men and their continued participation in activities aimed at stemming and eradicating GBV.
- Civil societies must sensitize and teach the communities about peace and human rights.
- There should be capacity building and adequate resources in all the work that CSOs and NGOs execute.

While these recommendations are consistent with the findings from the survey, there is a need to consider the costs and viability of each set of recommendations. The costs associated with the roll-out of WCPUs to all police stations, the costs associated with an expansion of social workers under Government, as well as costs associated with recommendations about the police services and forensic services in particular should be considered, as should the utility of doing so in light of these costs.

Further, the recommendations from the Conference do not seem to give sufficient weight to the involvement of non-governmental organisations and community-based organisations, nor local initiatives. Instead, the focus is more on setting national objectives and ensuring implementation at sub-national levels. In addition, there must be recognition that there are many views about what comprises GBV, and what is 'acceptable' violence and that, while advocacy has an important role (indeed, a central role) to play in reducing GBV, it is not just a matter of 'sensitising' people or forcing social change. Rather, it is an issue of dialogue, which includes listening, to define violence and determine the best ways forward, and joint identification by women and men of entry points in areas where change is possible. This will allow the identification of short-term, medium-term, and long-term objectives and quantifiable goals.

It is also important to remember that many of the group discussion participants and other respondents felt that the language [LA26]about violence was felt to be inappropriate to effectively changing the situation around GBV. The majority of respondents in the quantitative survey, and virtually all FGD participants, did indeed feel that GBV was a problem that needed attention. However, older respondents, as well as some of the younger respondents, felt that the focus of the response to GBV, couched in terms of equality between women and men, was simply worsening social trends that would make GBV worse. While there was recognition that change was inevitable (and indeed desirable), the loss of control over the direction of society was a genuine concern. Local solutions, rather than 'outsider imposition of ideas', were desired, while nevertheless recognising that things were changing in Namibia, and that new laws and new ways of doing things needed to be part of the solution. Findings suggest that local solutions involving civil society would be especially appropriate. At the national level, this meant increasingly engaging with civil society organisations and umbrella bodies as a core of the national response, consistent with the new Policy on Civil Society.

It is *recommended* that MGECW and its partners in development *prioritise* the Conference recommendations in its follow-up planning. It is also *recommended* that MGECW reconsider the Conference recommendations in light of the need to enhance local responses and enhance the ability of people who are subject to GBV to be able to rely on kinship and social networks to resolve the problem, without necessarily having recourse to external services.

Further, as a *national* conference, there was little consideration of the differences that are to be found across different cultures in Namibia, all of which have, and all of which tolerate to a certain degree, GBV. While some of the Conference recommendations do recognise the need for local responses, not all do. It is therefore *recommended* that the Conference recommendations be considered in light of their appropriateness, given the diversity found in the field, and that the recommendations be reconsidered in light of region-specific issues arising.

Given the central role that alcohol plays in the majority of cases of GBV, it is clear that alcohol is an immediate cause of violence (GBV and otherwise). Findings suggest that obvious entry points for community-based organisations, local activists and police officers in *preventing* GBV are at places where high levels of alcohol consumption occur. Actions can be supported by the Ministry of Health and Social Services, and civil society organisations involved in the prevention of alcohol abuse and the rehabilitation of alcoholics.

Child Discipline and Violence	**There are high level of social acceptance of disciplining children that can be classified as violence. Indeed, a key concern that emerged from fieldwork was that increased advocacy around child rights was resulting in a discipline problem.**

Finding: There are high levels of social acceptance of violence against children, and indeed concern that parents are inhibited by national laws in their ability to physically punish their children.

Recommendations: This requires action in four distinct, but interlinked spheres: 1) placing more emphasis on responsibilities that accompany children's rights, including involving children in problem identification and problem resolution (e.g., children's forums); 2) dialogue to reduce the acceptability of violence against children (including strengthening the role of extended families and other kinship and social networks to protect children); 3) increasing the role of faith-based organisations and other civil society organisations in local solutions; and 4) better enforcement of legislation that does not allow violence against children.

Findings: One finding of particular concern was that few people drew any links between GBV and the spread of HIV.[c27]

Recommendations: A review of the Medium Term Plan III shows little consideration of GBV as a contributing factor to the spread of HIV. Nevertheless, forced sex and social pressures on women to respond to the demands of male partners is a serious problem. Given that HIV&AIDS is well resourced and influential in Namibia, there is an urgent need for MGECW to get GBV on the HIV&AIDS agenda for Medium Term Plan IV.

Resolving GBV	**Findings suggest that, while GBV affects women more than men, both women and men are part of the solution. Responding to the engagement of both women and men requires responding at varied levels.**

Findings: There is an emergent consensus that, while GBV disproportionately affects women (with findings for physical violence in Namibia bearing this out), efforts to reduce GBV necessarily involve men and women. There is a growing consensus that this does not just involve dealing with men as perpetrators whose behaviours must be constrained, but rather as part of the solution. As Peacock and Levack (2004: 174) noted, "Despite high levels of male violence against women, it is important to recognize that many men care deeply about the women in their lives, including their partners, family members, coworkers, neighbours, and community members. Given the opportunity and the know-how, many men are eager to challenge customs and practices that endanger women's health and support the well-being of women. Asset-based approaches that redefine men's involvement in the promotion of gender equality as examples of strength, courage, and leadership have been especially useful in this regard."

Many activists in the GBV arena accept that these is a need to respond to GBV at a number of levels, as illustrated in the attached 'ecological model for understanding violence' (WHO: 2005: 27):

Figure 1.1 Ecological model for understanding violence

Source: Reproduced from reference 9.

Recommendations: Findings from the survey highlight the importance of dialogue rather than education *per se*, given the need to ensure that change is acceptable in the context of (adapting) social norms. The vast majority of suggested 'solutions' to the problem of GBV are centred about enhancing the ability of local agencies and institutions to improve social relations, strengthen marriages, and respond to violence. Older respondents tended to feel that traditional authorities were important in this respect, and even younger respondents noted that traditional authorities were key to any reduction in GBV. Younger respondents and many key informants were more likely to argue that 'modern' institutions should be at the core of any response, (noting that traditional authorities encouraged some practices that increased GBV, and that this needed to be protected against), within the context of a proper legislative framework nationally. Faith-based organisations and churches were felt to be key to reducing GBV and strengthening families.

In Namibia, the White Ribbon Campaign and Namibia Men for Change [LA28]are important actors that need to influence the response. Key informant interviews suggest that these groups have been effective in helping to apply social pressure on men not to commit acts of violence, and are especially effective when linked to community groups (e.g., churches). However, there are also important considerations around fathers being good role models for their sons, men being active in violence reduction activities in their communities, and similar initiatives. There are also opportunities associated with football clubs, musicians, politicians, and similar high profile male role models that could help make GBV less acceptable.

Further, examples from two programmes in South Africa (one in the Western Cape Province and another in Limpopo Province) underline the important role of men and boys in reducing GBV. Central to the effectiveness of programmes of this nature has been the definition of 'manhood' as something that did not have to involve dominance and violence. Such an approach is fully consistent with a gendered response to GBV, and evidence from the field survey suggests that such an approach would be welcomed in the four regions in the survey. For Namibia, it is specifically recommended that further consideration be given to strengthening the White Ribbon Campaign and Namibia Men for Change, including possibly engaging with the South African programmes.

Other Recommendations	**Other conclusions and recommendations are contained herein[c29].**

Other, specific conclusions and *recommendations* are as follows:

- GBV needs to be measured over time, and indicators incorporate into the national gender response.
- Using peer channels, support the development of 'victims [c30]advocates'.
- [c31]Coker et. al (2002) concluded that social support reduced by half the risk of adverse mental health outcomes of abused women. This support can come largely from kinship and friendship networks, but would also need support from peers and, where available, social works.
- It must be remembered that GBV is generational[c32], those who grow up in an abusive environment go on to abuse or be abused[c33]. This highlights the need for effective roll models who do not resort to violence. Many of these role models should be males.
- The ~~Conference~~ recommendation from the national GBV conference ~~recommendation~~ highligheted that attention needs to be focused at the regional level is extremely sound[c34].
- It must be remembered that culture is not static. Significant changes have occurred in terms of traditional norms surrounding GBV, and this leaves considerable room to adapt [c35]traditional laws and 'ways of doing things' that would reduce violence.

- Issues around property rights and inheritance did not come up in the context of GBV, yet these can reinforce unequal gender relations that enhance GBV.

- Wife inheritance was felt to be a rare practice these days, and as such was not perceived to be a problem that needed attention[c36]. However, in the context of HIV&AIDS, it does need to be discussed with communities and traditional authorities. At the very least, HIV testing would need to be incorporated into wife inheritance practices[c37], should these practices continue.

- Child marriage was also a rare practice these days but, where it occurred, at the very least, HIV testing would need to be incorporated into the social activities that occur leading up to marriage.

- While there are some agencies involved in preventing and responding to GBV, they are few and far between, and clearly are not in a position to deal with the *levels* [c38]of GBV found in the survey.[c39] This underlines the need for these mechanisms [c40]to be supported by broader initiatives that aim at planning for local, culturally appropriate responses to reduce GBV.

Finally, while the locus of responsibility of GBV planning and response falls with MGECW, many of the needed actions require the involvement of other state and non-state actors. In recognising the human and financial resource constraints facing the Ministry, it is evident that innovative ways to roll-out actions designed to respond to GBV are required. This is further constrained by the dearth of NGOs active in the GBV arena. Given that a National Conference on GBV was held and clear recommendations drawn, and given that there are now results from four regions on the level and character of GBV, there is more momentum today than their has been in the past. The question now is ~~now~~ ? if the Government and its partners [c41]in development can use this momentum[c42] to achieve a better future. In this respect, it is *recommended* that MGECW use the opportunity arising from the presentation of findings from this survey to move the GBV agenda forward. MGECW, and its partners in development, should therefore set clear objectives for this activity[c43], and include the following: 1) broad-based stakeholder involvement, including inviting partners from South Africa; 2) presentation of the results of the National Conference on GBV[c44]; 3) putting forward agreed recommendations to stakeholders for consideration in working groups; and 4) agreeing recommendations at the end[c45]. In the case of this last point, this means each stakeholder in the multi-sectoral response agreeing to actions. [c46]

1 Introduction

1.1 Introduction

In 2007 the Ministry of Gender Equality and Child Welfare (MGECW) with financial assistance of the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the United Nations Fund for Population Activities (UNFPA) commissioned a study on Gender-Based Violence (GBV) in four northern and ~~northeastern~~north-eastern regions in Namibia (Caprivi, Kunene, Ohangwena, Otjozondjupa). This was later extended to four more regions in 2008, comprising Erongo, Karas, Kavango and Omaheke regions, using the same field instruments. ~~Financial support was provided by the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the United Nations Fund for Population Activities (UNFPA)~~. Following a tendering process, the consultancy was awarded to a Namibian socio-economic survey research and social impact assessment firm, Social Impact Assessment and Policy Analysis Corporation (SIAPAC).

This report is structured as follows:

1.2 Terms of Reference

The goal of the GBV study was to achieve a greater understanding of the needs of Namibians in terms of security and safety in their personal lives, with particular emphasis on the needs of women and children. The aim of the Ministry in commissioning the study was to use the enhanced understanding of gender-based violence to inform policy development and strategic planning, and support the acceleration of responses to better protect the human rights of Namibians. The purposes of the ~~investigation~~ study were as follows:

1) Identify the different attitudes and practices having an impact on people's lives, including traditional norms and practices.
2) Collect quantitative and qualitative data on selected key indicators to measure the current level of knowledge, attitudes and practices among Namibian communities.
3) Identify factors that hinder or enable an individual to change a particular behaviour.

4) Achieve a better understanding of the factors that play a key role in influencing the above-mentioned behaviours.

These were further elaborated in the early days of the consultancy to cover the following:

- Social, cultural and traditional attitudes and practices, including consideration of their impacts on GBV.
- Social norms around social relations, punishment, dominance, etc. and impacts on GBV.
- Perceptions of the roles of men and women in households, in extended families, and in communities, and an exploration of expected roles arising from masculinity and femininity.
- Notions of respect and perceptions about socio-cultural boundaries of acceptable behaviours and impacts on GBV.
- Perceived impacts of poverty and deprivation on GBV, including consideration of income status and GBV.
- Catalysts for particular incidences of GBV (e.g., alcohol abuse).
- Issues around GBV and HIV&AIDS.
- How attitudes and practices have changed over time, what opportunities this has raised and what effects this has had on GBV, and what problems remain or have arisen.

As part of ethical issues considered for the investigation, a leaflet was handed out at the end of the interview to the majority of the respondents indicating organisations, contact details, and locations where support could be found for those subject to gender-based violence.

Levels of co-operation were high, with 78.7% of all respondents noted as 'highly co-operative', and only 2.3% as 'not very co-operative'. Levels of co-operation were highest in Otjozondjupa and Karas regions and lowest in Caprivi Region. The average interview took 40 minutes.

It is important to note that the study grew in scope beyond the measurement of traditional practices that increased, or protected people from, GBV, to broader issues associated with GBV itself, whatever its causes. As discussed in Chapter 2, while there is an emergent consensus on what should be measured in the area of GBV, there are still a number of aspects of violence that are *not* included under GBV.

1.3 Approach

Three approaches were employed for the GBV investigation in Namibia:

1. *Primary Data Collection:* Employ both quantitative and qualitative approaches to collect primary data, ensuring that the study on GBV is well informed and accurate, allowing evidence-based planning and implementation to take place. This included employment of a highly-structured quantitative questionnaire (see Annex B) that sought information on awareness, attitudes, perceived prevalence, direct experience around GBV, attitudes and practices around child discipline, and the collection of demographic data aimed at understanding who is most affected by GBV. The qualitative approach comprised focus group discussions (see Annex C) with both women and men, incorporating a 'story with a gap' element to help people vision for the future.

2. *Extensive Materials Review:* Review of available materials of relevance to preparing the report, including exploration of existing databases, websites and unpublished materials. This will support the development of indicators to measure variables to be assessed under this investigation. For a full list, see 'Documents Consulted' at the end of this report.

3. *Soliciting Opinions and Information:* A range of key informant interviews (KIIs) will be conducted specifically to fill information gaps and solicit insights from actors involved in the gender, HIV/AIDS and development arena. This took place at the national and regional levels.

1.4 Methodology

1.4.1 Secondary Materials Assembly and Review

Extensive secondary materials were assembled and reviewed (see the bibliography at the end of this report). The materials, in part, reflected diverse approaches to issues of violence. Points of divergence include a focus on violence against women and children versus gender-based violence, and documents that were focused largely on advocacy (which tended to also focus on women and children), rather than presenting evidence of extent and nature in detail. Indeed, there was a similar divergence in the Terms of Reference for the Namibian investigation, which mixed the concept of gender-based violence with violence against women and children.

Here, the term Gender-Based Violence (GBV) refers to violence associated with gender relations and domestic violence directed towards children (defined as those aged 0-17). For this reason, interviews were conducted with both females and males, with same-sex interviews being conducted.

1.4.2 Primary Data Collection

Primary data collection comprised: 1) collection of quantitative, statistically generalisable data; 2) collection of qualitative data through the use of Focus Group Discussions (FGDs); and 3) Key Informant Interviews (KIIs) at the national and regional levels.

The principal aim of primary data collection was to obtain, first-hand, insights into a broad range of issues with regards to gender-based violence that are not well known or understood from available secondary materials. Specifically, the following took place:

- Implementation of a highly-structured Quantitative Questionnaire in 8 regions (Caprivi, Erongo, Karas, Kavango, Kunene, Ohangwena, Omaheke, and Otjozondjupa) (n=1680; 820 males, 820 females).

- Implementation of a FGD Instrument in the same four regions (n=32).
- Implementation of a Regional KII Instrument in the same four regions (n=39).
- Implementation of a National Level KII Instrument (n=10).

The quantitative questionnaire targeted adult males and females(defined as those aged 18-49). As the field instruments included queries on sexual violence, the age grouping 'sexually active' of 18-49 was selected for interview. The focus group discussions comprised homogeneous members from the same groups in the same eight regions. Key informant interviews were conducted with government officials, civil society organisations, traditional authorities, and religious leaders. In this report, findings across quantitative and qualitative approaches have been integrated into a single presentation. The Regional Primary Data Collection Teams started fieldwork on different dates to ensure the presence of Ms Jeany Auala, Field Manager, in the respective regions on commencement of the activity. This allowed quality control of the data collection process from beginning to the end of fieldwork.

1.4.2.1 Quantitative Data Collection

A highly-structured Quantitative Questionnaire was prepared based on the following materials:

- Indicator identification activity with an oversight committee comprising key officers from Government and supporting donors, known as the Project Management Committee.
- A review of Namibian materials of relevance to gender-based violence.
- A review of international secondary materials and relevant websites. This included a number of best practice documents that included discussions of indicators, with specific reference to the WHO multi-country study on GBV.
- Preparation of a pre-training draft version of the Quantitative Questionnaire, and the FGD and KII Instruments.
- Discussion of the pre-training drafts with the Client, and revision and preparation of the revised training drafts.
- Enumerator training and field pre-testing, and consequent field instrument revision.
- Final Client comments and finalisation of the questionnaire and FGD and KII instruments.

Through such a process, a Quantitative Questionnaire was developed that included valid indicators (measuring what we intend to measure) that were implemented in a reliable fashion (implemented consistently across enumerator and across region). The process yielded a final questionnaire in Version 15, later revised in 2008 in Version 19 (see Annex B).

Quality control over the process of field implementation of the Quantitative Questionnaire was central to the success of the investigation. SIAPAC employed long-standing quality control

systems, including layered supervisory structures and repeated systems of checking during implementation. To monitor this process, a quality control cover sheet was included on the quantitative questionnaire as follows:

1) Interview Status (tick only one):
Fully Completed ____ - 1
Partially Completed ____ - 2

2) Total number of visits: _____
3) Enumerator Self Check (field), print surname: _____
4) Date: _____
5) Field Supervisor Check (field), print surname: _____
6) Date: _____
7) # of missing values found by Field Supervisor: _____
8) Field Supervisor Check of Missing Values, print surname: _____
9) Date: _____
10) # of *unexpected* missing values resolved: _____
11) # of *unexpected* missing values unresolved: _____
12) Enumerator Review of Missing Values, print surname: _____
13) Date: _____
14) Field Manager Check (field), initial: _____
15) Date: _____
Field Manager Check (office), print surname: _____
Date: _____
Other Check (field), print surname: _____
Date: _____
Other Check (office), print surname: _____
Date: _____
16) Study Manager Coding of Open-Ended Responses: _____
17) Question Numbers Coded (indicate which questions): _____
Date: _____
Supervisory Comments: _____
_____
Date: _____
18) Data Manager Coding of Open-Ended Responses: _____
Date: _____
19) Questionnaire Entry Completed: _____
Date: _____
20) Data Manager : # of missing values : _____

The collection of supervisory data on missing values was especially important, given that this is a common problem in quantitative data collection. Across 1680 interviews, only 74 unexplained missing values arose.

Each team comprised enumerators and a field supervisor, with each required to sign off on the questionnaire following completion. A Field Manager also checked a subset of questionnaires. Every questionnaire was self checked by the enumerators (100%) and field supervisors (100%),

while field managers checked half of all questionnaires (50.1%). Almost all questionnaires were checked by enumerators and field supervisors the same day as administered.

1.4.2.1.1 Sample Frame Identification and Sampling

Given that variation is expected across socio-cultural factors, the sample size needs to be sufficiently large to establish such variation. In many respects the regions in the study reflect considerable internal and cross-region variation. Fortunately, much of what needs to be measured will be measured via the collection of attitudinal data and practice data that refers to common beliefs, behaviours, and consideration of the extent of problems in society, rather than just the specific behaviours of an interviewee. Nevertheless, it is important to note that the sample size of 1680 (210 per region) was a *minimum* sample size, based on assumed levels of change in variables in the GBV arena. While a larger sample size would have been desirable, budget restrictions made this impossible. Findings from data runs with insufficient numbers were therefore excluded from the report, and are noted as 'not applicable', or 'na', in the annex showing detailed data runs.

Within each of the four regions, a two-stage random cluster design based on the last census was conducted. This involved random selection of locations from the census list of all enumeration areas by region, and securing maps for these locations from the Central Bureau of Statistics. The list below shows regional constituencies and number of clusters that fell within the sample.

Table 1: Names of Constituencies that Fell Within the Sample

2007			
Kunene Region	**Otjozondjupa Region**	**Ohangwena Region**	**Caprivi Region**
Sesfontein (1) Epupa (2) Opuwo (4) Khorixas (2) Kamanjab (4) Outjo (2)	Tsumkwe (2) Omatako (1) Otjiwarongo (4) Okakarara (4) Otavi (1) Grootfontein (2) Okahandja (1)	Ongenga (2) Engela (3) Oshikango (2) Ohangwena (2) Omulonga (2) Endola (1) Eenhana (1) Epembe (1) Okongo (1)	Linyanti (4) Sibbinda (1) Katima Mulilo Rural (3) Katima Mulilo Urban (5) Kabbe (2)
2008			
Erongo Region	**Karas Region**	**Kavango Region**	**Omaheke Region**
Arandis (2) Daures (1) Omaruru (1) Swakopmund (4) Karibib (1) Walvis Bay (6)	Keetmanshoop (4) Berseba (2) Lüderitz (3) Karasburg (5) Oranjemund (1)	Mpungu (1) Kahenge (3) Mukwe (2) Ndiyona (1) Kapako (3) Rundu (5)	Kalahari (4) Otjinene (3) Steinhausen (1) Gobabis (3) Aminuis (3) Otjombinde (1)

In the field, sampling involved random selection of a starting direction, random selection of a starting household, and random selection of a respondent for interview. For respondent selection, same sex interviews were conducted. Respondent selection was based on the following procedures, included in the quantitative questionnaire:

Good day. My name is _____. I am with SIAPAC, a Namibian research firm. We are conducting a survey on gender issues for the Ministry of Gender Equality and Child Welfare. We are carrying out the survey in four regions in Namibia, including Kunene, Ohangwena, Otjozondjupa and Caprivi, and I'm part of a team doing research on health issues. We're supposed to interview a male [female] from this home. To choose this person, I need to ask you a few questions about the men [women] living in this home.

Can we begin? ____ - 1 yes ____ - 2 no

[Ask how many males/females (depending on your sex) live in the household, and are currently at home, or will be at home this same day, who are aged 18-49. Write these names down in the following table:]

Question	Males	Females
How many men and boys / women and girls currently live in this homestead aged 18-59? [Enum: Same sex listing only.]		
Respondent 1: Of these, who is the oldest person in this age range? [name or age]		
Respondent 2: Who is the next oldest? [name or age]		
Respondent 3: Who is the next oldest? [name or age]		
Respondent 4: Who is the next oldest? [name or age]		
Respondent 5: Who is the next oldest? [name or age]		

If there is more than one household member your same sex and aged 18-49 in the household, as per this above table, you select the respondent for interview based on the following table. If there is only one eligible household member, move to respondent consent.

# of eligible respon-dents	Last 2 digits of questionnaire number																			
	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1
4	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

The Consultants understood that the Client intended to conduct a similar survey in a few years time, to establish changes in attitudes and behaviours, and to consider emergent trends. The sample size was therefore established with this in mind. The sample assumed that key variables of interest will change by some 30%, and assumed that the most uncommon variable of interest affected 30% of the respondents.

Based on these considerations, and in the context of budgetary limitations, a sample size of 210 households *per grouping* was established as a minimum sample size. With 210 interviews per region, this yielded 1680 interviews across the eight regions, 840 with males, and 840 with females. The sample size was calculated as follows:

Namibia Household Survey				
Given			Components of the Formula	Results
P1= (Proportion at Baseline:2007)	0.300		PBar=	0.2250
P2=(Expected Proportion at End of Intervention: 2009)	0.150			
P2-P1 (Desired Change at End of Project)	-0.150		(PBar(1-Pbar))=	0.1744
alpha (Z 95%)	1.650			
beta (power: B 80%)	0.840		P1(1-P1)=	0.2100
			P2(1-P2)=	0.1275
Adjust for Non-Response Rate	0.05		P1(1-P1) + P2(1-P2)=	0.3375
			Squareroot of (P1(1-P1) + P2(1-P2))=	0.5809
			Z1-b* Squareroot of(P1(1-P1) + P2(1-P2))=	0.4880
Indicators (examples)			Squareroot of (2*PBar(1-Pbar)=	0.5906
Proportion of respondents who believe that violence against wives is acceptable				
Proportion of respondents who believe that, if a man dies and AIDS is suspected, it is acceptable to ostracise the wife			Z1-a*(Squareroot of (2*Pbar(1-Pbar))=	0.9744
Proportion of respondents who have instituted corporal punishment on at least one of their children				
Main cultural determinants of attitudes and behaviours			Numerator of the Formular=	2.1386
			Denominator of the formular={(P2-P1) Squared}=	0.0225
			Sample Size From the Formular	190
			Adjusted for Non-Response Rate	207

Fifteen Primary Sampling Unit (PSU) clusters were randomly selected per region, allowing the analysis of data at the regional level. For the eight regions, this yielded 120 PSU clusters.

Ethical proposals were employed associated with household listing, interviewee selection, and interviews themselves. The following was employed:

Hello. My name is_____. I'm part of a team doing research on gender issues in Namibia.

I assure you that everything you tell me in this interview will be kept completely private and confidential. I do not need to know your full name or personal details for this study and there won't be any way for anyone to link your answers back to you. The only other person from this study who may visit you would be my supervisor, and s/he would only visit to make sure that I conducted the interview properly.

It's entirely up to you whether you want to take part in this study. Do please note that some of the questions are quite personal and have to do with issues such as tradition, abuse, HIV/AIDS, etc. If you agree, you would have the right to refuse to answer any question or to change your mind at any point and end the interview altogether. If you feel uncomfortable with a question, just let me know and we can skip it. However, because your answers are very important to us, I ask that, if you do agree to be interviewed, you be completely honest and sincere with me.

May we proceed with the interview? ____ - 1 yes ____ - 2 no

In all cases, interview permission was granted, and interviews took place. All 1680 interviews were fully completed.

For analysis, data were weighted up to the number of households in the four regions. With 210 interviews conducted in each region, this yielded the following weights: Kunene 63.42380952; Ohangwena 177.6428571; Otjozondjupa 128.3666666; Caprivi 81.06190476; Omaheke 58.27884615; Kavango 148.9238095; Karas 73.67605634; and Erongo 147.7238095.

Data entry for 2007 took place using Microsoft Excel, with 100% of all data points validated. Data were thereafter cleaned, and exported to the Statistical Package for the Social Sciences (SPSS), where a final check of all data was made. For 2008, data were entered using SPSS Data Entry. A total of eight final data entry errors were detected during the SPSS check, and corrected by reference to the original questionnaires. Data analysis took place using SPSS.

1.4.2.1.2 Limitations of the Investigation

It should be noted that the size of the sample, while sufficient for most analysis, was insufficient for some data runs. With 1680 interviews, half conducted with males and half with females, and with one-eighth conducted in each of eight regions, the ability to analyse data by region, by sex, and by various variables is limited. This was particularly problematic in the case of analysis of sub-questions where only a subset of respondents were asked questions (e.g., the screening question asks about being subject to GBV, and subsequent questions asked about types of violence), and especially when analysis was attempted by variables against socio-economic status

or other control variables. In this respect, some interesting analysis was not possible. Fortunately, because four regions were added in 2008 and the total sample size doubled, many of these limitations were overcome, particularly in broader comparisons of males against females.

In addition, while a Management Committee was establish to manage the day-to-day affairs of the investigation, and while this was overseen by a Reference Group, in practice attendance for Management Committee meetings by agencies other than the Ministry was sporadic, and rarely involved the same officers more than once. For the Reference Group, attendance was extremely poor, and in the end only a few individuals provided substantive inputs into the questionnaire development process.

1.4.2.2 Qualitative Data Collection

Focus group discussions (FGDs) were held with males and females, taking care to ensure homogeneous groups (females 18-24, males 18-24, females 25+, males 25+). Particular attention was focused on assessing perceived changes over time, and understanding the cultural determinants associated with GBV. The FGDs concentrated on cultural factors that increase the risk of, or protect people from, GBV, and how systems may have changed over time.

For the most part, qualitative investigations went as planned. However, a few problems occurred. Out of 31 expected interviews, 32 were conducted. In Kunene Region, organising FGDs proved to be extremely difficult. A group of males who were organised for Opuwo did not turn up on the agreed upon date. The team tried to arrange another group in Epupa but only 2 people were interested in participating. In Khorixas, the team organised a FGD with males but only one came to participate. The team reorganised another group of males in the same town but no one showed up after agreeing to participate. The team tried again in Kamanjab and Outjo, with the assistance of Regional Councillors and Youth Officers, but no one (male) was interested in participating. It should therefore be noted that the FGD with the 25+ males in the Kunene Region was not conducted. In Kamanjab constituency, a discussion with female participants was conducted over a period of 2 days because the participants were complaining about the length of the instruments. The team together with the participants agreed to continue the next day. Fortunately, for 2008, no problems were encountered, and indeed an extra discussion was held.

Key informant interviews (KIIs) were also held at national and regional levels. Interviews with traditional authorities focused on traditional norms associated with GBV, and what this meant for levels and the character of such violence. Interviews with other KIIs focused on the extent and character of GBV, as well as systems that are in place, or are needed, to control GBV.

The following FGDs and KIIs were conducted in each region:

2007

Caprivi Region

- FGD with 18-14 years old males, Kabbe Constituency
- FGD with 18-14 years old females, Sibbinda Constituency
- FGD with 25+ years old males, Katima Mulilo Urban Constituency
- FGD with 25+ years old females , Katima Mulilo Rural Constituency
- KII with Traditional Authority (Mashi Khuta), Linyanti Constituency
- KII with Social Worker from Ministry of Health and Social Services at the Katima Mulilo State Hospital, Katima Mulilo Urban Constituency
- KII with an NGO, "Caprivi Youth Against Crime", Kabbe Constituency
- KII with the Women and Child Protection Unit, Katima Mulilo Police Station, Katima Mulilo Urban Constituency
- KII with a religious leader, Seventh Day Adventist Church, Katima Mulilo Urban Constituency

Ohangwena Region

- FGD with 18-14 years old males, Eenhana Constituency
- FGD with 18-14 years old females, Engela Constituency
- FGD with 25+ years old males, Okongo Constituency
- FGD with 25+ years old females, Okongo Constituency
- KII with a Chief Gender Liaison Officer from Ministry of Gender Equality and Child Welfare, Eenhana Constituency
- KII with an NGO, "ACACIA", Ohangwena/Eenhana Constituency
- KII with the Women and Child Protection Unit, Ohangwena/Eenhana Police Station, Ohangwena Constituency
- KII with a Religious leader, Anglican Church, Okongo Constituency
- KII with Traditional Authority, Ongenga Constituency

Kunene Region

- FGD with 18-14 years old male Kamanjab Constituency
- FGD with 18-14 years old females, Kamanjab Constituency
- FGD with 25+ years old males, (no discussion was held with this age group)
- FGD with 25+ years old females, Khorixas Constituency
- KII with a Social Worker from Ministry of Health and Social Services, Khorixas Constituency

- KII with a Social Worker from Ministry of Health and Social Services, Opuwo Constituency
- KII with the Women and Child Protection Unit, Ohangwena/Eenhana Police Station, Opuwo Constituency
- KII with a Religious leader, Evangelical Lutheran Church, Kamanjab Constituency
- KII with Traditional Authority, Outjo Constituency

Otjozondjupa Region

- FGD with 18-24 years old males, Otavi Constituency
- FGD with 18-24 years old females, Otjiwarongo Constituency
- FGD with 25+ years old males, Tsumkwe Constituency
- FGD with 25+ years old females, Okakarara Constituency
- KII with a Religious leader, ELCIN, Okakarara Constituency
- KII with the Women and Child Protection Unit, Otjiwarongo Police Station, Otjiwarongo Constituency
- KII with a Social worker, Ministry of Health and Social Services, Otjiwarongo Constituency
- KII with Traditional Authority, Tsumkwe Constituency
- KII with an NGO, "Caprivi Youth Against Crime", Grootfontein Constituency

2008

Omaheke Region

- FGD with 25+ year old females, Otjinene
- FGD with 25+ year old males, Otjinene
- FGD with 18-24 year old females, Otjombinde
- FGD with 18-24 year old males, Amunius
- KII with a religious leader from the Roman Catholic Church, Gobabis
- KII with a programme manager from the Ongendo Development Trust, Otjinene
- KII with a police officer from the Namibian Police, Gobabis
- KII with a traditional leader, Otjinene
- KII with a social worker, Women and Child Protection Unit, Gobabis

Erongo Region

- FGD with 25+ year old females, Walvis Bay
- FGD with 25+ year old males, Karibib
- FGD with 18-24 year old males, Swakopmund
- FGD with 18-24 year old females, Uis
- KII with the Station Commander, Namibian Police, Swakopmund
- KII with a religious leader from the Lutheran Church, Karibib
- KII with a social worker, Women and Child Protection Unit, Walvis Bay
- KII with the chair, Community Against Crime, Walvis Bay
- KII with a traditional leader, Omatjete

Karas Region

- FGD with 25+ year old females, Karasburg
- FGD with 25+ year old males, Tses
- FGD with 18-24 year old males, Keetmanshoop

- FGD with 18-24 year old females, Keetmanshoop
- KII with the Acting Unit Commander, Women and Child Protection Unit, Keetmanshoop
- KII with a traditional leader, Berseba
- KII with the Station Commander, Namibian Police, Ariamsvlei
- KII with a social worker, NGO, Keetmanshoop
- KII with a religious leader from the Lutheran Church, Oranjemund

Kavango Region

- FGD with 25+ year old females, Kahenge
- FGD with 25+ year old males, Mukwe
- FGD with 18-24 year old males, Rundu
- FGD with 18-24 year old females, Mukwe
- KII with a social worker from MGECW, Rundu
- KII with a traditional leader, Mpungu
- KII with a police officer, Rundu
- KII with the Unit Commander, Women and Child Protection Unit, Rundu
- KII with a religious leader from the Apostolic Faith Church, Rundu

The following organisations were involved in the national KIIs:

- UNDP
- UNICEF
- UNFPA
- MGECW
- MOHSS
- Legal Assistance Centre (LAC)
- White Ribbon Campaign (WRC)
- National Planning Commission Secretariat (NPCS)

2 Overview of Gender-Based Violence and Responses

2.1 Introduction

This chapter offers a brief overview of gender-based violence, and discusses the policy and programme context around GBV.

There is considerable confusion arising from the twin focus on gender-based violence as it affects women, and gender-based violence as it affects women and men. In part this arises from advocacy approaches that focus on violence against women and children, and confusion associated with the transition from 'women in development' to 'gender and development' approaches. The 1993 UN General Assembly Declaration on the Elimination of Violence Against Women reflects this confusion, defined GBV as violence that could or did result in harm or suffering by *women*, and did not mention children (male or female) or men.

As noted in Chapter 1, the approach adopted for the GBV study extended beyond the original objective of establishing traditional practices that affect GBV, and extended beyond violence against women and children. The shift from a 'women in development' to a gender approach is consistent with emergent trends in Namibia and elsewhere. Briefly, the Gender and Development approach has shifted from a focus on women as sole agents of change to change within the framework of women, men and children in socially determined relations in a cultural context working towards change. In this respect, gender-based violence affects women, men, and children, and the approach to reducing GBV necessarily involves each. Gender analysis reflects the systematic collection of information on the roles, responsibilities, needs, priorities, constraints and related issues affecting social relations between women and men within a given socio-cultural context. These relations are not static, and are instead dynamic, undergoing change within the context of traditional social systems and political determinants. With this in mind, this study has applied gender analysis, exploring and presenting gender-specific issues arising, and presents sex-disaggregated data and gendered recommendations accordingly.

As the United Nations recently noted (2006: 69), "There is still no consensus as to the best approach for measuring the global occurrence of [GBV]".

2.2 Gender-Based Violence

There are, unfortunately, a number of different definitions of gender-based violence. Indeed, Moser (2007), in discussing gender and the development of indicators for measuring various aspects of gender relations, noted that "… definitions of GBV vary across and within countries" (Moser, 2007: 27). Nevertheless, the simplest, and perhaps most straightforward definition, defines GBV as *physical, sexual, or psychological abuse inflicted on the basis of a person's gender*. In this

respect, GBV can affect both females *and* males, and is thus different from violence against women. It does, however, include violence against children, in the context of gendered roles. This operational definition has been employed for the Namibian GBV study.

The approach in Namibia to measuring GBV has been further informed by three factors: 1) an emergent consensus on how to measure GBV, including specific questions; 2) a shift in the international literature towards measuring gender-based violence rather than violence against women and children; and 3) consistent with international best practice, a focus on intimate partner violence. For the first point, specific questions were included in the quantitative questionnaire that will enable comparisons across countries that would include data from Namibia (specifically, eight regions out of thirteen in Namibia[1]), a key constraint in the GBV research arena in past years. For the second point, this reflects the shift away from women-in-development to gender-and-development approaches to gender relations and development[2]. For the third point, this allows the measurement of violence within families, consistent with best practice investigations including the 2005 World Health Organisation investigation covering a number of countries (including Windhoek in Namibia). It means that broader aspects of violence, such as fighting, were not covered.

Focus Group Discussion participants were asked to define GBV. All groups gave definitions consistent with the definition used in this report. It is especially interesting to note that all groups included violence against women *and* men in their definitions. Further, a number of these groups extended the definition to include 'domestic violence' that they felt incorporated violence against children.

While definitions of GBV were consistent, when asked how they came to know about GBV, a number of respondents highlighted that they did not learn these things from within their own families, and noted that this was not an issue discussed between parents and children. Indeed, some of the FGD participants noted that, within their families, they had learned social norms that were felt to encourage male dominance and physical violence as important social norms. Older males were especially likely to raise concerns about 'undisciplined women', and the need for violence to control their behaviours.

Rather, it was something that tended to be discussed among peers. Some had been involved in discussions around GBV, or had touched on relevant matters in school.

Watts and Zimmerman (2002), while discussing violence against women rather than GBV, provide a useful overview of the types of gendered violence in the following chart:

[1] MGECW hopes to extend the study to the remaining five regions in 2009.

[2] It should be noted that there is considerable value in focusing on violence against women in children in terms of advocacy and prevention. Increasingly, the literature on violence against women and children is recognising that men and boys are also part of the solution, and not just perpetrators of violence (see, for example, Usdin, Sheepers, Goldstein and Japhet, 2005). While still being referred to as 'violence against women and children', much of the literature is increasingly recognising the gendered-aspects of the problem and any solutions.

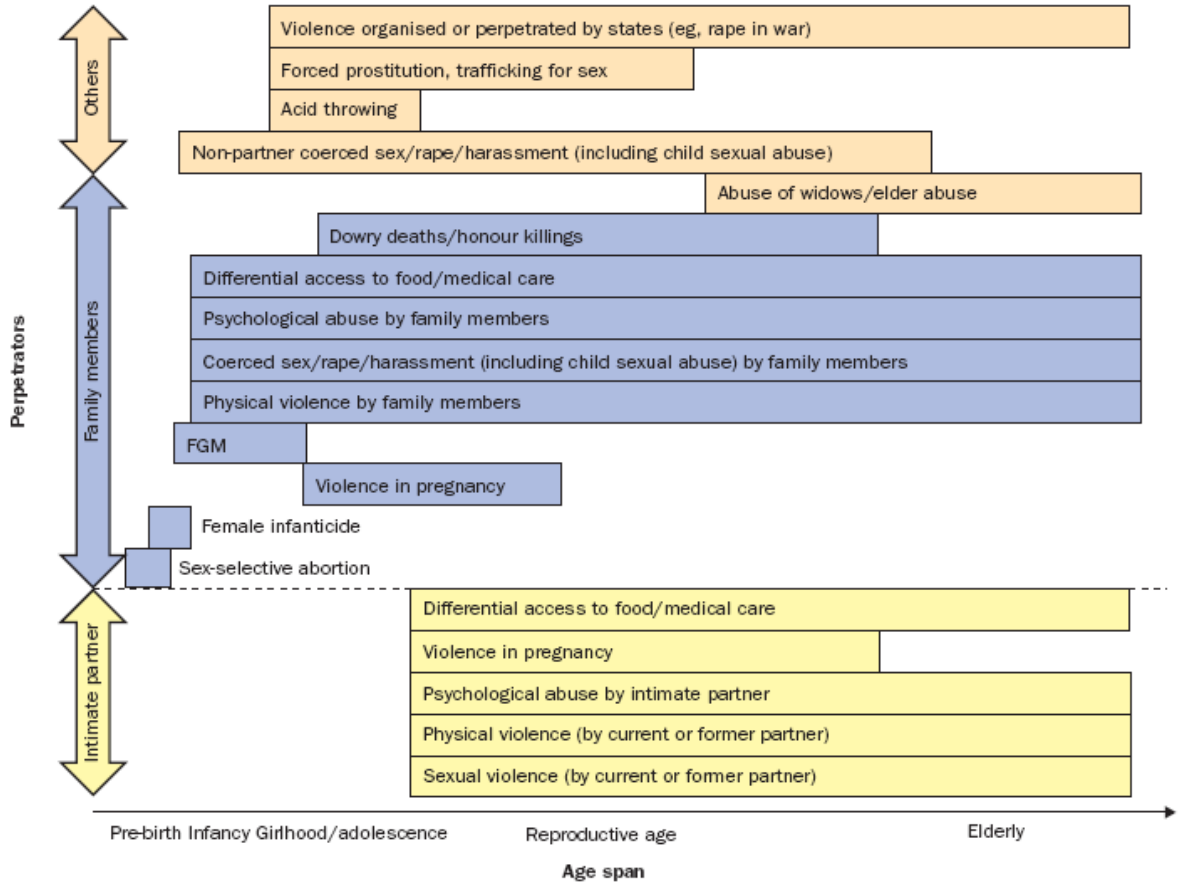


Figure 1: **Violence and abuse against women over time**
FGM=female genital mutilation.

Nevertheless, it is important to note that the international literature still reflects differences of opinion on what should be measured and why. A considerable proportion of the documents reviewed used quantitative and qualitative findings from various studies across a number of countries as information for women and child protection and violence abatement advocacy purposes (see, for example, United Nations, 2006). Indeed, the terms of reference for the Namibian investigation reflected both of these trends (see Annex E), mentioning, for example, GBV but referring to violence against women and children.

> The Global AIDS Alliance (2006: 34) notes that gender is a "… complex social construct that defines, based on sex or presumed sex, a set of characteristics expected of individuals … Reinforced by social and political structures, these gender norms can be especially dangerous to anyone thought to be transgressing them …"

For this study, the focus was on GBV, which means that any gender-based violence was measured, regardless of who the victims were. It also included measuring child violence. This does not mean that approaches that focus on violence against women and children are not warranted. Rather, it

means that, for the purposes of the Namibian investigation, broader aspects of GBV were considered as well.

Other definitions of importance to an understanding of GBV are as follows:

- VIOLENCE – Violence is defined by the World Health Organisation (WHO) as "… the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (obtained from Global AIDS Alliance, 2006: 34). This definition tends to focus on the physical aspects of violence. Other definitions are more expansive, and include psychological threats, emotional intimidation, and broader aspects of abuse under a definition of violence. Violence in this respect is considerably broader than GBV, as it includes all acts of violence. It is recognised, of course, that many acts of violence are associated with gender roles in society (e.g., male aggressiveness), but the GBV literature restricts its coverage of violence largely as violence associated with intimate partner violence and violence against children.

  One older female FGD participant in the Caprivi Region indicated that, "Domestic violence starts when a man begins to ignore family matters and problems. It is common practice in this area for husbands to not bring salaries home to their wives and children. Wives are beaten up or divorced when they try to find out from their husbands where the money went."

- INTIMATE PARTNER VIOLENCE – violence from an intimate partner involving physical assault, including being slapped, pushed or shoved, have something thrown at, hit with a fish or something else that could hurt, kicked, dragged or beaten up, choked or burned, or threatened with or had a weapon used against them. Other terms for 'intimate partner violence' include domestic violence, intimate partner abuse, family violence, wife beating, battering, marital abuse, and partner abuse. BMC Women's Health (2007: 3) notes that "Domestic violence is not a single behaviour but a mix of assaulting and coercive physical, sexual, and psychological behaviours designed to manipulate and dominate the partner to achieve compliance and dependence".
- OTHER PARTNER VIOLENCE – since age fifteen, someone other than their partner has beat or physically mistreated them.
- SEXUAL VIOLENCE – violence that involved physical force used to coerce someone into sexual intercourse (of any kind, vaginal, oral, anal), threats of violence used to force sexual intercourse of any kind, and forcing someone to do something sexually that is degrading or humiliating. Sometimes separated into 'intimate partner' sexual violence and 'other partner' sexual violence. For children, sexual violence is defined as 'someone touching the child sexually or made her/him doing something sexual that they did not want to do'.
- EMOTIONAL ABUSE:
  - Being insulted or made to feel bad about oneself.
  - Being humiliated or belittled in front of others.
  - Being intimidated or scared on purpose.
  - Being threatened with harm.

- CONTROLLING BEHAVIOUR:
  - Keeping an intimate partner from seeing friends.
  - Restricting contact of an intimate partner with her family of birth.
  - Insisting on knowing where an intimate partner is at all times.
  - Ignoring or treating an intimate partner indifferently.
  - Getting angry with an intimate partner is s/he speaks with others of the opposite sex.
  - Often accusing an intimate partner of being unfaithful.
  - Controlling an intimate partner's access to health care.
- PHYSICAL VIOLENCE IN PREGNANCY:
  - Woman slapped, hit or beaten while pregnant.
  - Woman punched or kicked in the abdomen while pregnant.
- SAFE AND SUPPORTIVE ENVIRONMENT – Safe refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. Supportive means an environment that provides positive, close relationships with family, other adults (including teachers, and youth and religious leaders) and peers.

> "Domestic violence – also known as intimate partner abuse, family violence, wife beating, battering, marital abuse, and partner abuse – is an international problem. Domestic violence is not a single behaviour but a mix of assaulting and coercive physical, sexual, and psychological behaviours designed to manipulate and dominate the partner to achieve compliance and dependence. Women are more likely to experience physical injuries or psychological consequences." Anderson, Ho-Foster, Mitchell, Scheepers and Goldstein, 2007: 3).

2.3 Policy Context

2.3.1 General

Development in Namibia is principally guided by Vision 2030, along with a number of sectoral and cross-sectoral policies[c47], operationalised through a system of plans and strategies. Vision 2030 sets forth objectives for gender and development. Vision 2030 recognises the importance of understanding gender relations in order to respond positively to opportunities associated with the development of women and men in Namibia. At the same time, there is recognition that changes underway in society can result in tensions during transition, and that Namibians needed to be protected from this social change. [c48]

The key planning document is the National Development Plan, with the current period still governed by the Second National Development Plan (NDP) 2001/2-2005/6 (NDPIII is nearing finalisation). The measurement of development benchmarks is supported through a system of reviews, including the NDP process, but also through processes supported by the United Nations and other agencies (e.g., the National Planning Commission's review of Namibia's progress towards Millennium Development Goals; NPC, 2004).[c49]

Namibia has also recognised the link between poverty, inequality, and the problems associated with gender norms that may lead to violence. Namibia's response to poverty is co-ordinated through the National Planning Commission Secretariat in the Office of the President. The Poverty Reduction and Equity Sub-Division in the Secretariat co-ordinates poverty alleviation efforts at the national level, working with similar regional bodies to co-ordinate poverty alleviation efforts at the sub-national level. The framework for poverty reduction is set forward in the Poverty Reduction Strategy, published in 1998, and the National Poverty Reduction Action Programme (2001-2005), which was published in 2002. Poverty alleviation has remained as a central goal of national development planning, where 'reduce income inequalities' and 'reduce poverty' are two of four national development goals (the others being 'revive and sustain economic growth' and 'create more employment opportunities'), and is a key element in Vision 2030, where the goal is to reduce poverty levels to a minimum, and improve the distribution of income. [c50]

2.3.2 Namibia's Response to Gender-Based Violence

The national response to GBV is currently co-ordinated by the Ministry of Gender Equality and Child Welfare (MGECW; established in 2005), which has responsibility for policy and programme development in the areas of gender and child welfare. MGECW was preceded by the Ministry of Women's Affairs and Child Welfare, established in 2000, with the name change reflecting a shift from women's affairs to gender, focusing on gender relations rather than just on women. This was preceded by the Women's Desk, established in 1990, and the Department of Women's Affairs, established in 1997. The mandate of MGECW is to ensure gender equality and equitable socio-economic development of women, men and children (MGECW strategic plan for 2005-2001, published in 2005). The vision of the Ministry is "a society of equal opportunities for all'. The mission is to "… create and ensure an enabling environment in which gender equality and the well-being of all children can be realised". MGECW objectives were noted as follows (MGECW, 2005: 1):

- To ensure gender equality at all levels of society and the implementation of gender-related national, regional and international legal instruments and policies.
- To empower and help improve the lives of our communities.
- To strengthen the capacity of income-generating project participants.
- To strengthen community capacity in [Early Childhood Development/Orphans and Other Vulnerable Children] ECD/OVC, and provide support for the establishment of quality sustainable IECD centres and structures, including home-based care.
- To contribute to the improvement of quality of life of all children.
- To provide general support services.

Gender focal points were appointed for every ministry. However, these focalcus points do not have terms of reference[c51], and management support is reported to be limited. As a result, few clear examples of gender mainstreaming in a manner that would limited GBV can be identified (questions to key informants). Those ministries with particular duties associated with gender issues include the following (Iipinge, E. and D. LeBeau, 2005):

- Ministry of Justice – which drafts gender-related laws;
- Ministry of Education – which promotes gender-sensitive education;
- Ministry of Health and Social Services – dealing with health issues;
- Ministry of Labour – dealing with employment equity;
- Ministry of Finance – which budgets for gender sensitive policies for all ministries;
- Ministry of Regional and Local Government, Housing and Rural Development - decentralisation and gender;
- Ministry of Agriculture, Water and Forestry - gender, agriculture, and natural resources.

[c52]Unfortunately, the Ministry is understaffed and its mandate underfunded, and operational limitations have resulted in various implementation constraints. Overall, key informants argued that gender issues were 'not taken seriously', nor was the importance of a gendered approach properly understood by many actors. Constraints are especially noticeable at the decentralised levels, where resources are inadequate and the effectiveness of interventions of concern, as well as with regard to other ministries.

Namibia's Constitution commits the country to the protection of fundamental human rights and the elimination of discriminatory practices based on, among other things, sex and race (Article 10). The family is noted as the key social construct that protects adults and children. There are a number of laws, policies, and conventions that had a role in responding to GBV in Namibia. This includes:

- The Namibian Constitution (1990).
- Combating of Domestic Violence Act (No. 4 of 2003).
- Social Security Act (No. 34 of 1994).
- Communal Land Reform Act (No. 5 of 2002).
- Maintenance Act (No. 9 of 2003).
- Combating of Rape Act (No. 8 of 2000).
- Marriage Person's Equality Act (No. 1 of 1996).
- Affirmative Action Act (No. 29 of 1998, updated thereafter).
- Criminal Procedure Amendment Act (No. 24 of 2003).
- The National Gender Policy (1997).
- Convention on the Rights of the Child (1992).
- The Convention on the Elimination of All Forms of Discrimination Against Women (2000).

The Third National Development Plan (NDP3) was launched in November 2008 by the National Planning Commission. The Plan includes a section on gender and governance, which includes a discussion of gender-based violence, and recommendations associated with research, the strengthening of safe havens for victims of GBV, the development and dissemination of GBV materials, advocacy and policy dialogue for strengthening the legal framework on GBV issues and HIV&AIDS.

The Global AIDS Alliance (2006: 4) argues that there are six pillars for an effective response to GBV:

1) political commitment and resource mobilisation.
2) legal and judicial reform
3) health sector reform
4) education sector reform
5) community mobilisation for zero tolerance
6) mass marketing for social change.

Many key informants noted that a major gap in Namibia's response to GBV was the absence of an updated Children's Act (No. 33 of 1960). The draft Child Care and Protection Bill was expected to replace the Children's Act, but it had been stalled for some time, and the timing of its passage was uncertain. Other draft bills in need of passage included the Divorce Bill, the Marital Property Reform Bill, the Recognition of Customary Marriage Bill, and law reform on inheritance.

The number of initiatives in Namibia focussing ~~sed~~ on GBV are limited[c53], although various civil society organisations, Government departments[c54], and development partners do consider, to one extent or other, the implications of gender relations.[c55] Women and Child Protection Units, first established in Windhoek in 1993, have been established in all regions (see UNICEF and the Ministry of Safety and Security, 2006). In addition, regional councils and the Ministry of Youth and Sports have established Multi-purpose Youth ~~Community~~ Centres throughout the country.

With regard to the protection of the rights of children and women, Namibia has ratified a number of international conventions, as follows (see Iipinge and Lebeau, 2005):

- The UN Convention on the Rights of the Child.
- Declaration on the Survival, Protection and Development of Children.
- African Charter on the Rights and Welfare of the Child.
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.
- [c56]

These charters, which were generally signed in the early years of independence, were consistent with a number of clauses in the Namibian Constitution that protected the rights of individuals, including children.

2.3.3 HIV&AIDS

Namibia is one of the countries worst affected by HIV&AIDS[3]. The current HIV seroprevalence rate, at 19.9% for 15-49 year olds (2006 data[c57]), remains high, and reflects a rapid increase in infection rates from low levels in the late 1980s. In the context of a generalised epidemic, there are many gender violence issues arising.[c58] For this reason, HIV&AIDS have been given particular attention in the GBV literature.

HIV&AIDS has emerged as a central concern of policymakers in Namibia, and today a broad-based, multi-sectoral environment exists that is conducive to an effective response. There are, nevertheless, numerous constraints to this response, with particular problems arising from a continued lack of understanding of how to mainstream HIV&AIDS in sectors that do not perceive themselves to be affected by, or able to have an impact on, HIV&AIDS.

HIV&AIDS emerges as a central cross-cutting theme for ~~Vision 2030~~NDP2. NDP3, launched in November 2008 includes HIV&AIDS as a key development goal ('combat the further spread of HIV&AIDS'). It appears in most policy documents, strategic plans, and programme documents (especially those prepared from 2000). Unfortunately, the epidemic reached high levels well before a commensurate response emerged, and as a result continued high infection rates will be with Namibia for a number of years to come.[c59] Some countries have managed to turn around high rates of infection, including Uganda in the 1990s, and Botswana in the past few years, with the Botswana example in particular highlighting the stabilisation of the epidemic for some time before reduction in new infections emerges to affect overall national trends. Further, even if new infections dropped dramatically over the next few years, the long asymptomatic period of HIV infection means that death rates [c60]would continue to grow into the 2020s. ~~In many respects, this is the best that Namibia can hope for.~~

The Global AIDS Alliance (2006: 3) notes that "women who have experienced violence may be up to three times more likely to acquire HIV".

[3] Human Immuno-deficiency Virus; Acquired Immuno-deficiency Syndrome. The Consultants use the acronym HIV&AIDS to denote the need to consider both HIV and AIDS, and past confusion arising from the use of the acronym HIV/AIDS, which suggested that the two were the same thing.

The Third Medium Term Plan (2004-2009; MTPIII) on HIV&AIDS (MOHSS, 2004) currently governs Namibia's approach to HIV&AIDS. The National Programme Goal for MTPIII is "The reduction in incidence of HIV infection to below epidemic threshold" (MOHSS, 2004: viii). The strategic results of MTPIII are as follows (MOHSS, 2004: viii):

- People infected and affected with HIV&AIDS enjoy equal rights in a culture of acceptance and openness and compassion.
- Reduced new infections of HIV and other STIs [sexually transmitted infections].
- All people living with or affected by HIV&AIDS have access to cost-effective and high quality treatment, care and support services.
- Strengthened and expanded capacity of local responses to mitigate socio-economic impacts of HIV&AIDS.
- Effective management structures and systems, optimal capacity and skills, and high quality programme implementation at national, sectoral and regional levels."

It is interesting to note that MTPIII does not explicitly respond to GBV in terms of HIV risk, although it does acknowledge the problem. In part the problem is that considerable risk to females is *within* marriage or long-term relationships, and is therefore rooted in systems that are often perceived to be the business of the household alone, and its extended family. Further, agencies[c61] involved in the HIV&AIDS response do not tend to have a specific focus on GBV. In part this arises from a recognition of the complexity of gender relations and how GBV affects risk of HIV infection. But it also reflects the difficulty in being able to respond effectively, with the skills profile this requires of personnel and volunteers. [c62]

3 Demographic and Socio-Economic Status

3.1 Introduction

This brief chapter provides background information on demographic and socio-economic status[c63]. Where possible and relevant, these variables have been used in analysing data. Where possible, in later chapters data are disaggregated by sex of respondent, region, and age, as well as other demographic variables and potential covariates, to better understand GBV.

3.2 Initial Demographic Findings

As noted in Chapter 1, half of all interviews were conducted with females, and half with males. Just under three-quarters (71.6%) of respondents lived in male-headed households, which was lowest in Erongo (67.1%) and Karas (66.7%) regions. The average age of respondents was 28 (median). Over one-third of all respondents had no education at all, or had only attended primary school. Most respondents had had some secondary schooling. Education status of respondents varied considerably across region, and was especially low in Kunene Region, where 25.7% of respondents had never attended school. Secondary schooling was especially common among respondents in Erongo Region (72.3%). Reflecting Namibia's gender balance in education provision, there was little variation across males and females in terms of education status.

Over half of the respondents were single (56.5%), having never been married. One-third were either married or cohabitating, while only 1% were living in polygamous relationships (highest in Caprivi and Kavango regions, at 2.9% for each). For those who were married, the median length of marriage was six years.

Mean household size was 6.7, with the mean lower, at 6. Household size was largest in Kavango Region, with a mean of 8.4 persons, and lowest in Karas Region, at 5.2 persons.

'Main language spoken at home between family members' varied significantly across region. In Ohangwena Region, 100% of surveyed households spoke Oshiwambo. In Otjozondjupa Region, with greater ethnic diversity, 41% spoke Otjiherero, 32.9% spoke Nama or Damara, 14.8% spoke Oshiwambo, and 5.7% spoke Afrikaans or another European-derived language; only 2.4% of the

respondents spoke a San language; patterns were similar for Omaheke Region. In Kunene Region, Damara was the most common language spoken by respondents, at 38.1%, followed by Otjiherero (34.3%), followed by ovaHimba or ovaZemba (2.9%). In Caprivi, 93.8% of all respondents spoke siLozi, siFwe, or siSubia, while 4.3% spoke Oshiwambo. In Kavango Region, ruKwangali was most commonly spoken (79%), while in Karas Region, the majority spoke Afrikaans or Nama.

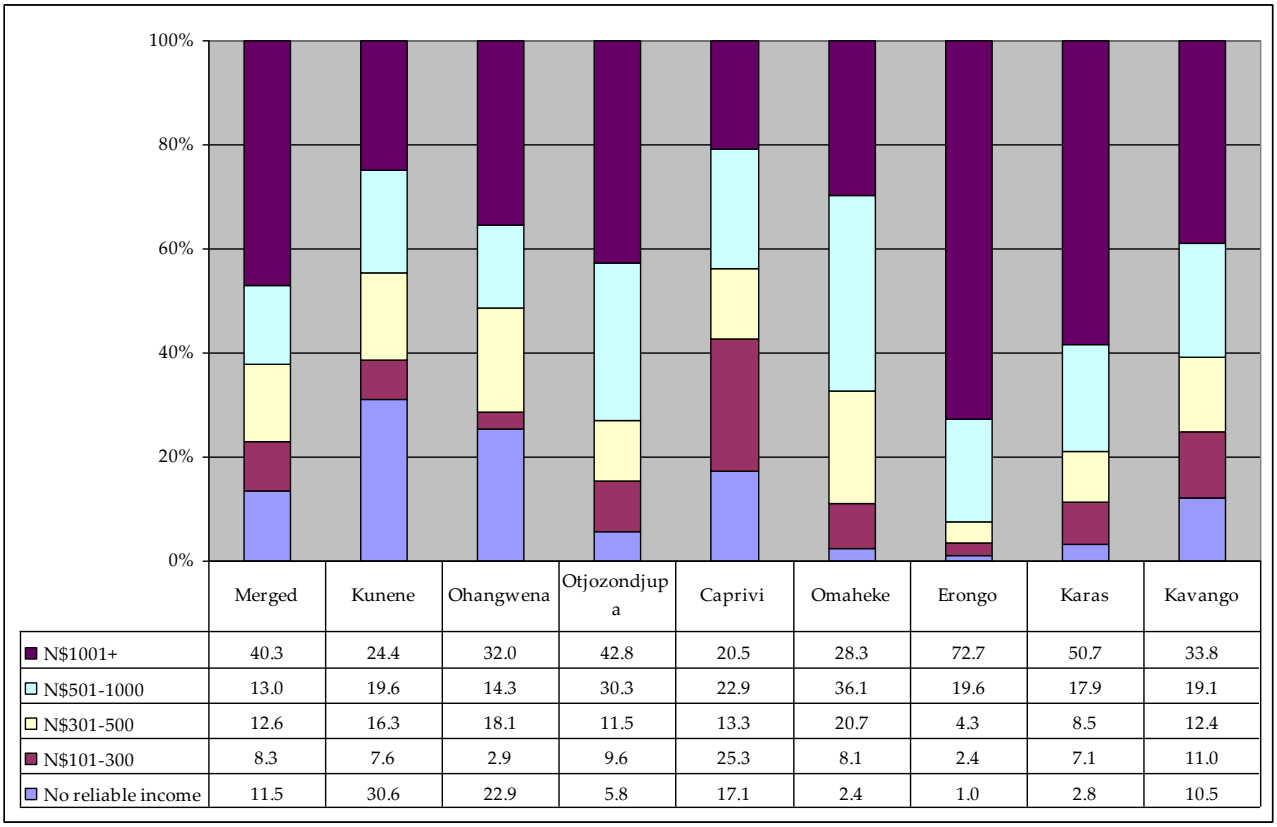
3.3 Household Services

Telephone access was high, at 67.2%, and was especially high in Karas and Erongo regions (85.4% and 95.2%, respectively). Only 45.4% of households had electricity, with figures highest in Erongo Region (91.9%), followed by Karas Region (69%), reflecting a more urbanised population. Half of all households surveyed relied on the bush for human waste disposal, with the figure highest in Caprivi (91%) and Ohangwena (79.9%) regions.

3.4 Socio-Economic Status

Average monthly income is indicated in the following figure:

Figure 1: Average Household Monthly Income



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
N$1001+	40.3	24.4	32.0	42.8	20.5	28.3	72.7	50.7	33.8
N$501-1000	13.0	19.6	14.3	30.3	22.9	36.1	19.6	17.9	19.1
N$301-500	12.6	16.3	18.1	11.5	13.3	20.7	4.3	8.5	12.4
N$101-300	8.3	7.6	2.9	9.6	25.3	8.1	2.4	7.1	11.0
No reliable income	11.5	30.6	22.9	5.8	17.1	2.4	1.0	2.8	10.5

Just under 20% of all households had no reliable income, or income below N$300 per month. Lower income households were more prominent in Caprivi Region, while Kunene Region had the highest percentage of households with no reliable sources of income. Almost 40% of all households had an income of N$1001 or higher, with higher income households most common in Erongo Region. Only 21% of all households in the survey regularly received remittances (defined as at least four times a year, with remittances most common in Kavango Region, followed by Otjozondjupa and Caprivi Regions, and least common in Erongo and Ohangwena regions). Across the eight regions, only 14% of all households had no members earning cash income, but the figure was as high as 33.7% for Kavango Region and 27.8% for Caprivi Region. The average household had one member contributing cash income, with the median for all regions at one.

4 Community/Neighbourhood Setting

4.1 Introduction

This chapter presents findings from questions on community or neighbourhood status. The intention of the questions was to try and establish levels of community cohesion, and what this meant for GBV. A number of these variables were therefore considered against attitudes and practices, and are reported in later chapters.

4.2 Aspects of Cohesion

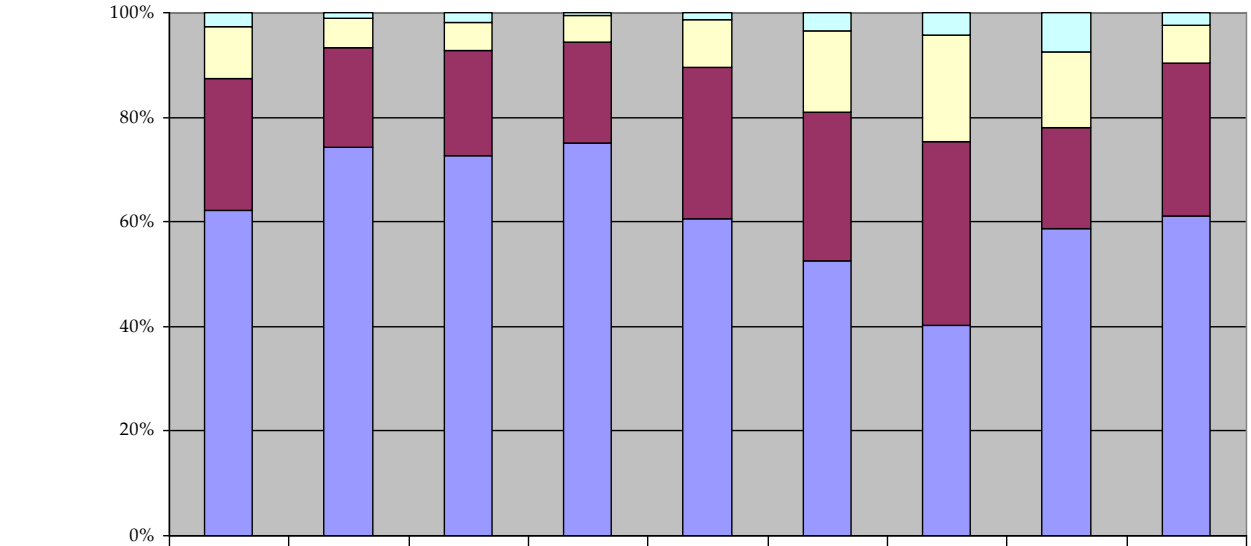
Questions were included on whether respondents lived near their birth families, and how close they felt they were to other community members.

Almost three-quarters (73.8%) reported that they lived proximate to members of their birth family (with no variation across males and females). This was especially the case for Omaheke Region, where 82.7% lived proximate to their birth families. Over half of these households reported weekly visits from or to birth family members (58.5%), with this most common in Caprivi Region (77.6%). Only 5.1% of respondents noted that they 'hardly ever/never' visited birth family members.

When asked whether they could rely on birth family members for assistance, less than half (40.5%) reported that they could 'always' rely on their birth families in this regard, while most of the remainder (33.3%) reported that they could 'sometimes' rely on them for assistance. The ability to rely on birth family members was most common in Caprivi Region (77.6% 'always', and 16.2% 'sometimes'), followed by Karas and Otjozondjupa regions. Males were more likely not to be able to rely on birth family members than females (43.1% of males noted 'always', and 37.5% noted 'sometimes', compared to a lower 37.7% for females noting 'always', and 29.2% noting 'sometimes'). Just over 10% of females and almost 15% of males noted that they could 'never' rely on proximate birth family members. Overall, findings suggest that social cohesion is relatively high, and that support systems exist in case of need.

Respondents were asked how well they felt neighbours knew each other in their area. Findings are indicated in the following figure:

Figure 2: Extent to Which Neighbours 'Know Each Other Well' In Their Area

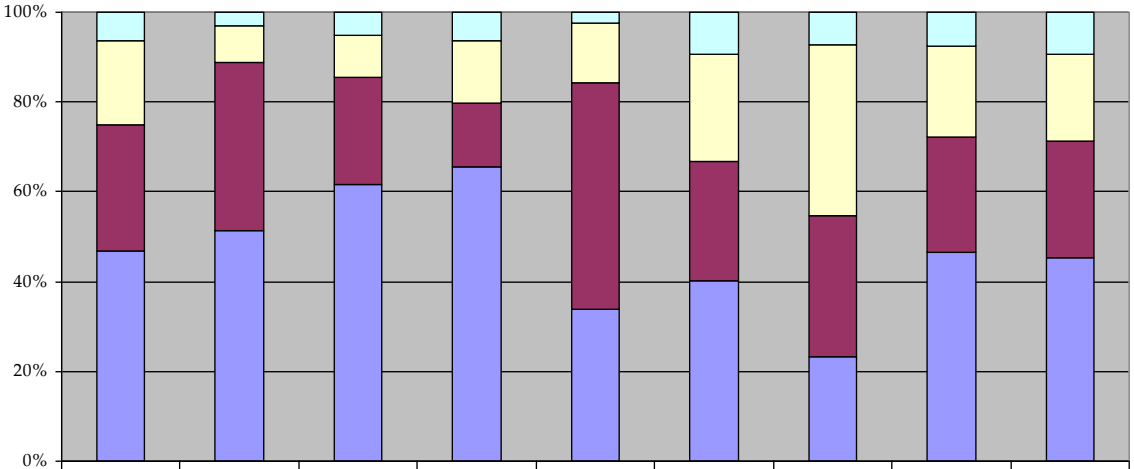


	Merged	Kunene	Ohangwena	Otjozond-jupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Not At All Well	2.6	1.0	1.9	0.5	1.4	3.4	4.3	7.0	2.4
Not Very Well	9.8	5.7	5.2	5.2	9.0	15.5	20.0	13.6	7.1
Somewhat Well	24.8	19.0	19.5	19.0	29.0	28.0	34.3	17.8	29.0
Very Well	61.1	73.8	71.0	74.8	60.5	51.7	39.5	54.9	60.5

Over 60% of all respondents felt that the people living in their neighbourhood 'knew each other well', and almost all the remainder noted that they knew each other 'somewhat well'. Figures were similar across the eight regions, although those in Caprivi and Erongo regions were most likely to state 'somewhat well' instead of 'very well'. Findings are consistent with levels of social cohesion noted in the previous figure, and present an opportunity to strengthen community-based systems that counter gender-based violence.

There were similar findings when respondents were asked to rate the 'sense of community' in their area, with findings shown in the following figure:

Figure 3: Rating of 'Sense of Community'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Not At All Strong	6.2	2.9	4.8	6.2	2.4	9.2	7.1	6.6	9.1
Not Very Strong	18.0	8.1	9.0	13.8	13.3	23.7	36.7	17.4	18.7
Somewhat Strong	26.9	37.1	22.9	13.8	50.0	26.1	30.5	22.1	25.4
Very Strong	45.2	51.0	58.6	64.3	33.8	39.6	22.4	39.9	44.0

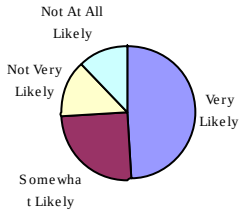
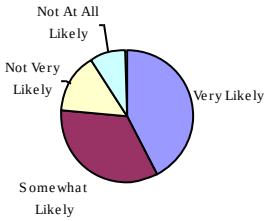
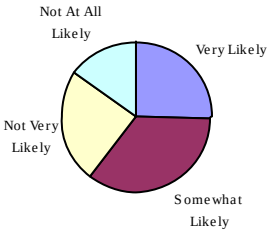
Over two-thirds of all respondents rated the sense of community as 'very strong' or 'somewhat strong'. While findings were largely similar across location (with similar percentages arguing that sense of community was 'somewhat strong' combined with 'very strong'), respondents in Otjozondjupa Region were most likely to note 'very strong', while respondents in Caprivi Region were least likely to state 'very strong'. Findings underline what appears to be high levels of social cohesion in most study area communities.

Three additional measures were taken to establish a sense of community cohesion. In a table of statements following the question 'If you had to rate the extent to which neighbours (not extended family members) might take certain actions in this area, how much do you think they would do so', respondents were presented with three statements:

- Spiritual/emotional support in a time of serious need.
- Material, in kind support in a time of serious need.
- Financial support in a time of serious need.

Findings are summarised in the following figures:

Figure 4: Likelihood of Actions: Support from Neighbours

Spiritual/emotional support in a time of serious need	Material, in kind support in a time of serious need	Financial support in a time of serious need
		

Spiritual, emotional, and material support were noted as 'very likely' by the majority of respondents, although financial support was more likely to be considered to be 'somewhat likely'. Nevertheless, even for financial support, only one-third of respondents felt that such support was unlikely, reflecting the resilience of social networks despite high levels of poverty and Namibia's difficult history.

4.3 Action by Neighbours

Respondents were presented with a series of statements in response to the query: "if you had to rate the extent to which neighbours (not extended family members) might take certain actions in this area, how much do you think they would do so, using the scale 'very likely', 'somewhat likely', 'not very likely', and 'not at all likely'. Issues covered included: 1) violence against women; 2) violence against children; and 3) other.

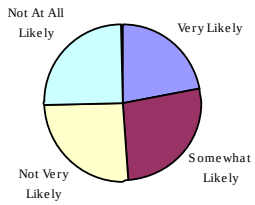
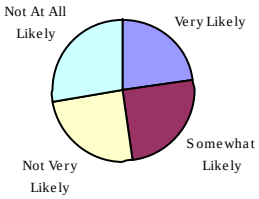
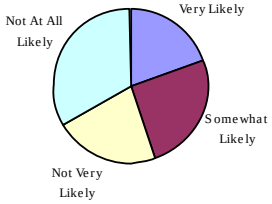
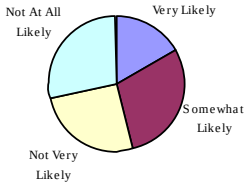
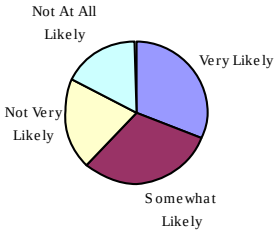
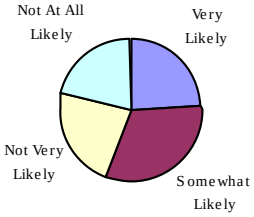
4.3.1 Violence Against Women

The following statements were read to the respondents that related to violence against women in marriage (or women with long-term partners). For each, respondents were asked to specify a level of agreement or disagreement with the statement:

- Threaten to report the beating of a woman by her husband/partner to someone who could take action.
- Reporting the beating of a woman by her husband/partner to the police.
- Reporting the beating of a woman by her husband/partner to a traditional authority.
- Helping to stop a husband's serious attack on his wife in their home.
- Helping to stop a husband's serious attack on his wife in public.
- Helping to stop a husband verbally abusing his wife in public.

Findings grouped for all four regions are indicated in the following figures:

Figure 5: Likelihood of Actions: Violence Against Spouse

Threaten to report the beating of a woman to someone who could take action	Report the beating of a woman to the police	Report the beating of a woman to a traditional authority
		
Helping stop a husband's serious attack on his wife in their home	**Helping to stop a husband's serious attack on his wife in public**	**Helping to stop a husband's verbal abuse on his wife in public**
		

Findings were consistent across the different measures in terms of physical and verbal GBV against women. The only exception was a difference between responding to *public* violence, versus violence in the home. When the violence took place in a public venue, rather than at home, it was more likely that someone would intervene.

When checked against the sex of the respondent, some differences emerge. Female respondents were somewhat less likely to believe that GBV would result in actions taken by neighbours to prevent the problem, across most of the measures. This held for most measures, and was especially important for the measures 'helping to stop a husband's serious attack on his wife in the home', and 'helping to stop a husband's serious attack on his wife in public'.

For most of these statements, there is considerable variation across location. Interventions to stop violence were felt to be least likely in Kunene, Caprivi and Erongo regions, and most likely in Otjozondjupa Region, followed by Karas and Omaheke regions.

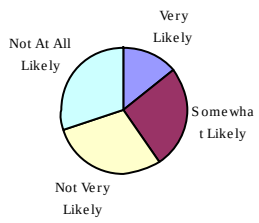
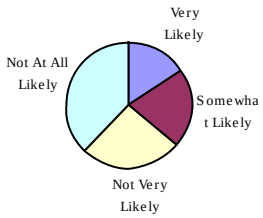
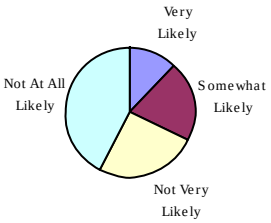
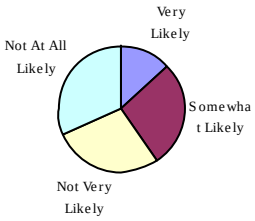
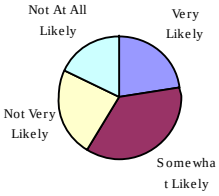
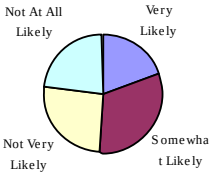
4.3.2 Violence Against Children

A number of statements were included on violence against children. These included the following statements:

- Threaten the beating of a child by a parent to someone who could take action.
- Reporting the beating of a child by a parent to the police.
- Reporting the beating of a child to a traditional authority.
- Helping stop a parent's serious assault on a child in the home.
- Helping stop a parent's serious attack on a child in public.
- Helping to stop a parent verbally abusing a child in public.

Summary findings for the four locations in the survey are included in the following set of figures:

Figure 6: Likelihood of Actions: Violence Against Children

Reporting the beating of a child by a parent to someone who could take action	Reporting the beating of a child by a parent to the police	Reporting the beating of a child to a traditional authority
		
Helping stop a parent's serious attack on a child in their home	**Helping stop a parent's serious attack on a child in public**	**Helping to stop a parent verbally abusing a child in public**
		

It is interesting to note that most respondents did not feel it was likely that the beating of a child would be reported to anyone, even if it was a 'serious attack'. Focus group discussion participants regularly highlighted the acceptability, and indeed desirability, of reintroducing caning in schools, and the need for there to be more physical discipline of children and young people.

As with the findings on abuse of a spouse/partner, findings across the different measures were largely consistent. The exception, again, was with regard to public attacks by parents on their children, whether this was verbal or physical. In both cases of public situations, respondents were more likely to report that something was likely to be done. As was the case GBV of a man against his spouse/partner, male respondents were more likely to believe that violence would be reported than female respondents. This held for both mental and physical violence.

4.3.3 Other Violence

Respondents were asked whether neighbours would help in the case of 'helping to stop a street fight taking place out front'. Over half of the respondents (59.5%) indicated that this was 'very likely' or 'somewhat likely', with those in Karas and Kunene regions most likely to agree, and those in Caprivi and Kavango regions least likely to agree.

4.3.4 Discussion and Conclusions

Findings suggest that social cohesion is quite high for most communities in the four regions in the investigation. Most respondents could rely on others, knew their neighbours well, and felt that community members would come to their assistance in a time of need. This social cohesion is reflected in terms of responses associated with the ability to rely on family members (in particular) and friends and neighbours (as well).

When asked to rate their 'sense of community', just under half of the respondents (45.2%) rated the sense of community as 'very strong', and an additional 26.9% rated the sense of community as 'somewhat strong'; only 6.2% of respondents felt that the sense of community was 'not at all strong'. The ability to rely on others included spiritual and emotional support as well as material (in-kind) support, and even financial support from neighbours in a time of particular need.

Of concern, despite high levels of social cohesion, specific questions about neighbours and GBV suggest that this social cohesion does not necessarily extend to protection from many aspects of GBV if this violence takes place behind closed doors (which most does). Over half of the respondents (particularly males) felt that violence in the home was a family matter, and should not involve outsiders. This even extended to reporting a 'serious attack' of a husband on his wife, if it took place behind closed doors. The situation changed, however, if such an attack occurred in public, and even held for verbal abuse.

Findings for violence against children reflect this distinction between 'domestic violence' and 'public violence'. Only one-in-seven of the respondents felt that the beating of a child by a parent would very likely be reported by a neighbour, friend, or extended family member to anyone who might intervene, including traditional authorities or the police. This even held in the case of a 'serious attack' against a child in the home. As with violence against a women in the home, this did change when the violence took place in public, although findings were not as strong as for violence of a husband against his wife in public; under half agreed that someone would likely 'help stop a parent's serious attack on a child in public'.

While the private-public distinction therefore held for both women and children, as will be seen later in this report, the physical punishment of a child (particularly at home, but even outside the home) was seen as consistent with traditional norms. Indeed, a repeated concern was the *lack of* physical punishment of children and youth and the perception that this led to young people who were uncontrollable, and disrespectful of parental and other adult authority.

While patterns across different measures were consistent overall, it is important to note that there is some variation across the four regions in the investigation. Findings are summarised as follows:

- Respondents in Caprivi and Kavango regions were less likely than respondents in the other regions to believe that violence in the home against women would be reported. This suggests that interventions appropriate to such an environment would require relying on social networks to increase reporting and decrease violence (e.g., working through churches and faith-based organisations, securing the inputs of traditional authorities, etc.). Findings across the other three regions were relatively consistent.
- Respondents in northeastern and north central regions were less likely than respondents in central and southern regions to believe that violence in the home, or in public, against children would be reported to 'someone who could take action', or specifically to the police.
- Directly intervening to stop GBV was felt to be unlikely across region, with the exception of Otjozondjupa and Karas regions. In these locations, around half of the respondents felt that it was likely that someone would intervene to stop GBV in the home or in public, including intervening to 'stop a serious attack on a child by parents in public'. This reflected considerable differences between Otjozondjupa and Karas regions and the other regions in the investigation, in particular Caprivi and Omaheke regions, where interventions were felt to be unlikely.

- Caprivi and Kavango regions also stood out in terms of measures of social cohesion, with levels significantly lower than for all other regions. For example, while 46.6% of all respondents indicated that spiritual/emotional support in a time of serious need was 'very likely' (ranging up to 65.7% for Ohangwena Region), only 16.7% and 29.5% reported this as 'very likely' in Kavango and Caprivi regions, respectively. Respondents in Caprivi Region were also twice as likely as respondents in other regions to report that spiritual/emotional support in a time of serious need was 'not very likely'. Given extremely high levels of adult illness and premature death in Caprivi and Kavango regions, increasingly due to AIDS-related illnesses more than anything else, and high levels of illness in children, there are important stresses on society that may affect social cohesion. Attribution of illness to causes such as witchcraft further challenge social cohesion in Caprivi and Kavango regions.
- Respondents in Caprivi Region were also significantly less likely to believe that material, in-kind support or financial support would be offered in times of need.

Overall, findings suggest that the challenges to reduce GBV are greatest in Caprivi and Kavango regions. Social cohesion is reported to be weakest in these two regions, GBV in the home seems to be more acceptable, and the likelihood of intervening to stop GBV lowest. Findings highlight the importance of regional action planning based on evidence, and based on opinions of key stakeholders.

5 Awareness

5.1 Introduction

Four questions were asked to gauge awareness of means of legal protections against GBV:

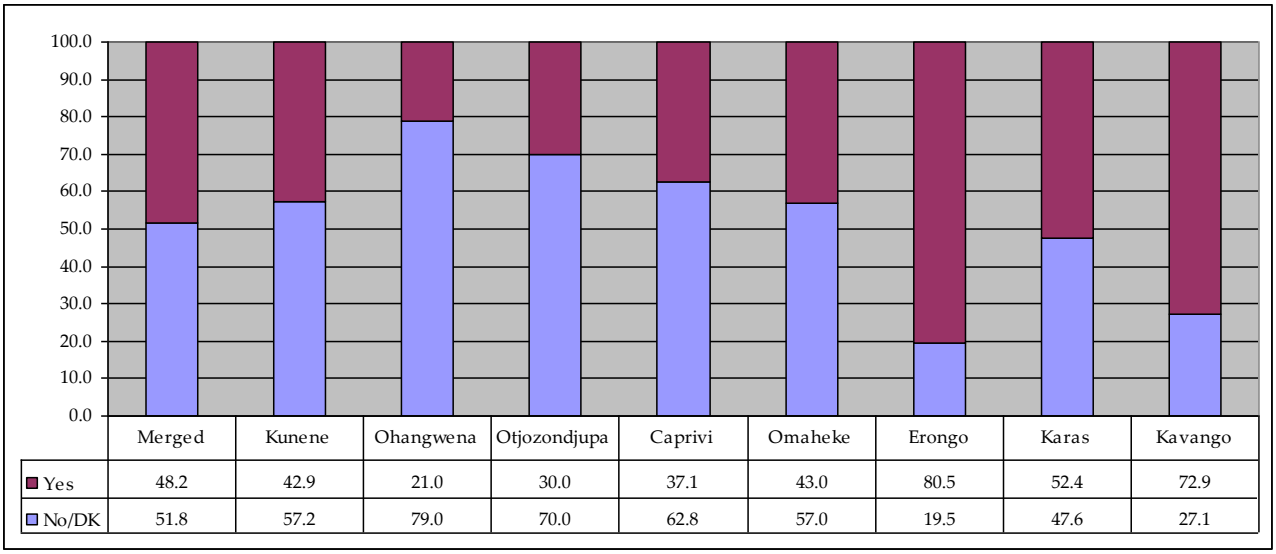
- Aside from the constitution, are you aware of any laws in Namibia that might protect someone from domestic violence? By domestic violence, I mean any type of physical or emotional/verbal assault by a family member?
- If yes, which laws?
- Is there any place in or near this community where a woman or a child could go if they were abused by a family member?
- If yes, where?

These issues were also considered using qualitative approaches. In addition, FGDs and KIIs included a discussion of traditional social norms that help to reduce GBV, or which might increase violence.

5.2 Awareness of Laws to Protect from GBV

With regard to awareness of laws to protect people from domestic violence, findings are indicated in the following figure:

Figure 7: Awareness of Any Laws in Namibia to Protect from GBV



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Yes	48.2	42.9	21.0	30.0	37.1	43.0	80.5	52.4	72.9
No/DK	51.8	57.2	79.0	70.0	62.8	57.0	19.5	47.6	27.1

Almost one-half (48.2%) of respondents could specify one or more acts that might prevent from GBV. Almost 60% who could identify any laws mentioned the Domestic Violence Act, and just over 40% mentioned the Rape Act. A total of 12.4% 'could not name any specific act', but knew that they existed; 6.1% mentioned the Convention on the Elimination on All Forms of Discrimination Against Women.

There was considerable variation across region, with over half of those who specified an awareness of a law to prevent GBV in Kunene Region and one-quarter of those in Omaheke and Karas regions unable to name any specific act, compared to only 4.5% for Ohangwena Region, none in Otjozondjupa Region, 5.1% in Caprivi Region, and 3.9% in Kavango Region. Respondents in Caprivi Region were most likely to specify both of the key acts (82.1% for the Domestic Violence Act, 78.2% for the Rape Act), as were respondents in Otjozondjupa Region, and Erongo Region.

A number of key informants raised concerns about the extent to which national laws were 'disconnected' from traditional social norms, and believed that this undermined the effectiveness of these laws. Traditional laws were felt to be more consistent, and therefore more 'enabling' for change.

One key informant highlighted the difficulties this imposed, noting that 'the traditional laws are consistent with the cultural settings, it is national laws which are not'. When passing national legislation, more cognizance needed to be taken of these traditional norms, so that national laws can better influence change in a manner that is felt to be most appropriate.

Awareness was checked against income status, grouping households into categories 'up to N$500', 'N$501-1000', and 'N$1001+'. The higher the level of income, the more likely the person was to be aware of laws in Namibia covering violence (chi-square significant at the .1 level; 5396.351, p=.000).

5.2.1 Awareness of Laws and Traditional Norms

Older FGD participants tended to be less aware of any laws to protect people from GBV, compared to younger participants[c64]. A number of older participants did note traditional laws that dealt with violence in general, and argued that these applied to cases of GBV reported to traditional authorities[c65]. A variety of traditional legal norms were applied that were remarkably consistent across region[c66], including laws against murder, theft, unwanted pregnancy outside of marriage, the use of abusive language, or physical abuse. The Older female FGD in the Kavango, Erongo, Caprivi and Omaheke Regions indicated that husbands were not allowed to beat their wives[c67], and that they would be charged financially by the Traditional Court if they physically abuse their wives. It was said that Village Headmen had a group of people were served as observers for

anything out of the ordinary happening in the village[c68]. These were the people who usually brought those engaged in physically or verbally abusing others to the Village Headmen for trail and disciplinary measures if guilty. However, this only happened when serious fight broke out, and not fights that were regarded as not serious. FGDs in the Karas region[c69], did not know of any customary laws, with the exception of the ones already mentioned above.

Younger FGD respondents were more likely to be aware that there were laws that protected from GBV, but most could not name them, aside from mentioning the constitution. A few did mention the Rape Act, but none mentioned the Domestic Violence Act. Two FGDs of women mentioned the Child Maintenance Act as an important tool in reducing violence against children, noting that income for these children reduced the likelihood of violence from step-fathers.

Regional KIIs mentioned 'Human Rights Act', 'Marriage Equality Act', Inheritance Act' and the 'Child and Human Protection Act', and 'Criminal Procedures Act'. KIIs in Kavango and Erongo indicated that they were aware of many cases of domestic violence against women and many cases of rape, showing that the law was enforced. However, they raised concerns that many cases were not reported by the victims, therefore were the laws not enforced to the extent that it should be enforced. They also felt that people were generally uninformed about the laws, although they were aware of what was 'wrong' and what was 'right.'

Key informant interviews [c70]all raised concerns about the lack of enforcement of Namibian laws that were meant to reduce GBV, with the exception of KIIs in the Kavango and Erongo Region. There was a widespread concern that awareness of laws was low, and some key informants noted that simple versions of laws (in local languages and in English) were needed for dissemination. As one KII commented, 'enforcement of laws not only lies with police officers and the judicial system, but with the community as well'. To do this, they needed access to information.

Key informants at national level and regional level were asked to consider any customary laws that have been effective in controlling, or reducing, gender-based violence and those that could perpetuate the situation. They were of the opinion that some customary laws were contributing towards controlling and reducing GBV, but that some also perpetuated violence. They gave examples of cultural practices that protect and perpetuate GBV at the same time. However, none

of the KIIs in the Karas Region were aware of any customary laws that protected or perpetuated GBV, with the exception of social actions such as visiting the local pastor if there were marriage problems.

Cultural practices that may protect or perpetuate GBV are summarised, by region, in the following table[c71]:

Please include all the regions also ensure that the correct information as per region is included here and not in the narrative otherwise delete these collumns[c72]

Table 2: Cultural Practices that May Protect or Perpetuate GBV

Kavango	Omaheke	Erongo	Karas Region
▪ No talking back to the parents ▪ Children knowing the place in the house ▪ Beating one's wife or beating someone else will result in penalty payments to the traditional courts ▪ Brother inherits his deceased brother's wife and children ▪ Orphaned children are being taken care of by the brothers' family	▪ None of the KIIs knew of any ▪ No Killing ▪ No stealing ▪ No fighting	▪ Role of Traditional Leaders in stealing ones livestock ▪ Role of pastors in dealing with marital challenges	▪ Role of pastors in dealing with marital challenges
Kavango	**Omaheke**	**Erongo**	**Karas Region**
▪ None of the KIIs knew of any	▪ None of the KIIs knew of any	▪ Men as the head of house – give them the power to abuse women	▪ None of the KIIs knew of any

A number of traditional authorities noted that the rationale behind *lobola* has changed from the past. In the past, *lobola* was meant to be a cultural activity of respect, integrity and the show of trust of handing ones daughter over to her husband[c73]. Today, *lobola* has turned into a commercial activity, resulting in women 'belonging to' their husbands because they have paid their *lobola*, and therefore they have the right to control her through whatever means.

A number of FGD participants noted that customary laws were guided by the principle of having respect for one another. The need for young people to respect their elders, and for men to respect women and treat them with respect, were among these laws. Interviewees were of the opinion that many cultures in northern Namibia still have penalties for men who abuse women, but that forms of punishment vary, with some acceptable in some cultures and unacceptable in others. It was also said that traditionally wives must obey their husbands, although husbands were not traditionally allowed to beat their wives if they disobeyed. However, it was tolerated under some of the cultures such as the Oshiwambo, siLozi and Otjiherero cultures that husbands did have the right to discipline their wives if they disobeyed them. It should be noted that disciplining wives was not regarded as abuse, as long as the 'disciplining act' was not too severe.[c74]

Another example of a positive cultural practice that has changed for the worse was that of traditional marriage. In the past, a wife's parents handed the wife over to the husband's parents, and not to the husband.[c75] They have a saying that goes, 'you take my daughter without a mark on her, if you no longer want her, bring her back to us without a mark on her'. If problems within this marriage start then the wife's parents deal with the issue via the husband's parents and not the husband directly. They discuss their grievances with the husband's parents, who in turn discusses these grievances with their son, the husband. This is no longer the case, but it was regarded as effective in the past.

Another example of a cultural practice that aimed to reduce violence against women, but at the same time perpetuated violence from men to men, was the traditional practice in the Otjiherero culture called *Murame,* or wife inheritance. This is the custom through which the brother of a deceased man inherits the wife of the deceased brother. The original intention was felt to be positive, in the sense that the brother had the responsibility to care for the deceased brother's family and their property. The wife could, of her own free will, engage in sexual relations with the brother, but only at her own will. This is why street kids were never an issue in Herero culture. This cultural practice was never a sexual arrangement that benefited the brother of the deceased only but, now, this custom has been misused for wealth and sexual gratification by men. It now contributes towards GBV because it denies the deceased's wife her rights as a person.[c76]

In Herero culture, key informants noted that one finds the culture of *"Omakura"* – this means that age mates can punish a mate if he treats his wife or girlfriend unfairly. Age mates were regarded as boys who were circumcised at the same time, or who grew up together. If one of the age mates beat his wife or treated her unfairly and the other age mates did not agree with the behaviour, then the perpetrator was taken somewhere to be punished. Punishment could be in various forms deemed acceptable by the age mates. The purpose of this cultural act was to reduce domestic violence, but at the same time it contributed towards violence against men. [c77]

Another example was that traditional courts used to lash a man found guilty of beating another man. The severe lashing usually took place in front of other villagers to send the right message that violence will not be tolerated. This was noted to not happen any more, but was effective in the past as violence were not as high as it is currently.[c78]

Early traditional marriages were also mentioned as a cultural practice that perpetuated GBV because it denied young girls their right to education, their right to choose who they want to marry, and their right to freedom. Early marriages were not regarded as a human rights violation by many, because they did not understand the human right side of things, but this had changed, and early marriage was now uncommon.

FGD participants were asked, "in this area, under your culture, are there any customary laws that are intended to *reduce* gender-based violence." In Caprivi Region, the older male and younger female FGDs concluded that there was no effective customary laws in place, but rather rules and regulations on how to deal with offences. They further indicated that if there were any customary laws, then these laws were not known to the people. They emphasised that the rules and regulations enforced by *khutas* (traditional courts) were based on 'cultural logic', and that there were no codified customary rules or regulations. As one FGD in Caprivi Region explained, '*khutas* examine the nature of conflict or problems brought to them, and fine/discipline people accordingly'. The other two FGD groups in the Caprivi Region made a list of laws they perceived to exist to govern the communities, including the following:

- Laws against publicly insulting one another.
- Dressing codes.
- *Lobola* payment.
- Laws against fighting or insulting one another.
- Laws against stealing.
- Laws on marriages and separation.

Both groups felt that the 'laws' had been inexistence for many years.

[c79]

In Otjozondjupa Region, customary laws were not well-known. The younger male group had never heard of any customary law that affected GBV, while the male group mentioned that they were aware of a law against arguments, which was there in the past, but they were not sure whether it still existed. The older female group mentioned that cultural laws were currently not as strong, since that they were living in a multi-cultural society. Participants could mention a few cultural laws such as:

- When you raped someone you were punished by paying money or in the form of cattle.
- If an elder talks then no one is allowed to talk back.
- Conflict resolution laws.

In southern and central Kunene Region, none of the participants knew of any customary laws, but did mention that traditional leaders could fine a person if s/he beats someone, or if cattle were stolen. FGD participants reported that traditional courts were not well respected in the area, because traditional leaders used the traditional system of fining people, with the purpose of getting rich and not necessarily to punish perpetrators. A 25 year old female FGD participant indicated that "there are customary laws, but I do not know how they work." A male group in Kunene Region thought that the violence would always be there 'as our leaders such as headmen are being bribed and sometimes do not want the case to be reported'. The older female group also thinks that offenders were freed when they have paid the fine. They continued by noting that most people in their communities were not aware of the customary laws.

In Ohangwena Region, all FGD participants indicated that there were traditional laws that governed people within their communities and these were as follows:

- Law against murders - a fine is paid to the victim's family by the accused family.[c80]
- Law against pregnancies outside of marriage – the fine is paid to the lady's family.
- Law against abusive or use bad language - fine is also paid by perpetrator.
- Law against physical abuse – fine is paid by perpetrator.

Customary laws in the Kavango Region were as follows:

- No swearing at each other
- No abuse of children – "the problem is that wives and children were disciplined in the old days, but today, the same disciplinary actions were called abuse, according to one FGD participant.
- No abuse of wives
- No fighting in public – in the past one never heard of two people who fought in the streets, but now, due to the lack of respect, fighting takes place a lot.
- No talking bad about other people
- No stealing of others' livestock or other assets
- Role of extended family members in terms of disciplining children

Traditional authorities were the ultimate implementer or customary laws; while extended family members and nuclear family members could enforce some of the laws such as disciplining children if they swore at each other, or when children spoke back to their parents/adults, etc.

In Karas Region, customary laws were not known at all. Older FGD participants reported about customary laws that existed many years ago, but indicated that none of these were currently operational. FGD participants and KIIs in Karas Region indicated that people were currently guided by modern rules, regulations, and laws.

In the Erongo Region, FGD participants felt that customary laws were not applicable where they stayed, because they were a mixed group of people from different regions and cultures. They indicated that their cultural beliefs were applicable to them regardless of where they were in Namibia or elsewhere, but that enforcement mechanisms outside of their original regions were non-existent.

All FGD participants indicated that the above-mentioned customary laws have been in existence 'for a long time'. The challenge with traditional laws, according to FGD participants, is that it has lost its authority and power over time, especially with the introduction of new 'modern' laws.

Traditional structures were perceived as weakened due to reliance of police and civil courts, and 'people not respecting and regarding traditional structures as valid any longer.

5.2.2 Consistency of National with Cultural Laws

The general view among key informants was that national laws were inconsistent with aspects of most cultural responses to what was perceived to be unwarranted GBV. However, with the exception of traditional authorities, this 'gap' was felt to be necessary because social change was important in changing gender roles and reducing what was previously perceived to be acceptable violence. As one key informant put it, 'in some cases there are total clashes between national laws and cultural settings, but this is needed because the national laws aim to correct those aspects of culture that perpetuate violence and gender inequality'. The key informant went on to note that 'just because something is culturally acceptable does not necessarily mean that it is right. Laws aim to change those things within culture and society that are not right. It helps cultures to evolve with the changing times. Many cultural practices and laws were developed many years ago during very different times. The cultural settings need to be able to respond to the changing times'.

> "Most people from the various Namibian cultures said that domestic violence was wrong and against cultural practices, but … it occurred anyway. There are words for domestic violence in most Namibian languages, for instance *ondatumisire ponganda* in Otjiherero, *Oupike* in Oshiwambo, and *upika* (making your wife or child a slave) in [ruKwangali], which indicates that such behaviour was not acceptable." UNDP, 2000: 174.

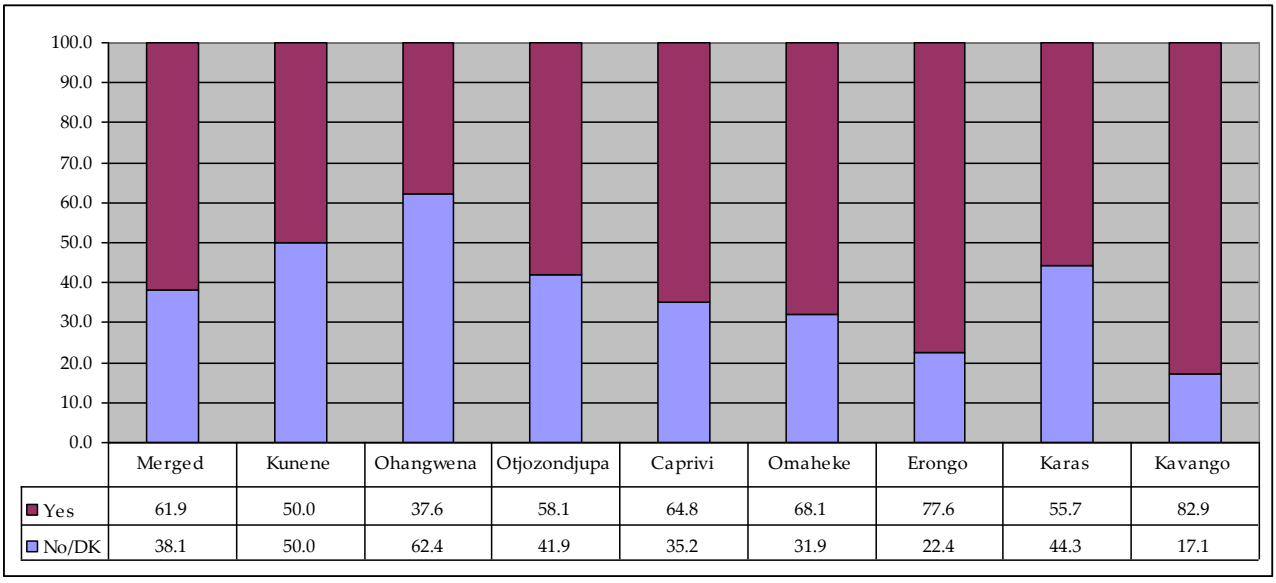
'Gender inequality is embedded in culture, but should GBV be accepted just because it is culture', was the opinion of one interviewee. She went on to say that 'yes, principles of civil laws will be inconsistent with cultural laws or settings, but this is because some cultural laws and settings violate human rights. The constitution of Namibia does not tolerate human rights violations. This is the supreme law of the country and will over write customary laws if there is a need'. However, a Social Worker in the Erongo Region indicated that, 'it is the belief of many Namibian cultures that men are the heads of houses and may do as they please, even if it means 'physically disciplining' their wives. It is culturally acceptable, however, national laws prohibits this practices that has worked for many years (Social Worker). She further indicated that this law confuses males, females and traditional authorities who were supposed to enforce these rules and regulations.

There was also a widespread feeling that customary laws (where there is a perceived existence of customary laws) were losing authority because of the implementation of national laws. People were less likely to adhere to cultural laws, because of national laws. Many traditional leaders said that they have little power now, because people depended on civil laws to deal with issues. However, this led to problems for GBV. As one key informant put it, 'GBV has always been in existence while customary laws effectively dealt with it. Conflict was dealt with previously, while we did not have the same number of murders in the past in comparison to today. Customary laws need to be taken into consideration when national laws are developed. Traditional leaders need to be involved in development of laws. It was said that it will be a great struggle to change culture, but that a mind set change was needed'.

5.3 Places of Protection Within the Community

Respondents were asked whether there was a place in or near their community where women or children could go if they were abused to be protected. Findings are summarised in the following figure:

Figure 8: Place In or Near Community Where Women or Children Can Go If Abused

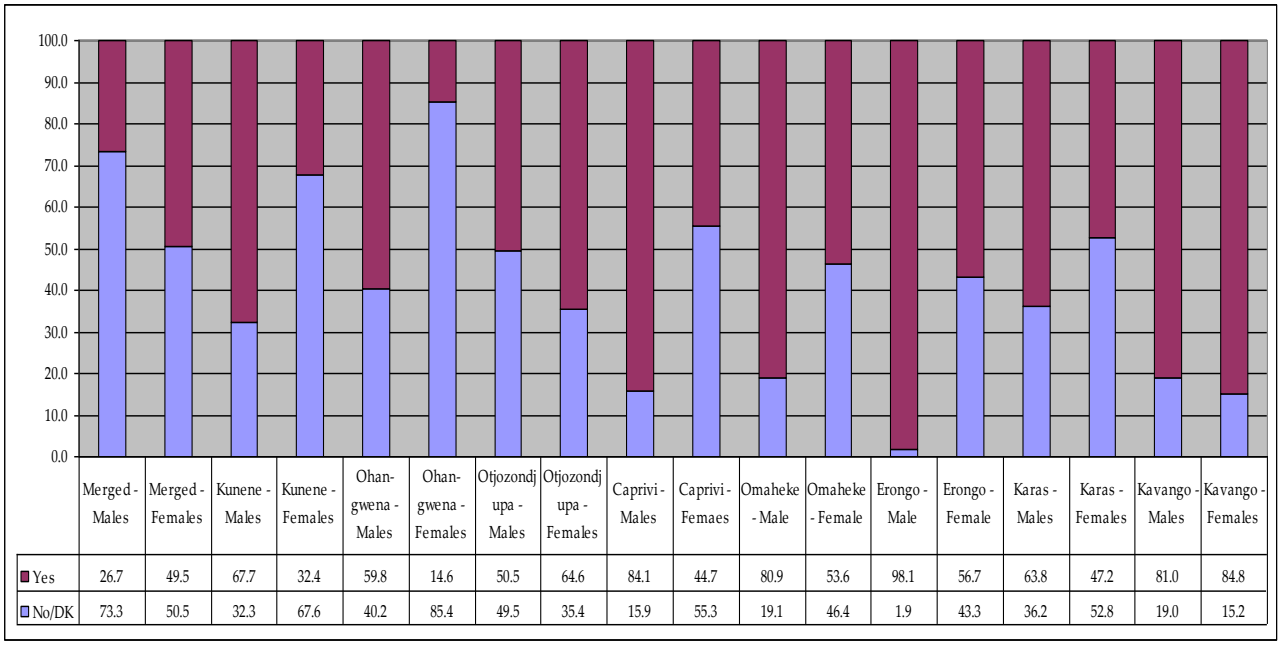


	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Yes	61.9	50.0	37.6	58.1	64.8	68.1	77.6	55.7	82.9
No/DK	38.1	50.0	62.4	41.9	35.2	31.9	22.4	44.3	17.1

Almost two-thirds (61.9%) of the respondents noted that there was a place in or near their community where a woman could go, or take her children (or a child could go), if they were abused. This varied considerably across location, with only 37.6% noting such a location in Ohangwena Region, compared to 82.9% in Kavango Region and 77.6% in Erongo Region.

When breaking down findings across male and female respondents, there were considerable differences. These differences are noted in the following figure:

Figure 9: Place In or Near Community Where Women or Children Can Go If Abused: Differences Across Male and Female Respondents



	Merged - Males	Merged - Females	Kunene - Males	Kunene - Females	Ohan-gwena - Males	Ohan-gwena - Females	Otjozondj upa - Males	Otjozondj upa - Females	Caprivi - Males	Caprivi - Femaes	Omaheke - Male	Omaheke - Female	Erongo - Male	Erongo - Female	Karas - Males	Karas - Females	Kavango - Males	Kavango - Females
Yes	26.7	49.5	67.7	32.4	59.8	14.6	50.5	64.6	84.1	44.7	80.9	53.6	98.1	56.7	63.8	47.2	81.0	84.8
No/DK	73.3	50.5	32.3	67.6	40.2	85.4	49.5	35.4	15.9	55.3	19.1	46.4	1.9	43.3	36.2	52.8	19.0	15.2

For every region, there was considerable variation across males and females, with differences especially dramatic for Ohangwena and Kunene regions, followed by Caprivi Region and, to a lesser extent, Omaheke Region. Overall, males were almost *twice as likely* as females to state that there were differences across males and females in terms of identifying locations where a woman, or a child, could find a place of safety, with Kavango Region being the only exception.

Awareness was also checked against income status. The higher the level of income, the more likely the respondent was to be aware of a place of protection (chi-square significant at the .1 level; 3003.452, p=.000).

Respondents were most likely to mention Women and Child Protection Units, followed by approaching traditional authorities. In Caprivi and Kavango regions, traditional authorities were commonly mentioned (86% and 79.8%, respectively). Youth Against Crime Centres were mentioned by over half of the respondents in Caprivi Region (51.5%), which were not commonly mentioned in any other region. Traditional authorities were also commonly mentioned in Ohangwena and Omaheke regions (62.8% and 57%, respectively), but were not commonly

mentioned in Erongo Region (7.9%), Karas Region (10.6%), or Otjozondjupa Region (13.1%). Churches were not commonly mentioned in any location, at 16.8%, with only 1.6% mentioning churches in Otjozondjupa Region and 2.9% mentioning churches in Caprivi Region. Despite differences in levels of identification of locations for safety across male and female respondents, the types of locations mentioned did not vary.

5.3.1 Discussion

While most respondents could not identify specific laws that protected people from GBV, almost one-third were aware that there were laws in this respect, and most of these could name at least one such act, with the Domestic Violence Act and the Rape Act most commonly mentioned. Key informants were relatively well informed about protections from GBV, but most were concerned about levels of awareness among the public, as well as the perceived lack of enforcement of laws when GBV did occur.

All qualitative discussion participants could identify traditional social norms that were intended to protect from GBV, including traditional norms associated with unwanted pregnancy and rape, physical abuse, social norms around parental involvement in the marriage plans of their children (and the consequent active interest in their married lives), a vision of *lobola* that respected the wife rather than treated her as property (exchanged for money or goods), and wife inheritance, which was felt to protect the economic interests of the widow and protected her from possible violence due to her status as a widow. However, most participants felt that these traditional social norms were no longer protective, and were not respected by community members. The result was an increase in physical violence.

When asked about whether there were structures in their community where women or children could go to be protected from GBV, two-thirds of respondents noted that there were places. A number mentioned Women and Child Protection Units, but overall most respondents felt that traditional authorities were there to protect from GBV. Church authorities were rarely mentioned as individuals who could protect from GBV.

An issue that came up consistently, across key informants and FGD participants, was the 'disconnect' between national laws and expectations, and traditional social norms. A number of respondents were concerned that this disconnect meant that enforcement of laws would meet with considerable resistance, and in the end would be ineffective in improving the situation around GBV. Key informants in particular noted that aggressive approaches focused on the empowerment of women, while generally a good idea, were not well received by powerful forces in rural communities. This did not resonate well with older men, indeed a number of women felt that changing gender norms associated with broader social change were raising numerous problems around the behaviours of young women and men, and this worsened levels of violence.

It is also important to note that concern about the way in which gender issues are sometimes approach do not just refer to older men, indeed a number of women felt that changing gender norms associated with broader social change were raising numerous problems around the behaviours of young women and men, and this worsened levels of violence. Community-level action planning, under the framework of a regional action plan, would be more likely to draw an effective link between national laws and policies and local norms.

It would also deal with more immediately causes (e.g., alcohol abuse), and better link GBV with issues around reproductive health, HIV&AIDS, male involvement in the response, etc. UNFPA helped Namibia to develop a community mobilisation guide for community workers focused on enabling communities to identify and collectively address GBV, in the context of alcohol abuse, reproductive health problems, and male involvement in responding to GBV.

6 Attitudes

6.1 Introduction

The bulk of the quantitative questionnaire considered attitudes that provided insights into GBV. This section included the following:

- Attitudinal statements (various agreement scales).
- Attitudes about circumstances in which a husband would have the right to slap his wife/ long-term partner.
- Attitudes about circumstances in which a husband would have the right to strike his wife/long-term partner hard.
- Attitudes about circumstances in which a wife would have the right to slap her husband/long-term partner.
- Attitudes about circumstances in which a wife would have the right to strike her husband/long-term partner.
- Attitudes about circumstances in which a parent would have the right to slap a child.
- Acceptability of current practices.
- Perceptions of how attitudes about the acceptability of practices may have changed over time.

Attitudinal statements covered emotional abuse, such as insults, humiliated, intimidated, scared, or threatened with harm, controlling behaviour, which included isolation, dominance, and unfair accusations, physical (of various intensities) and sexual violence (see WHO, 2005).

6.2 General Attitudinal Statements

A series of attitudinal statements were included that covered a variety of issues. The intention was to establish attitudes about various aspects of GBV. Findings are included in this section.

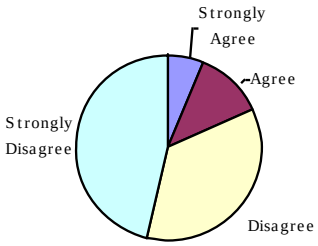
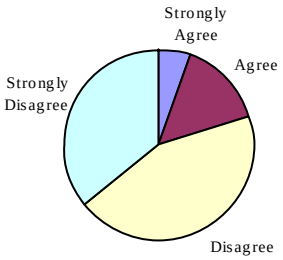
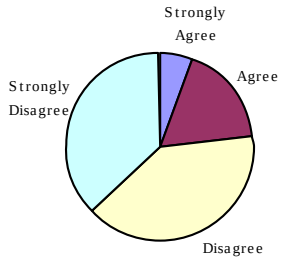
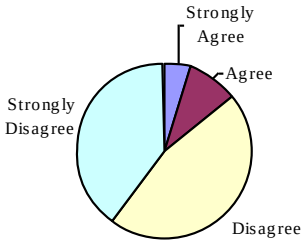
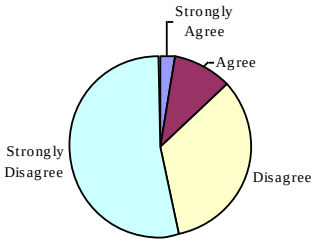
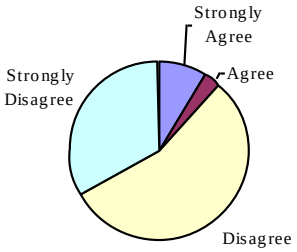
6.2.1 GBV and Husbands and Wives

In the first sub-section, gender relations between husbands and their wives was considered. The following attitudinal statements were presented to respondents;

- A husband has the right to tell his wife who to vote for.
- A husband has the right to decide which social group his wife is allowed to join.
- A husband has the right to decide whether his wife can work to earn an income.
- A husband has the right to physically abuse his wife if he believes that she has given him a sexual disease.
- A husband has the right to hit his wife is she burns the food.
- It is important for a man to show his wife/long-term partner who is the boss.

Findings are grouped under the following figure:

Figure 10: Attitudinal Findings: Relationship Between Husband and Wife

A husband has the right to tell his wife who to vote for	A husband has the right to decide which social groups his wife is allowed to join
	
A husband has the right to decide whether his wife can work to earn an income	**A husband has the right to physically abuse his wife if he believes that she has given him a sexual disease**
	
A husband has the right to hit his wife if she burns the food	**It is important for a man to show his wife/long-term partner who is the boss**
	

The majority of respondents did not agree with any of the statements. Indeed, for most, between one-third and one-half of respondents strongly disagreed with the statements. Disagreement was strongest for the statements related to physical punishment for perceived 'infractions' (burning food, sexual disease).

While the relative percentage of males and females who agreed or disagreed with the statements did not vary, the intensity did. Female respondents were significantly more likely to strongly disagree with the statements than male respondents, holding true for all six statements. This also held true for variation across regions, where patterns of agreement or disagreement with the statements did not vary, but intensity did.

An additional attitudinal scale was included that put a statement about a woman's right to choose her friends in a positive way: "A married women should be able to choose her own friends even if her husband disapproves". Almost half of the respondents agreed with the statement and half disagreed, with disagreement strongest in Kunene Region (where 49% 'disagreed' and 16.2% 'strongly disagreed'), followed by Caprivi Region (where 51.4% 'disagreed' and 10.5% 'strongly disagreed'). There was no variation across education status and agreement for female respondents, while for males and females, there was no clear patterns of variation across income status.

Perhaps surprisingly, female respondents were significantly more likely to agree with the statement than males (58% for females, 34.5% for males; chi-square significant at the .1 level; 9964.830; p=.000). Findings were consistent with comments from many FGD participants about what were perceived to be the strengths of marriages in the past, where the husband and wife endeavoured to 'get along'. Actions, particularly those of the wife, that undermined the strength of this relationship worsened GBV, and having friends that the husband disapproved of was part of the problem.

A specific attitudinal statement was included about pregnant women: "Pregnant women are especially in need of physical discipline by their husbands, to keep them in order". There was strong disagreement with the statement, with 59.4% of all respondents 'strongly disagreeing', and a further 30% 'disagreeing'. Only 6.3% 'agreed' with the statement, and an even fewer 3.1%

'strongly agreed'. Disagreement was strongest in Karas and Erongo regions, and weakest in Kavango Region (where 20.5% 'agreed' or 'strongly agreed') and Ohangwena Region, where 14.7% 'agreed' or 'strongly agreed' with the statement. In Kunene and Caprivi regions, female respondents were *more* likely to agree with the statement than male respondents.

Finally, an attitudinal statement was included that focused on how a wife was expected to behave in a marriage: "A good wife obeys her husband even if she disagrees". Over two-thirds of respondents disagreed with the statement (71.9%), with little variation across males and females and region, and underlining cultural expectations around husband-wife relationships and the need to avoid conflict where possible. Those with lower education levels (holding for males and females, and holding across age group) were more likely to agree with the statement, while there were no clear patterns of variation across income groups.

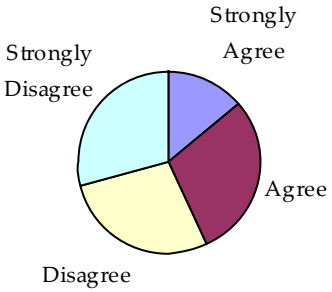
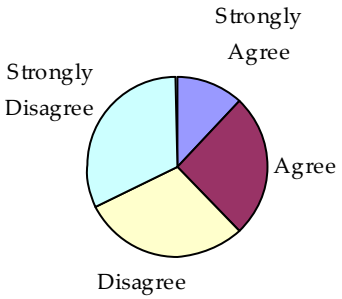
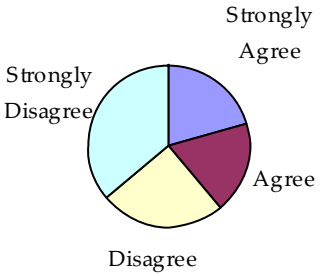
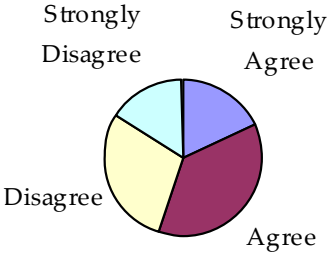
6.2.2 Domestic Violence

The extent to which GBV is considered to be a 'domestic matter' is discussed in this sub-section. The following attitudinal scales were employed:

- The thing about some physical violence within a family is that it is a family affair, *not* something that should be the business of neighbours, friends or anyone else.
- Even if there is some physical violence within a family, it is not something that should be brought to the attention of the police, it must be resolved by the family.
- Only in the case where someone might be killed should violence within a family be brought to the attention of the police.
- Family problems should only be discussed with people in the family, they should not be brought before even friends.

Findings are summarised in the following figure:

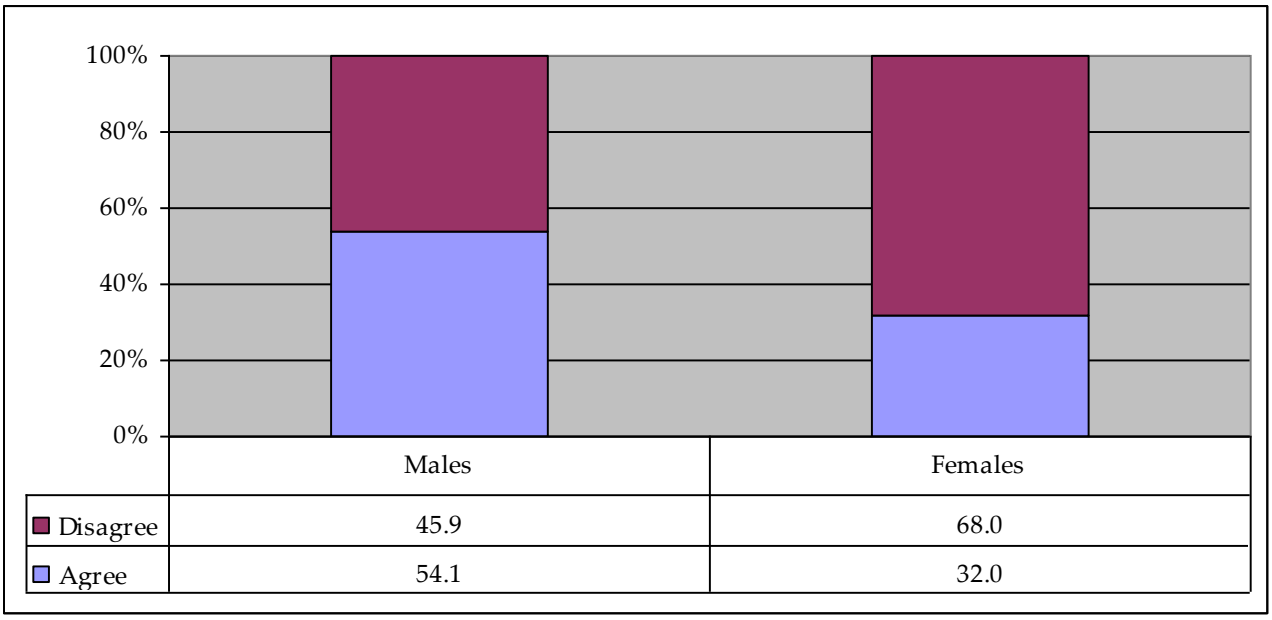
Figure 11: Attitudes about How Private Domestic Violence Should Be

The thing about some physical violence within a family is that it is a family affair, *not* something that should be the business of neighbours, friends, or anyone else	Even if there is some physical violence within a family, it is not something that should be brought to the attention of the police, it must be resolved by the family
	
Only in the case where someone might be killed should violence within a family be brought to the attention of the police	**Family problems should only be discussed with people in the family, they should not be brought before even friends**
	

The majority of respondents disagreed with statements about the 'privacy' of domestic violence (the two top charts). A somewhat 'softer' message about 'family problems' elicited a different response, with almost 60% strongly agreeing or agreeing with the statement. There was considerable disagreement with the statement "only in the case where someone might be killed should violence within a family be brought to the attention of the police", suggesting that attitudes about the boundary for such reporting is prior to a life-threatening situation. There was little variation across married and single respondents, holding for both males and females.

Male respondents were significantly more likely to agree with all four statements than female respondents, as noted in the following figure:

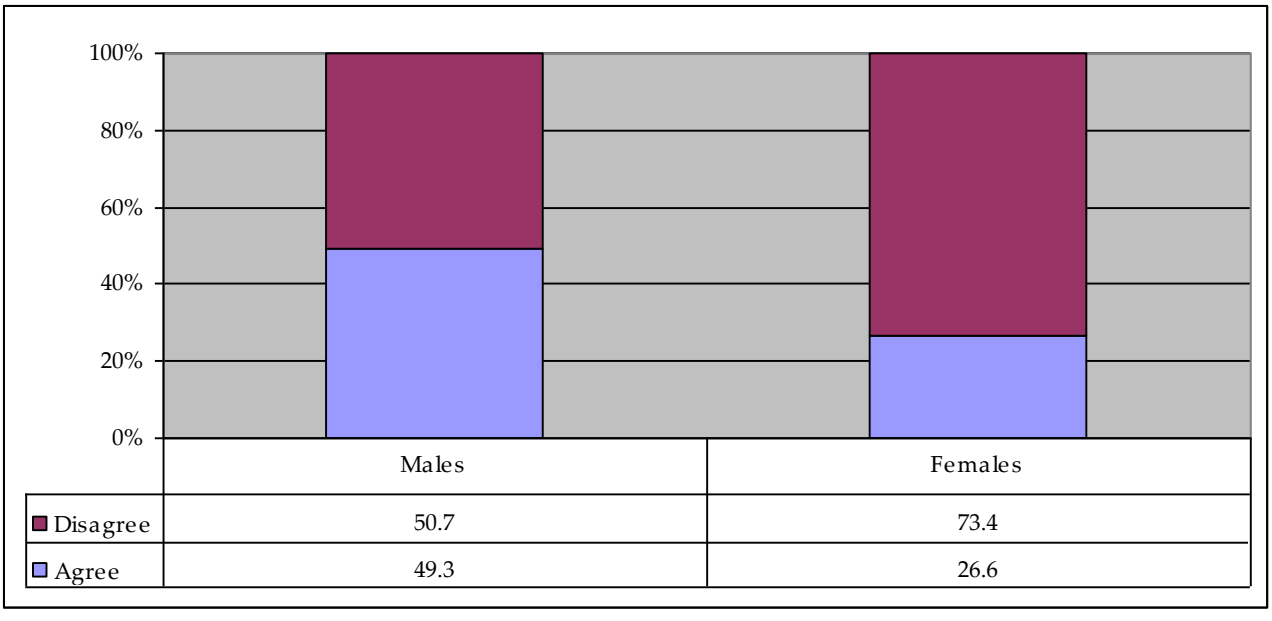
Figure 12: Attitudes About How 'Private' Domestic Violence Should Be and Variation Across Males and Females: 'The thing about some physical violence within a family is that it is a family affair, *not* something that should be the business of neighbours, friends or anyone else'



	Males	Females
Disagree	45.9	68.0
Agree	54.1	32.0

Female respondents were significantly more likely to disagree with the statement, with the majority strongly disagreeing (chi-square significant at the .1 level; 9032.354; p=.000).

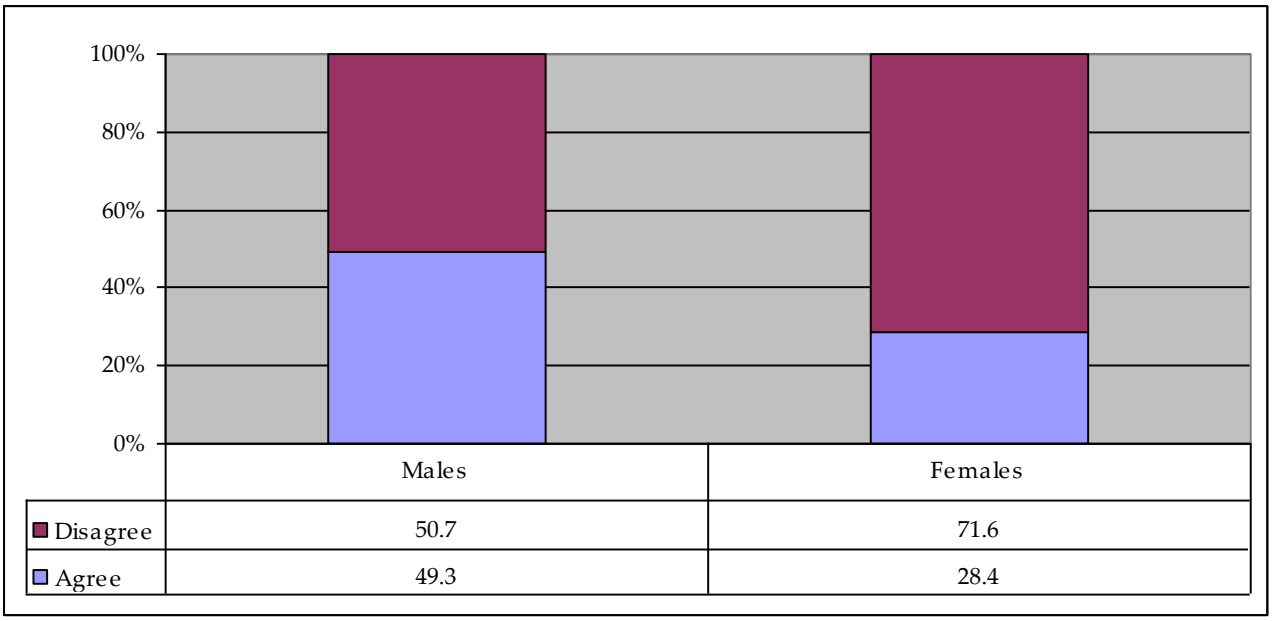
Figure 13: Attitudes About How 'Private' Domestic Violence Should Be and Variation Across Males and Females: 'Even if there is some physical violence within a family, it is not something that should be brought to the attention of the police, it must be resolved by the family'



	Males	Females
Disagree	50.7	73.4
Agree	49.3	26.6

Female respondents were also significantly more likely to disagree with the statement about reporting domestic violence to the police (chi-square significant at the .1 level; 9979.1; p=.000).

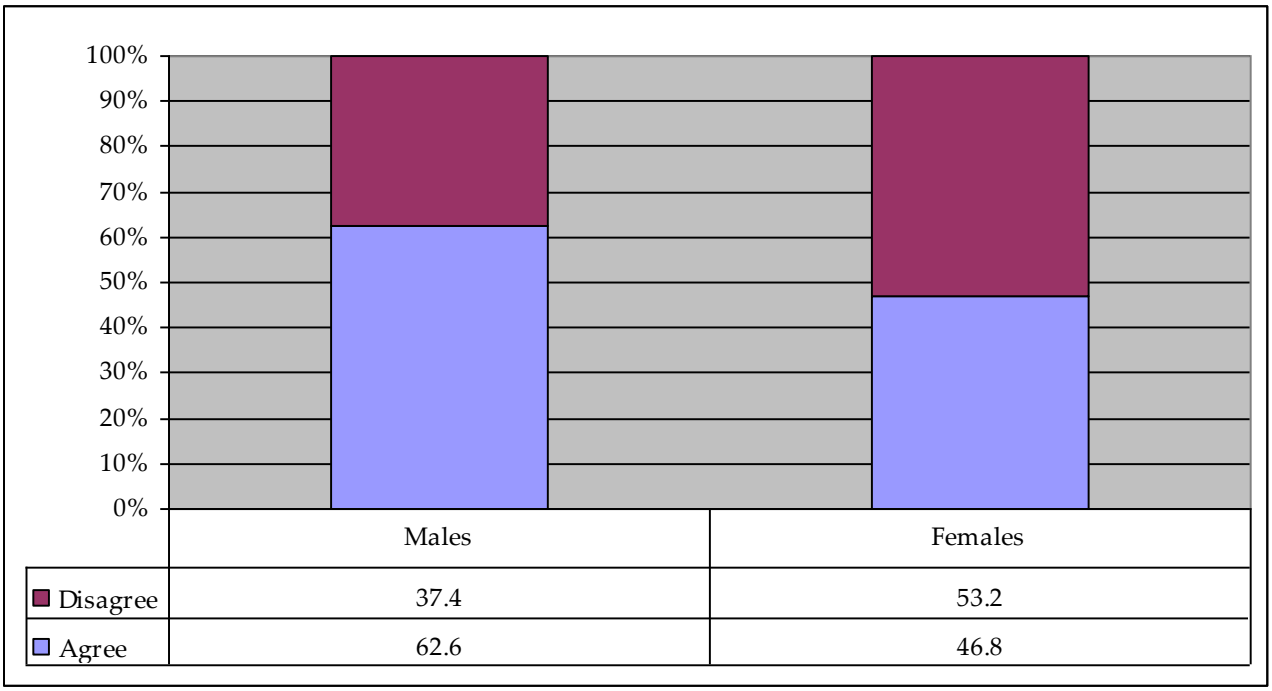
Figure 14: Attitudes About How 'Private' Domestic Violence Should Be and Variation Across Males and Females: 'Only in the case where someone might be killed should violence within a family be brought to the attention of the police'



	Males	Females
Disagree	50.7	71.6
Agree	49.3	28.4

Female respondents were most likely to 'strongly disagree' with the statement (chi-square significant at the .1 level; 8405.228; p=.000).

Figure 15: Attitudes About How 'Private' Domestic Violence Should Be and Variation Across Males and Females: 'Family problems should only be discussed with people in the family, they should not be brought before even friends'



	Males	Females
Disagree	37.4	53.2
Agree	62.6	46.8

Females were more likely to disagree with the statement (chi-square significant at the .1 level; 4585.049, p=.000).

In terms of regional variation, respondents in Caprivi and Kavango regions were more likely to agree that domestic violence was a family affair, and not the business of others, with respondents in Otjozondjupa Region least likely to agree. This also held for reporting domestic violence to the police, with almost 60% of respondents in Caprivi and Kavango regions believing that it was a domestic matter. Again, respondents in Otjozondjupa Region were least likely to agree with the statement. A very high 49% of respondents in Caprivi Region strongly agreed with the statement "Only in the case where someone might be killed should violence within a family be brought to the attention of the police", and a further 21% agreed.

"Yes, it is my business if I beat my wife or girlfriend and no one else's business. No one can and should interfere in my business", said a 21 year old make in Kavango Region.

Almost all FGDs in Caprivi, Ohangwena, Otjozondjupa, Kavango, Omaheke and Kunene regions indicated that 'what goes on behind closed doors is only the business of the family. There are only a few exceptions (notably Karas and Erongo regions) to this, and only when things are very serious'. They indicated that women were culturally not allowed to 'go public' with their family problems, because people might devalue and disrespect the family. 'Interventions from outside the household could very well mean more trouble and abuse for the victim'. Some women were reportedly threatened with their lives by their partners if they revealed the abusive acts done against them but, if this 'stayed behind closed doors', there was not much she could do. One 21 year old female indicated that, "a woman can only report abuse from her boyfriend or husband after he had beaten her for the third time and not before that." There was also a general feeling, especially in the Kavango region, that many women who were beaten by their husbands cannot report them mainly because they were financially dependent on them or that it was traditionally unacceptable. Other abused women were afraid to report their abusive husbands because of continued abuse if reported. These are, of course, extremely serious events that extended family structures are meant to deal with. When they do not, community level processes that usually do not engage with the problem are especially important, highlighting the need to strengthen community-level structures.

Of concern, there were no clear patterns of variation across education or income status and variables considering whether 'private' violence was permissible.

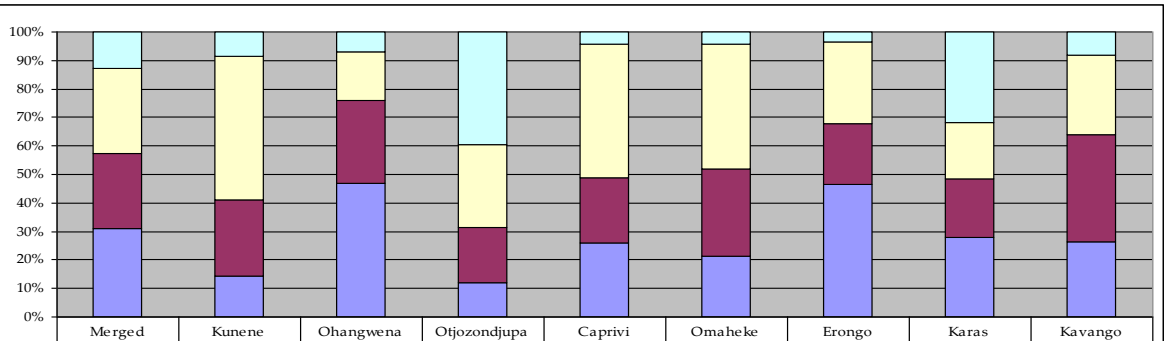
6.2.3 Support in the Broader Environment

Attitudinal statements were included that dealt with issues around external support, both in-family and outside. Statements of relevance included the following:

- A man abused by his wife would be too ashamed to seek any kind of assistance to make it stop.
- Even if a woman is abused, there really isn't much she can do, because even if she reports it to the police, they would not help.
- Really, an abused woman in this community does not have any options, this is how life is, and she can't really change it.
- Even if a woman is abused, there really isn't much she can do, because even if she reports it to police, they would not help.
- Really, an abused woman in this community does not have any options, this is how life is, and she can't really change it.
- Even if a woman is beat by her husband, her birth family would not support her, as this is just part of marriage, and must be put up with.
- If a woman complains to her mother-in-law that her husband was abusing her, there is little that the husband's side of the family would do.
- Even if a woman reported abuse by her husband to the police, the police would be likely to be sympathetic to the husband, not the wife.
- Reporting abuse to a traditional authority would not be very helpful, as they would not be sympathetic.
- If I were abused, my birth family would be sympathetic to me, and would take me in if it came to that.
- If I were abused, my friends and neighbours would help me.
- Overall, in this neighbourhood/community, there are adequate systems to protect women and children from physical harm.

Given the number of statements, each is dealt with separately, including variation across region and sex of respondent.

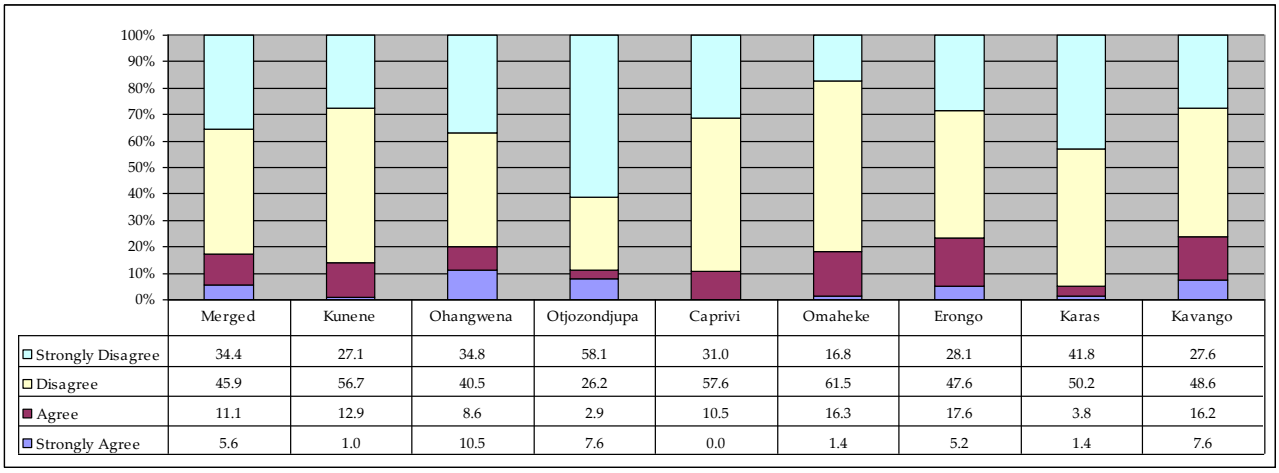
Figure 16: 'A man abused by his wife would be too ashamed to seek any kind of assistance to make it stop'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	12.4	8.1	6.7	37.1	4.3	4.3	3.3	29.2	8.1
Disagree	29.0	48.6	16.7	27.1	46.7	42.3	28.6	18.4	28.1
Agree	25.8	25.7	28.6	18.1	22.9	29.7	21.0	18.9	37.6
Strongly Agree	30.0	13.8	45.7	11.4	25.7	20.7	46.2	25.5	26.2

Most respondents agreed with the statement. Respondents in Ohangwena Region were most likely to agree, with many of them strongly agreeing, following by respondents in Omaheke Region.

Figure 17: 'Even if a woman is abused, there really isn't much she can do, because even if she reports it to the police, they would not help'

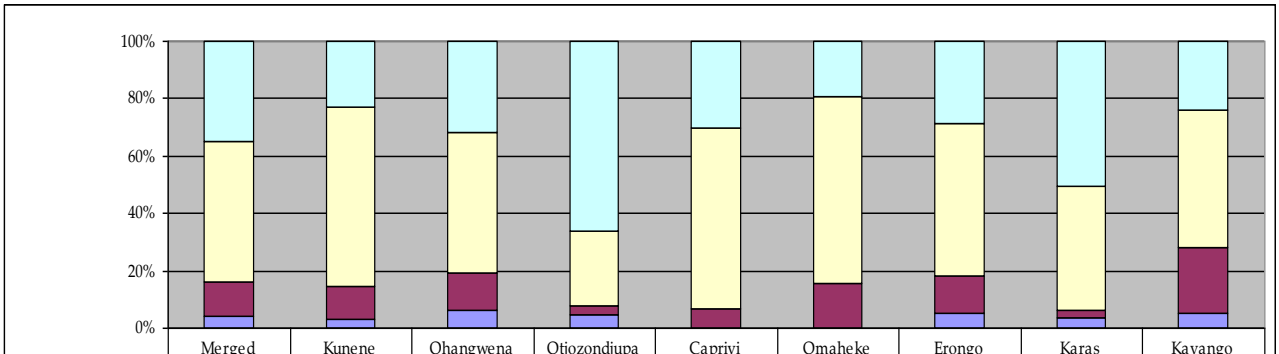


	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	34.4	27.1	34.8	58.1	31.0	16.8	28.1	41.8	27.6
Disagree	45.9	56.7	40.5	26.2	57.6	61.5	47.6	50.2	48.6
Agree	11.1	12.9	8.6	2.9	10.5	16.3	17.6	3.8	16.2
Strongly Agree	5.6	1.0	10.5	7.6	0.0	1.4	5.2	1.4	7.6

The majority of respondents disagreed with the statement, especially males (chi-square significant at the .1 level; 1951.364, p=.000).

Respondents in Karas Region were most likely to disagree with the statement, while those in Erongo and Kunene regions most likely to agree (chi-square significant at the .1 level; 4766.988, p=.000).

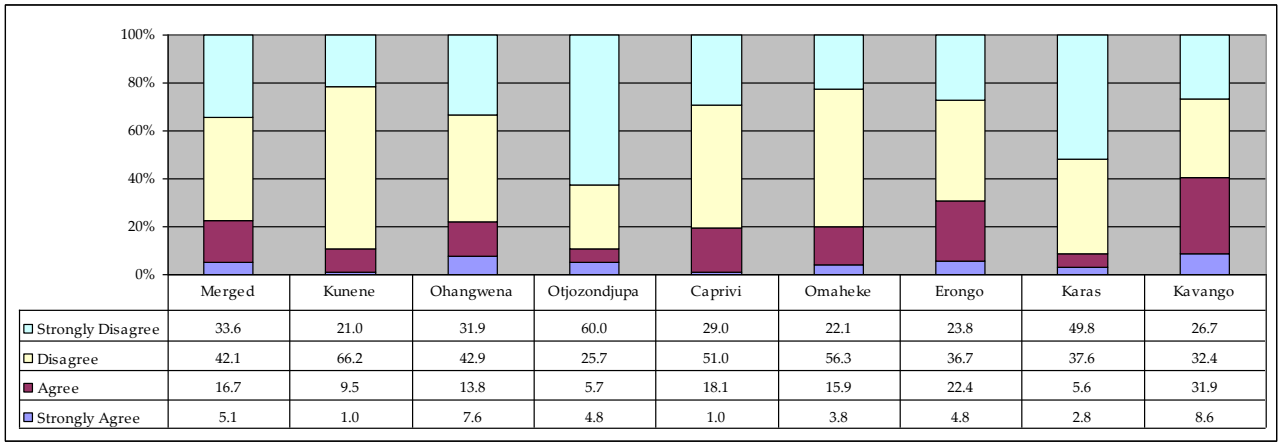
Figure 18: 'Really, an abused woman in this community does not have any options, this is how life is, and she can't really change it'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	33.6	22.4	30.5	61.0	30.0	18.7	28.1	49.3	23.8
Disagree	47.6	60.5	46.7	24.3	62.9	63.5	51.9	41.8	47.6
Agree	11.4	11.4	12.4	2.9	6.7	15.4	12.4	2.8	22.4
Strongly Agree	4.1	2.9	6.2	4.3	0.0	0.0	5.2	3.3	5.2

Only 15.5% of respondents agreed with the statement, and the majority of these 'agreed', rather than 'strongly agreed'. Female respondents were somewhat more likely to agree compared to males (chi-square significant at the .1 level; 363.207, p=.000). Respondents in Caprivi and Karas regions were especially likely to disagree (93.3% and 93.76%, respectively). There were no clear patterns of variation across education status or income status for either males or females.

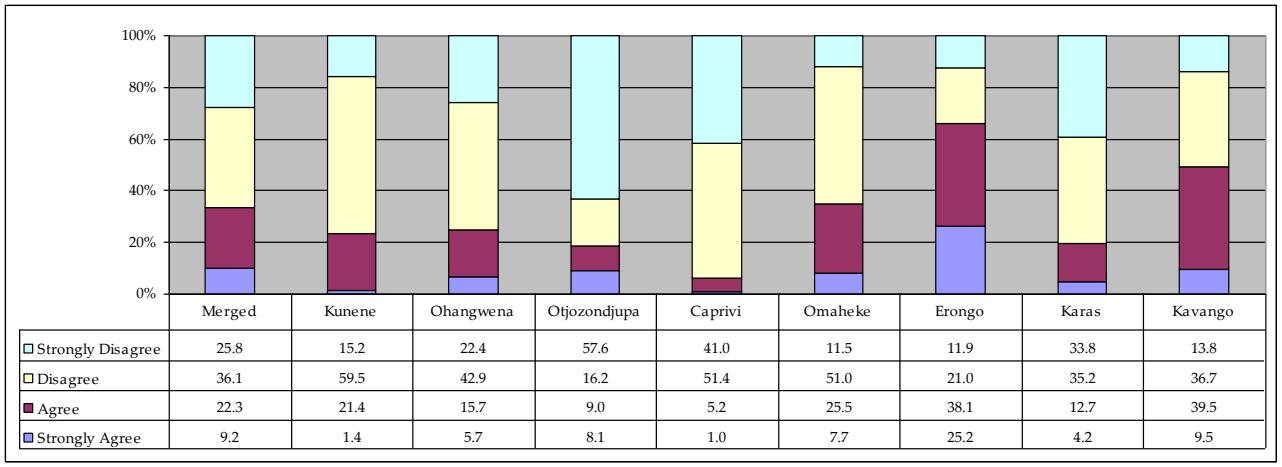
Figure 19: 'Even if a woman is beat by her husband, her birth family would not support her, as this is just part of marriage, and must be put up with'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	33.6	21.0	31.9	60.0	29.0	22.1	23.8	49.8	26.7
Disagree	42.1	66.2	42.9	25.7	51.0	56.3	36.7	37.6	32.4
Agree	16.7	9.5	13.8	5.7	18.1	15.9	22.4	5.6	31.9
Strongly Agree	5.1	1.0	7.6	4.8	1.0	3.8	4.8	2.8	8.6

The majority of respondents felt that the woman's birth family would indeed support her, with females especially likely to disagree with the statement (chi-square significant at the .1 level; 81.808, p=.000). Respondents in Karas Region were especially likely to strongly disagree with the statement.

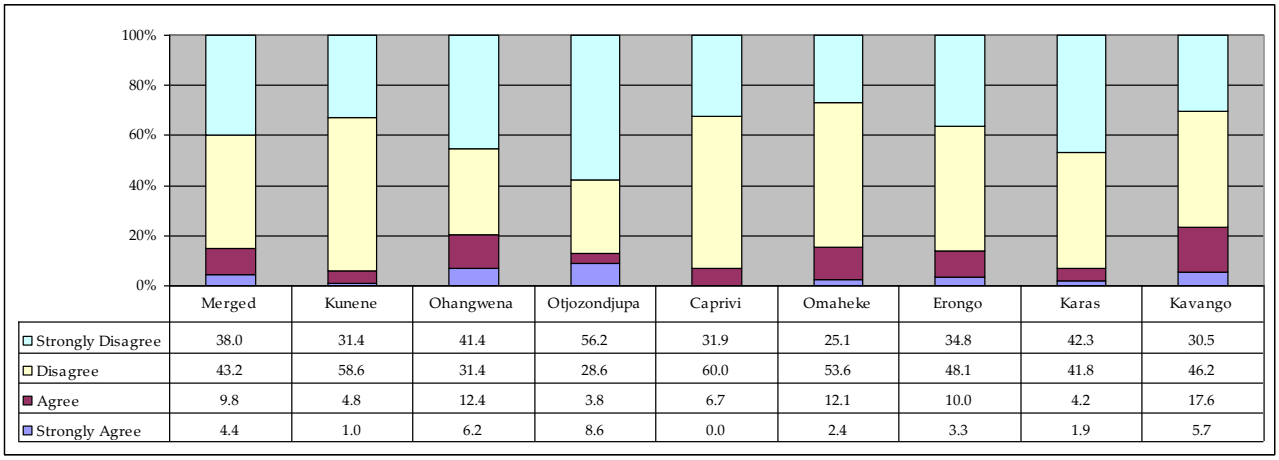
Figure 20: 'If a woman complains to her mother-in-law that her husband was abusing her, there is little that the husband's side of the family would do'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	25.8	15.2	22.4	57.6	41.0	11.5	11.9	33.8	13.8
Disagree	36.1	59.5	42.9	16.2	51.4	51.0	21.0	35.2	36.7
Agree	22.3	21.4	15.7	9.0	5.2	25.5	38.1	12.7	39.5
Strongly Agree	9.2	1.4	5.7	8.1	1.0	7.7	25.2	4.2	9.5

Most respondents disagreed with the statement, with males especially likely to disagree (chi-square significant at the .1 level; 119.000, p=.000). Respondents in Erongo and Kavango regions were most likely to agree with the statement.

Figure 21: 'Even if a woman reported abuse by her husband to the police, the police would be likely to be sympathetic to the husband, not the wife'

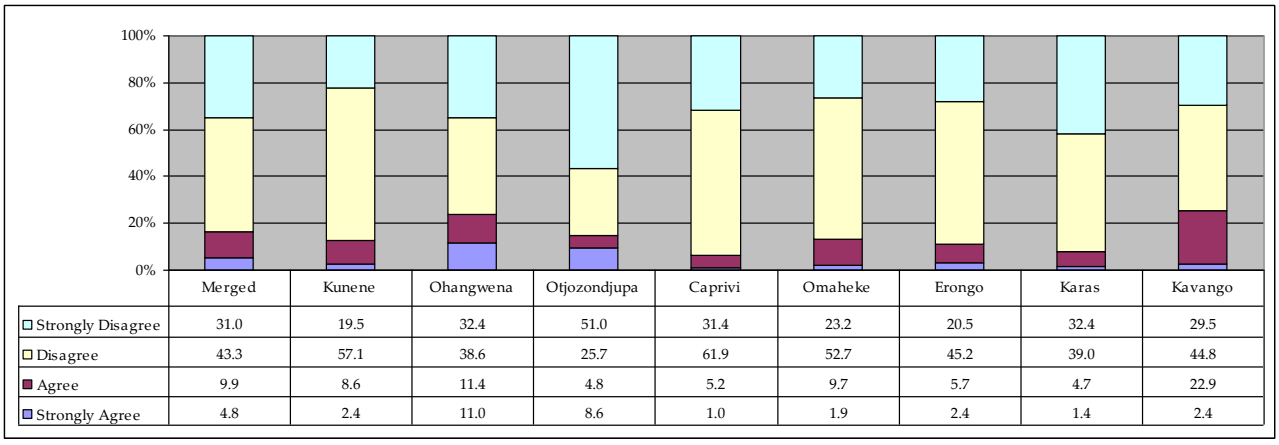


	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	38.0	31.4	41.4	56.2	31.9	25.1	34.8	42.3	30.5
Disagree	43.2	58.6	31.4	28.6	60.0	53.6	48.1	41.8	46.2
Agree	9.8	4.8	12.4	3.8	6.7	12.1	10.0	4.2	17.6
Strongly Agree	4.4	1.0	6.2	8.6	0.0	2.4	3.3	1.9	5.7

Almost all respondents disagreed with the statement, with the majority strongly disagreeing. Levels of disagreement were stronger for males than females, but overall levels of disagreement were similar. Respondents in Kavango and Ohangwena regions were most likely to agree with the statement.

Almost three-quarters of all respondents felt that the police and courts had been 'very effective' or 'somewhat effective' in helping households cope with domestic violence. Perceptions of effectiveness were highest in Ohangwena and Caprivi regions, and lowest in Kunene Region. Males were significantly more likely to believe that the courts and police were effective than males. Indeed, 81.2% of males felt that the police and courts were 'very effective' or 'somewhat effective', compared to a much lower 56.7% for females.

Figure 22: 'Reporting abuse to a traditional authority would not be very helpful, as they would not be sympathetic'

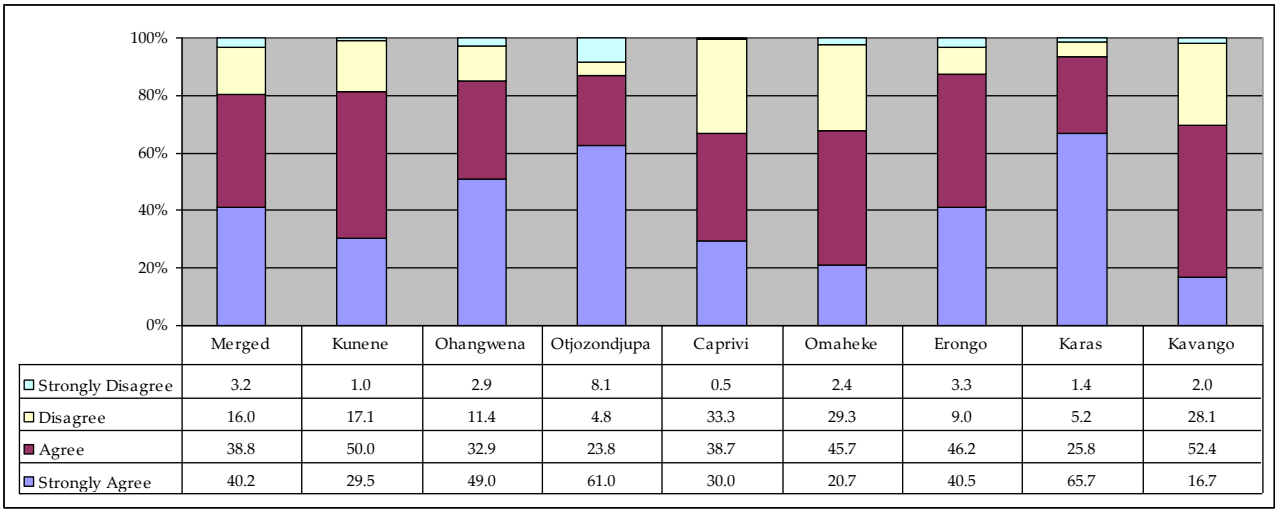


	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	31.0	19.5	32.4	51.0	31.4	23.2	20.5	32.4	29.5
Disagree	43.3	57.1	38.6	25.7	61.9	52.7	45.2	39.0	44.8
Agree	9.9	8.6	11.4	4.8	5.2	9.7	5.7	4.7	22.9
Strongly Agree	4.8	2.4	11.0	8.6	1.0	1.9	2.4	1.4	2.4

Again, most respondents disagreed with the statement, with only 14.7% agreeing. Females were someone more likely to agree with the statement compared to males (chi-square significant at the .1 level; 227.409, p=.000).

Respondents in Ohangwena and Kavango regions were especially likely to agree with the statement.

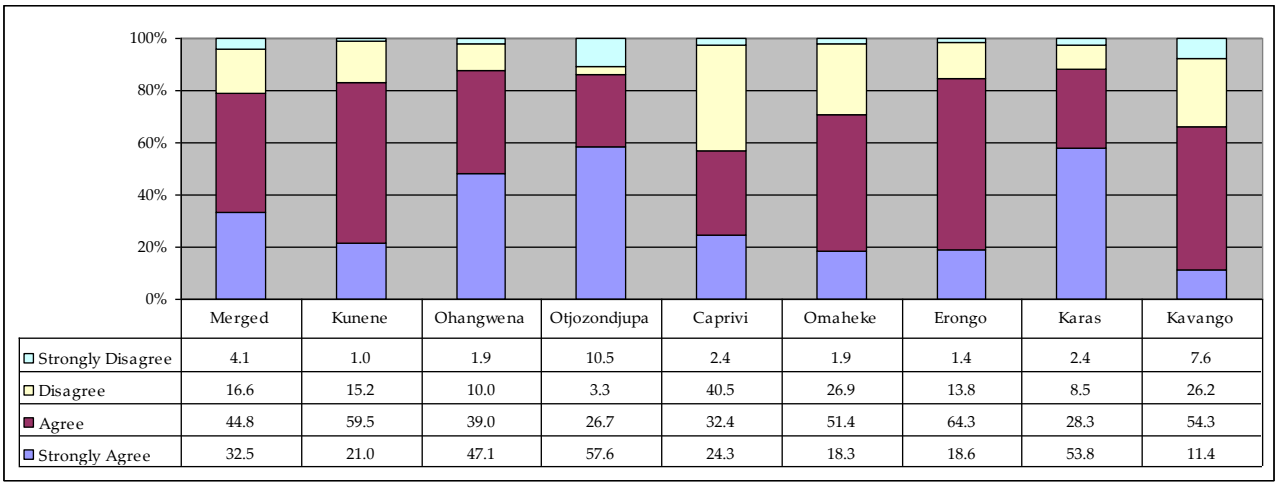
Figure 23: 'If I were abused, my birth family would be sympathetic to me, and would take me in if it came to that'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	3.2	1.0	2.9	8.1	0.5	2.4	3.3	1.4	2.0
Disagree	16.0	17.1	11.4	4.8	33.3	29.3	9.0	5.2	28.1
Agree	38.8	50.0	32.9	23.8	38.7	45.7	46.2	25.8	52.4
Strongly Agree	40.2	29.5	49.0	61.0	30.0	20.7	40.5	65.7	16.7

Almost 80% of respondents agreed with the statement, with most of them indicating that they 'strongly agree'. There was no variation across males and females. Respondents in Karas and Otjozondjupa regions were most likely to agree with the statement, while respondents in Caprivi, Kavango and Omaheke regions were most likely to disagree.

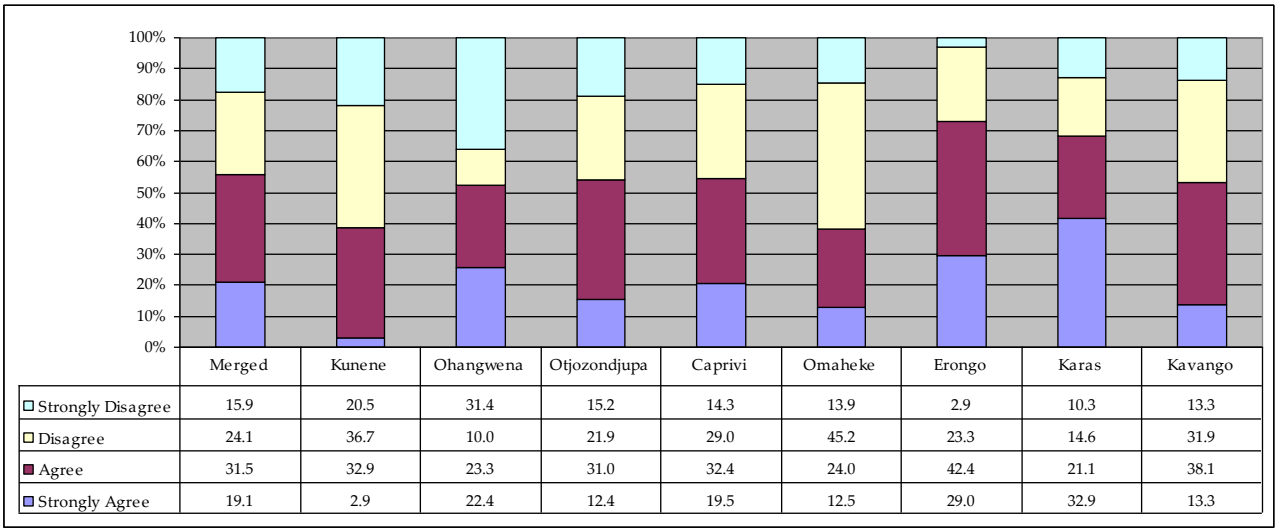
Figure 24: 'If I were abused, my friends and neighbours would help me'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	4.1	1.0	1.9	10.5	2.4	1.9	1.4	2.4	7.6
Disagree	16.6	15.2	10.0	3.3	40.5	26.9	13.8	8.5	26.2
Agree	44.8	59.5	39.0	26.7	32.4	51.4	64.3	28.3	54.3
Strongly Agree	32.5	21.0	47.1	57.6	24.3	18.3	18.6	53.8	11.4

Almost 80% of the respondents agreed with the statement, with most of these 'agreeing' with the statement (44.8%). There was little variation across males and females.

Figure 25: 'Overall, in this neighbourhood/community, there are adequate systems to protect women and children from physical harm'



	Merged	Kunene	Ohangwena	Otjozondjupa	Caprivi	Omaheke	Erongo	Karas	Kavango
Strongly Disagree	15.9	20.5	31.4	15.2	14.3	13.9	2.9	10.3	13.3
Disagree	24.1	36.7	10.0	21.9	29.0	45.2	23.3	14.6	31.9
Agree	31.5	32.9	23.3	31.0	32.4	24.0	42.4	21.1	38.1
Strongly Agree	19.1	2.9	22.4	12.4	19.5	12.5	29.0	32.9	13.3

Respondents were equally divided in terms of how adequate systems were in their areas to protect women and children from harm. Only 15.9% 'strongly agreed' with the statement, while males were more likely to agree with the statement than females (63.1% for males, 48.3% for females; chi-square significant at the .1 level; 3706.242, p=.000).

Respondents in Kunene and Omaheke regions were least likely to agree with the statement (38.1% and 38.2%, respectively), while respondents in Erongo Region were most likely to agree (73.2%) (chi-square significant at the .1 level; 7798.552, p=.000).

6.3 Circumstances Under Which A Husband Can Strike His Wife/Long-Term Partner

Respondents were presented with a series of statements following this introduction:

> "Please consider under what circumstances a husband would have the right, in your view, to hit his wife/long-term partner. By hit, in this case, we mean slapping or something similar that does not leave scars or bruises or does not threaten the woman's life. Please tell us whether you 'strongly agree', 'agree' or 'disagree' or 'strongly disagree' that he can do this, or whether you do not know or are uncertain".

Thereafter, the statements were indicated, and levels of agreement established.

These same statements were then restated, and the following added:

> "Under what circumstances, if any, is it culturally acceptable for a husband to strike his wife/long-term partner **hard**, to the point where she bruises or something breaks".

Both sets of data are presented together, so that differences in attitudes towards the two 'levels' of GBV can be established.

Findings are indicated in the following table:

Table 3: Attitudes About GBV: Male Slapping or Hitting of Female Partner

Statement	Slapping or Similar				Hitting Hard			
	SA	A	D	SD	SA	A	D	SD
If he finds out that she has been unfaithful	22.0	23.9	31.0	22.5	14.9	17.7	30.6	36.2
Males	20.9	22.9	37.1	18.6	13.1	20.9	35.5	30.2
Females	23.2	24.9	24.9	26.4	16.7	14.6	25.7	42.1
If he suspects that she has been unfaithful	8.6	14.8	39.8	36.0	7.5	12.5	33.9	45.3
Males	9.1	14.8	41.9	33.3	6.4	12.6	38.7	41.4
Females	8.1	14.8	37.7	38.7	8.5	12.4	29.1	49.2
If she cannot have a baby	2.5	6.1	29.8	60.9	2.8	7.3	28.2	60.8
Males	2.2	3.4	31.6	62.2	2.4	3.5	30.8	62.7
Females	2.9	8.7	28.0	59.6	3.1	11.1	25.7	58.9
If she insists that he use a condom to have sex	4.0	10.3	40.0	44.4	3.3	11.0	38.4	46.0
Males	4.7	9.0	46.1	38.9	4.0	9.8	46.5	38.8
Females	3.4	11.6	33.9	49.8	2.6	12.3	30.3	53.2
If she refuses his sex w/o a his idea of a valid reason	4.5	13.6	39.7	40.5	3.5	12.9	38.9	43.0
Males	5.2	12.8	47.5	32.1	4.3	11.2	48.9	33.8
Females	3.8	14.3	31.8	48.9	2.6	14.6	29.0	52.2
If she drinks too much	12.8	27.1	38.5	20.6	9.7	20.2	36.0	33.3
Males	12.4	26.6	45.5	15.2	11.1	20.3	44.3	23.6
Females	13.3	27.6	31.5	26.1	8.3	20.1	27.6	43.0
If she misuses money	13.8	24.5	39.8	21.1	9.5	19.5	36.3	34.0
Males	14.8	22.5	47.1	14.9	11.1	19.7	44.8	24.2
Females	12.8	26.6	32.5	27.3	8.0	19.4	27.9	43.9
If he believes she has given him a sexual disease	5.0	12.8	43.2	37.2	5.6	10.8	38.3	43.8
Males	7.5	13.2	47.4	29.7	6.4	11.0	44.2	36.9
Females	2.5	12.5	39.0	44.6	4.8	10.6	32.3	50.8
If she has male friends	4.3	15.7	44.1	34.6	3.9	14.2	39.4	41.7
Males	5.2	16.5	48.6	28.2	3.9	14.5	48.1	32.7
Females	3.4	14.9	39.6	41.0	3.9	13.8	30.7	50.6
If she belongs to social groups	2.0	5.9	45.7	45.3	2.8	5.5	38.5	52.1
Males	1.4	5.2	47.2	44.4	2.5	3.6	43.3	49.2
Females	2.6	6.7	44.1	46.1	3.2	7.3	33.8	55.0
If she cannot cook well	4.8	14.1	39.2	41.3	3.4	12.8	37.9	45.5
Males	2.4	10.3	52.2	34.7	2.9	7.4	48.7	40.8
Females	7.2	17.9	26.3	47.8	3.8	18.2	27.2	50.1
If he feels that she practices witchcraft	15.9	16.0	37.1	24.5	13.0	15.5	32.9	34.9
Males	17.2	18.2	42.2	14.7	12.5	21.3	38.2	23.8
Females	14.6	13.9	32.0	34.4	13.5	9.7	27.6	46.0
If she leaves the house without telling him	8.9	23.4	41.9	24.9	5.7	20.5	37.0	35.6
Males	10.9	23.9	48.5	16.0	5.9	21.5	47.0	24.5
Females	6.9	23.0	35.3	33.7	5.6	19.6	27.0	46.7
If he feels that she is neglecting the children	10.2	26.2	41.1	22.0	7.1	20.8	38.2	33.3
Males	11.7	25.7	47.9	14.6	7.7	19.9	49.2	22.6
Females	8.7	26.7	34.3	29.4	6.4	21.8	27.2	43.9
If he feels that she is being argumentative	9.0	12.1	42.2	35.6	6.4	17.4	39.4	35.5
Males	7.2	13.0	50.3	28.6	7.0	19.7	47.7	24.2
Females	10.8	11.1	34.0	42.7	5.9	15.0	31.2	46.8

In many respects, 'slapping or similar' was felt to be acceptable under certain circumstances, rising to one-half 'if he finds out that she has been unfaithful'. Some practices were felt insufficient for such action, but for most forms of violence, some one-seventh to one-quarter of the respondents felt the practices to be acceptable. Males were more likely to feel that 'slapping or similar' was acceptable for most situations, compared to females. Findings were especially dramatic for 'if he suspects that she has been unfaithful', 'if he believes that she has given him a sexual disease', 'if she has male friends', 'if he feels that she practices witchcraft', 'if she leaves the house without telling him', 'if he feels that she is neglecting the children', and 'if he feels that she is being argumentative'. Overall, there was little variation across education status of respondent, or income status of respondent's household.

For the majority of the attitudinal scales, levels of disagreement with the statement increased when the question shifted from 'slapping or similar' to 'hitting hard'. The shift was especially dramatic for females. Over half of the respondents felt that slapping was permissible if the wife had been unfaithful (and he had proof), but was much lower if he only suspected this. Almost one-third of the respondents agreed with hitting hard 'if she drinks too much', or 'if she misuses money'.

A 2002 study (BMC Women's Health, 2002) covering 8 southern African countries -- Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe -- found that having multiple partners was the most consistent risk factors leading to domestic physical partner violence in all eight countries, Namibia included.

In terms of 'hitting hard', over one-third of male respondents and one-quarter of female respondents felt that the man would be justified 'if he finds out that she has been unfaithful'. Alcohol abuse, misuse of money, sexually-transmitted infections, witchcraft, and neglect of children were felt to be justifiable reasons for hitting hard by between one-fifth and one-quarter of the respondents, again with levels of agreement higher for males than females. For females, overall those with higher levels of education and those with higher incomes tended to be more likely to disagree with the statements, although for males there was little variation.

6.4 Circumstances Under Which A Woman Can Strike Her Husband/Long-Term Partner

Respondents were presented with a similar set of attitudinal scale statements, focused on circumstances where a woman could strike her husband/long-term partner.

Table 4: Attitudes About GBV: Female Slapping or Hitting of Male Partner

Statements	SA	A	D	SD
If he verbally abuses her	9.2	17.3	39.2	33.3
Males	11.0	20.0	39.6	28.6
Females	7.3	14.7	38.7	38.0
If she finds out that he has been unfaithful	9.4	16.5	39.6	33.1
Males	9.1	18.8	43.0	27.6
Females	9.6	14.1	36.1	38.6
If she suspects that he has been unfaithful	5.2	9.1	43.5	41.1
Males	6.6	10.7	47.0	34.8
Females	3.7	7.6	39.9	47.4
If he tries to force her to have sex, if she doesn't want to	7.5	14.8	42.0	34.5
Males	7.0	16.8	43.8	31.5
Females	8.1	12.8	40.1	37.4
If he does not adequately provide for the household	6.7	10.7	47.5	34.1
Males	5.7	11.6	56.6	25.6
Females	7.7	9.9	38.5	42.7
If he drinks too much	10.1	16.8	42.9	29.4
Males	9.9	17.2	49.7	22.8
Females	10.3	16.4	36.2	36.0
If she believes that he has given her a sexual disease	5.3	9.2	46.1	37.5
Males	6.6	10.2	51.3	29.4
Females	4.0	8.1	40.8	45.7
If he hit her	23.3	24.7	27.9	22.5
Males	19.1	28.5	31.1	19.7
Females	27.5	20.9	24.7	25.4
If he does not help with household chores	5.9	9.9	45.7	37.5
Males	6.9	11.7	51.5	29.3
Females	5.0	8.1	39.9	45.8
If he misuses money	9.8	14.0	44.9	30.1
Males	10.2	16.5	50.5	21.9
Females	9.3	11.5	39.3	38.3
If he has female friends (non-family members)	5.7	9.7	48.1	35.4
Males	6.1	12.4	53.0	27.1
Females	5.2	7.0	43.1	43.6
If he sides with his family/if he is influenced by his family	4.7	10.7	48.7	34.1
Males	3.2	12.4	55.7	27.2
Females	6.2	9.0	41.7	41.0

Almost half of all respondents agreed that a woman had a right to hit a partner if he hit her first, with females more likely to 'strongly agree' with the statement than males. For most other attitudinal scale statements, one-seventh to one-quarter of respondents felt that violence against a male partner was justified. Of interest, for a number of the scale statements, males were more likely to indicate that GBV was warranted than females.

Importantly, overall, respondents were less likely to agree that women could hit their partners, compared to men hitting women. For example, for the 'finds out s/he has been unfaithful', half of all respondents felt that it was justifiable for a man to hit his partner, compared to one-quarter

agreeing that a woman could hit her partner. This held for both males and females, and for most other attitudinal scale statements as well.

6.5 Circumstances Under Which A Parent Can Strike a Child

A similar set of attitudinal scale statements were included around where it was felt justifiable to slap a child. Findings are summarised in the following table:

Table 5: Attitudes About Violence Towards a Child by a Parent

Statements	SA	A	D	SD
If the child is disobedient	34.7	43.3	15.0	6.6
Males	31.7	47.6	14.9	5.3
Females	37.8	39.0	15.0	7.8
If the child talks back to the parent	32.6	45.0	15.6	6.5
Males	28.9	49.7	16.6	4.3
Females	36.3	40.2	14.6	8.6
If the child brings shame to the family	16.6	37.3	31.9	11.4
Males	15.1	42.5	32.5	5.7
Females	18.2	32.1	31.4	17.1
If the child performs poorly in school	7.8	19.1	43.3	29.2
Males	6.6	23.0	43.8	25.8
Females	8.9	15.2	42.7	32.5
If the child runs away from home	16.1	34.5	34.2	14.5
Males	15.0	39.3	36.5	8.7
Females	17.2	29.7	31.8	20.3
If the child has sex with someone	19.6	28.9	32.8	15.6
Males	16.2	339	36.6	10.4
Females	22.9	23.9	29.0	20.8
If a daughter brings home a boyfriend much older than her	19.8	27.3	32.9	18.3
Males	21.4	32.1	33.5	11.5
Females	18.2	22.5	32.3	25.1
If a son brings home a girlfriend much older than him	17.6	25.2	36.4	18.8
Males	17.9	30.4	37.0	12.7
Females	17.3	20.1	35.8	24.9
If he/she does not want to go to school	24.5	38.1	25.3	11.2
Males	19.7	45.7	26.9	7.1
Females	29.3	30.5	23.7	15.4
If he/she dresses inappropriately	12.7	30.0	40.7	15.3
Males	10.6	33.1	45.7	9.2
Females	14.8	26.9	35.8	21.4
If he/she has body piercing/tattoos	14.8	29.4	37.6	16.1
Males	12.2	34.6	40.6	10.9
Females	17.4	24.2	34.6	21.3

Slapping and similar forms of violence were noted as acceptable practice for a majority of respondents. Compared to figures of around 20% for most measures of GBV (especially for men against partners, and to a lesser extent women against partners), many of the attitudinal scale statements had agreement rates of over 50%. Indeed, the only statement that did not elicit high

levels of agreement was 'if the child performs poorly in school', which perhaps is felt to less of a 'disciplinary' matter and more one of encouragement. For almost all measures, females were more likely to believe that violence was acceptable, compared to males. For most variables, there were no clear patterns of variation across income status or education status of the respondent for females. For males, those with higher levels of education were often more likely to agree to physical punishment of their children.

All FGD participants in Otjozondjupa, Caprivi, Ohangwena, Kunene, Erongo Omaheke, Kavango (with the exception of older males and younger female FGD)' Karas (with the exception of the younger female FGD) regions agreed that it was acceptable to cane a child, because it was considered necessary to maintain discipline. Participants added that this type of punishment was done out of love for their children. Older male and younger female FGD participants in Caprivi Region took it one step further, indicating that the bible instructs parents to cane their children. The Karas Region older male FGD added that canning is now 'illegal'; resulting in children being more undisciplined then before caning was 'illegal'. They all felt that this was the same for male and female children. Most of the older male and younger female FGD participants in the Kavango region felt that it was unnecessary to cane a child and that there were other means of disciplining children. Older male and younger female FGD participants in the Kavango region also felt that the more a child was caned, the less they actually listened. They agreed that alternative measures needed to be used such a talking and making children understood where they went wrong, what the consequences of their 'wrongful' actions were, and how it can be rectified. It should be noted that although caning was generally regarded as acceptable by most FGD participants, it was explicitly noted that caning should not be done to the extent that it becomes an abuse gesture instead of a discipline gesture. Children who are caned needed to be talked to as well, to ensure that they understood their perceived wrong-doing and the consequences thereof.

All FGDs in Caprivi Region agreed that boys learn at a young age to feel that they should be the bosses in their households. This behaviour is expected from them, and little can be done about it. At the same time, girls learned at a young age to be subservient to boys. 'This behaviour is expected from them, and little can be done about it'. FGD participants in Kunene Region agreed with the above statement, saying that both women and men should know their place in society. Some did argue that boys and girls should be educated on equal rights from a young age, but they

were concerned that this might be culturally unacceptable. Interestingly, in Otjozondjupa Region, the older FGD participants disagreed with the above statement saying that education of boys and girls is entirely up to the family. In some households, they were treated the same while in other households they were not. In Ohangwena Region, it was only the younger female FGD participants that felt that boys and girls should be treated the same while the rest agreed with the above statement.

6.6 Perceived Cultural Acceptability of GBV and Changes Over Time

A final section of the attitudinal section of the questionnaire presented five statements, and asked about current levels of acceptability, and changes since independence in 1990. The statements are as follows:

- A husband disciplining his wife by slapping her.
- A husband forcing his wife to have sex even if she does not want to.
- A man having all the power over sexual decision-making in a long-term relationship.
- A husband having other sexual partners than the wife.
- A wife not being able to get out of an abusive relationship, because she has no options.

Findings are summarised for both current believes as well as changes since independence in the following table:

Table 6: Cultural Acceptability of Practices, and Changes Since Independence

Statement	Current Cultural Acceptability				Changes Since Independence				
	VA	SA	NVA	NAA	MMAN	SMAN	NC	SLAN	MLAN
A husband disciplining his wife by slapping her									
All	12.9	13.7	21.9	46.3	8.6	13.2	20.9	19.4	35.4
Males	17.0	15.5	16.5	45.0	14.7	17.0	14.2	19.3	32.1
Females	8.7	11.8	27.2	47.7	2.5	9.3	27.7	19.4	38.8
A husband forcing his wife to have sex even if she does not want to									
All	5.0	9.6	22.7	55.6	5.5	10.1	21.5	21.0	37.4
Males	5.3	10.8	18.1	57.0	7.9	15.1	18.8	16.2	36.2
Females	4.7	8.5	27.3	54.1	3.1	5.1	24.2	25.8	38.5
A man having all the power over sexual decision-making in a long-term relationship									
All	6.2	14.1	26.1	47.3	5.3	11.2	23.9	22.4	33.3
Males	6.5	16.0	23.5	45.7	7.6	16.1	20.1	20.3	30.9
Females	6.0	12.1	28.7	49.0	3.0	6.3	27.8	24.4	35.8
A husband having other sexual partners than the wife									
All	14.6	15.8	20.1	44.3	5.2	10.7	36.7	12.9	31.3
Males	17.1	13.9	20.1	43.0	5.7	13.6	29.6	15.2	32.5
Females	12.1	17.6	20.1	45.6	4.7	7.7	43.8	10.6	30.0
A wife not being able to get out of an abusive relationship because she has no options									
All	6.9	19.3	23.6	43.2	6.8	17.2	18.7	18.0	34.1
Males	5.9	19.5	23.6	41.5	9.9	20.7	14.7	17.1	30.4
Females	7.9	19.0	23.7	44.8	3.6	13.6	22.7	18.9	37.9

VA = very acceptable
SA = somewhat acceptable
NVA = not very acceptable
NAA = not at all acceptable
MMAN = much more acceptable now
SMAN = somewhat more acceptable now
NC = no change
SLAN = somewhat less acceptable now
MLAN = much less acceptable now

Physical discipline was felt to be culturally acceptable in local cultures by over one-quarter of the respondents, male control of all sexual decision-making, and a woman not being able to get out of an abusive relationship. The cultural acceptability of multiple partners was noted by over one-third of all respondents, despite high levels of HIV infection. For the first four statements, males tended to believe that the practices were more culturally acceptable than females. The only exception was 'a wife not being able to get out of an abusive relationship because she has no option', where there was little difference across males and females.

The majority of respondents felt that such practices were considerably less acceptable now than in the past, holding for all five attitudes. Cultural acceptability of 'a husband disciplining his wife by slapping her' was highest in Kunene Region, followed by Caprivi Region, and lowest in Karas and Omaheke regions (chi-square significant at the .1 level; 4184.401, p=.000). Forced sex within marriage was felt to be most culturally acceptable in Ohangwena and Kavango regions, and least acceptable in Karas and Erongo regions (chi-square significant at the .1 level; 6878.456, p=.000). There were similar patterns for 'a man having all the power over sexual decision-making in a long-term relationship'. For 'a husband having other sexual partners than his wife', this was noted as most culturally appropriate in Kunene and Ohangwena regions, and least appropriate in Karas Region (chi-square significant at the .1 level; 8061.252, p=.000). Regarding 'a wife not being able to get out of an abusive relationship, because she has no options', the level of agreement in Kavango Region was substantially higher (43.1%) than in all other regions (chi-square significant at the .1 level; 7847.479, p=.000).

In terms of changes since independence, respondents in Erongo, Ohangwena and Omaheke regions were significantly more likely to note that the practices had changed, suggesting greatest perceived change there. Respondents in Otjozondjupa Region were most likely to note 'no change', with almost half of the respondents on average noting no change, followed by Caprivi Region.

Quantitative findings suggest positive changes over time. These findings were underlined in FGDs with younger people, and in key informant interviews. Nevertheless, it is important to point out that many male FGD participants, particularly older participants but also a number of younger ones, felt that changing social norms that gave women more rights resulted in *increased* levels of

GBV. Physical elements of social control felt to be necessary for a successful marriage were perceived to have been 'mild' in the past, but had become increasingly harsh in recent years because 'women are no longer easy to control'. One FGD with older men in Caprivi Region, for example, argued that changing social norms meant that women were increasingly 'misbehaving', misusing money, not taking care of their homes or children, and perceived themselves to be equal to men. They lamented the increasingly inability of men to control their wives, and argued that women's assertion of independence was the core reason for violence. More broadly, the participants felt that the breakdown in social norms had resulted in many women not wanting to get married, and instead focusing on their own economic security which often meant sleeping with many men 'to get money for maintenance to boost their incomes'.

6.6.1 Relationships Between Wives and Husbands

Relationships between wives and husbands are said to have changed for the worse over time as well, noted by FGD participants in Caprivi, Kunene and Otjozondjupa regions, and holding for males and females and younger and older respondents. Only in Ohangwena Region were FGD participants across age and sex likely to argue that relationships had improved. FGD participants in Caprivi, Kunene and Otjozondjupa regions agreed that the role of traditional authorities in protecting marriages has declined over the years. This was largely due to a secular trend where people were placing less value in traditional structures. As one older group in Caprivi Region concluded, 'people do not value traditional practices in the same manner as before, in part due to the strengthening of other protective measures, such as the national protection and judicial system'.

One younger female participant indicated that, "husband and wives must talk and advise each other. This will result in long-lasting relationships."

In Kunene and Otjozondjupa regions, it was reported that extra-marital sex was taboo in the past, and that this meant that relationships were stronger between husbands and wives, and conflicts were consequently not as common. This also held for Caprivi and Ohangwena regions, but the extent to which extra-marital sex occurred in the past was felt to have occurred, even when frowned upon.

FGD participants, particularly but not exclusively older participants, in Caprivi, Kunene and Otjozondjupa regions strongly felt that the promotion of 'gender equality' had increased misunderstandings between husbands and wives and, as a result, there was more physical and emotional violence than in the past. Further, in Ohangwena Region, it was noted that 'Government's campaign' for gender equality had reached their communities, and this had left men feeling threatened, leading to increased violence. However, there was an important difference between older and younger respondents across region in terms of the *desirability* of gender equality, as younger respondents often felt that it was a worthy objective, but that the way in which it was occurring in society had increased violence. In some respects, this reflects the ambivalence often found in group discussions, with a mixture of respondents welcoming greater equality between women and men, but at the same time concerned that old systems (which relied on inequality) were falling away, and were needed. This was especially the case for younger males, who often seemed unclear about what gender relations *should* be. What was consistent, despite this ambivalence, was a feeling that changing gender roles had heightened violence, and that in this respect it was a problem.

Older male participant in Caprivi Region indicated that "Men must adhere to churches. Once men become Christians, all problems will come to an end. The Bible teaches people how to live a good life free of problems."

Paying *dowries* was also no longer in practice, according to FGD participants in Caprivi Region; the practice was not even mentioned in the other seven regions. In the past, this helped to protect against violence. People did not value their wives in the same manner as before, because of the lack of payment of *dowries*. In Kunene Region, it was reported that pre-marital sex was taboo in the past, and this meant that relationships were stronger between husbands and wives, and conflict lower.

In Kunene Region, all groups attributed increased GBV to 'equal rights between men and women'. The focus group with older males indicated that watching television contributed as well, as it 'taught women about equal rights resulting in less respect between husbands and wives;.

A study conducted by Coker, Smith, McKeown and King (2000) in the United States found that alcohol abuse was the best correlate of violence by male partners against females.

A common feeling across focus groups, covering both older participants and younger ones, was that traditional coaching and mentoring of children growing up was totally absent from today's society. In the past, children were coached during different stages of maturity. "Now one just sees a young lady getting married or falling pregnant without even knowing when she became pregnant", according to one FGD participant. Parents no longer have much of a role to play in the children's marriages, which leads to a lesser structure of protection.

According to the one of the focus groups with older females in Caprivi Region, value for marriages used to play a huge role in protecting the relationships between husbands and wives and now this has declined. With the decline in respect for traditional authorities, this was no longer the case. One older male focus groups in Caprivi Region indicated Christianity as a protective factor for most marriages. Some felt that religion was the answer because more people were going to church now. The problem of indiscipline and alcohol abuse among couples has worsened these relationships.

In Ohangwena Region, the two female FGDs and the older male group indicated that, today, women were empowered in different ways, and that they were able to freely discuss issues about their households with their husbands in ways that they were not able to do so in the past. It was also noted that, today, many wives end up migrating to the cities with their husbands, and this reduced conflict because they could live together. A key problem in the recent past was that the men would go to the cities and have affairs, and this caused considerable conflict when they returned home.

Flinck, Paavilaiken, and Astedt-Kurki (2005) found that 'religiousness' was an important determinant of helping couples see through problems of domestic violence, reducing it in marriage for couples that decided that violence was a problem.

6.6.2 Relationships Between Children and Parents

FGD participants in Kunene, Caprivi, and Otjozondjupa regions indicated that, 'from the time of independence, children have become very undisciplined'. 'Children are exposed to 'western' lifestyles and no longer listen to the elders'. Children became aware of their rights as children, and as a result were felt to have used this information to undermine parent's authority. This was felt to have happened in the case of children being aware of their rights, but not their responsibilities.

A participant in the 25+ year old male FGD in Otjozondjupa Region indicated that, "The time of the South African Colonial Regime in the 80s, parents had the right to control their children. Now parents do not have that right. Children are now doing there own thing, because of western influence and child rights".

As a result, mis-behaviour was common, and parents felt disempowered to be able to do anything about their problems. Parents are now reluctant to discipline their children, as they were afraid of being reported to the authorities for child abuse. 'This results in children having less respect for parents now then in the past'. Other contributing factors were parents giving their children too much money, and parents allowing children to roam the streets.

In Ohangwena Region, FGD participants across age and sex were more likely to feel that there were some positive changes in terms of relations between parents and their children. As one older group noted, 'parents now understand the rights of their children and engage their children in discussions, rather than just caning them without understanding what they want'. The FGD participants went on to give examples of other things that had improved in terms of relations between parents and children, including sending boys to school instead of to the cattle post, and sending girls to school rather than keeping them at home to be married off or to work in the household. They also felt that girls and boys were not treated more equally than in the past, where boys were favoured.

One issue that came up across region was the change in lifestyles in more urbanised areas. As one group in Ohangwena Region noted, 'in the past we used to sit around the fire and discuss culture, tradition, and issues of the day with our family members. Now, we sit in front the television, or we sit at the *cuca shop.* While we now have the opportunity to communicate better with our children, we don't seem to be as good at doing so in the past'.

6.6.3 Relationships Between Unmarried Women and Men

All FGD participants in all regions agreed that relationships between unmarried women and men have increased dramatically since independence. This type of relationship was felt to have not been very prevalent in the past, or that it was so frowned upon that it was kept very secret. 'In the past, there was great respect between partners before they got married, but now this respect is lacking in many relationships, resulting in increased physical and mental abuse'.

6.6.4 Relationships Between Married Men and Girlfriends

All FGD participants indicated that married men having girlfriends was an accepted practice in the recent past. Even when the wives found out about their husbands' affair with other women, they didn't react violently to the situation. Participants continued, saying that in the past girlfriends knew that wives were the first priority, thus they didn't demand much from the husband.

A participant in the 18-24 year old male FGD indicated that, "In the past, wives did not behave strange or jealous when a married man had a relationship with a girlfriend. Wives did not have a problem even if they hear of the girlfriend. "

The younger female group added that, in the distant past, if it was found out that the man had an affair, it was made public for everyone to know about it. Girlfriends as a result kept things discrete, they 'knew their place' in a three-way relationship, and did not make any demands of their married partners. This meant that there was little conflict around such relationships, but only if things were kept secret. Now, girlfriends were much more demanding, and did not respect their boyfriend's wives, and this resulted in violence.

One older male participant indicated that, "GBV and HIV/AIDS are like sisters and brothers staying in the same house. They cannot be separated from one another."

6.6.5 Polygamy

FGD participants in Otjozondjupa and Ohangwena regions argued that polygamy was uncommon now, but that it was practiced in the past. In contrast, in Caprivi and Kunene regions, polygamous relationships were said to be practiced openly as much now as in the past. 'These relationships used to be built on mutual respect between wives, and between wives and husband. Now, increased alcohol abuse has eroded respect within many of these relationships, and has led to consequences such and bad treatment towards different children within the polygamous relationship, or increased likelihood of HIV infection'.

6.6.6 Witchcraft

In the Caprivi Region, all FGD participants indicated that 'witchcraft' had increased dramatically since independence. This was attributed towards local police not being able to stop this practice, while traditional authorities knew how to deal with it in the past, but no longer had the power to do so. This had resulted in more violence against women who were 'acting as witches'. None of the other FGDs in any of the other three regions mentioned witchcraft as a cause of GBV.

6.6.7 Alcohol and GBV

The view of all focus groups across the four regions was that the increased misuse of alcohol perpetuated gender-based violence. It was indicated that alcohol abuse was not a major social problem in the past, as people used to drink alcohol responsibly. Nowadays, with more people being unemployed, especially young people, more and more people misuse alcohol. Alcohol abuse among younger people was especially a concern to FGD participants, resulting in people not having respect for one another.

6.6.8 HIV/AIDS and GBV

All the FGD participants in Kunene, Caprivi, Ohangwena, Erongo, Karas, Erongo and Omaheke regions argued that there was a relationship between GBV and HIV/AIDS, arguing that violence led to increased risk of HIV infection, among others. FGD participants in Otjozondjupa were unclear how GBV could increase, or decrease, the risk of HIV infection. The groups who did see a connection gave the following examples of the relationship between gender based violence and HIV/AIDS.

One younger male participant indicated that, "No one in Caprivi worries about HIV/AIDS these days, because there are signs that the disease already spread across the entire region even before it was realized to be problem Whoever goes for a HIV test, comes with a positive results.."

- Women are now more likely to request for condom use because of the fear to be infected by a husband/boyfriend who knowingly sleeps with other partners. If women refuse to have sex without a condom than arguments start, which results in violence.
- Relationships are ended when one of the partners insists on condom use.
- When the men goes out to cheat, when he gets infected he blames the wife and beats the wife.
- Rape most of the time cause HIV infection. The rape victim is now very likely to get infected because of the forced sex making vaginal and penis fluids and possible blood more likely. This is also true for the rapist.
- HIV/AIDS contributes to violence because partners blame each other for infections.
- Violence against children might also increase due to AIDS. A FGD participants in the Erongo Region noted that some husbands who find out that their wives are infected with HIV, usually becomes extremely angry and chase the wife with children from the house. Innocent children are therefore abused, because HIV entered the relationship of the parents.
- When you force someone to have sexual intercourse, you could infect that person.
- Some people rape others without a condom with the intention of infecting them with HIV.
- An older female FGD participant indicated that some people use HIV as a weapon to infect other intentionally.
- Children are abused more because they currently have more sex than before due to sex education in school (Older male FGD members in Omaheke).

- HIV and AIDS increase poverty - poverty increase stress and stress leads to violence.
- Some HIV infected men are told by witchdoctors that they will be cured from HIV and AIDS if they sleep with a virgin. This increased rape in Namibia.
- Community discrimination against those infected with HIV/AIDS, is also a form of abuse.

FGD participants across region indicated that, whatever the relationship between GBV and HIV, the presence of HIV meant that this changed how GBV should be handled. The following examples were given:

- All FGD participants in Ohangwena Region indicated that, unless trust was evident between two partners, the possibility of HIV infection would continue throughout a marriage, and this would lead to GBV. Trust was therefore central to reducing infection, and this meant not having sexual partners outside marriage.
- Older female FGD participants in Caprivi Region indicated that rape was now less common because of fear of infection with HIV.
- In Erongo region, the younger female FGD participants argued, that people who are HIV positive strive to live more positively. A more positive lifestyle excludes excessive drinking and getting drunk. Not getting drunk, results in less violence because violence is exacerbated by heavy drinking.
- AIDS related orphaned children were felt to be more open to violence because of the absence of parents as role models in the lives.
- Younger male FGD participants in Kunene Region indicated that more people were now insisting on an HIV test before they engaged in sexual intercourse, and that this changed patterns of GBV.
- Older female FGD members in Kunene Region indicated that more people were now insisting on an HIV test before they picked a partner for the long-term, and that this avoided GBV in cases where one partner was HIV positive.

While one group in Caprivi and Kara regions felt that rape was less common because of HIV, this was not the case for all other respondents. Indeed, it was listed among other items as problems that had increased over time, and represented the increase in GBV. Other types of violence, or contributing factors, were as follows:

- Physical, emotional and verbal abuse
- Murder
- Infidelity
- Sexual abuse
- Child abuse
- Poverty
- Suicide
- Gender equality
- Communication breakdown within communities
- Education

6.6.9 Discussion

Overall, there appears to be a certain level of GBV which is tolerated as 'culturally appropriate', and indeed as 'necessary' for a healthy society. Violence in the case of infidelity among wives was especially tolerated. Beyond that, there is also a clear belief that there are physical boundaries that do not allow outsiders to get involved unless social norms are severe violated. Physical discipline involving hitting children was felt to be acceptable, indeed desirable, to ensure that children were 'brought up right', with due respect for their parents and other adults. In general, attitudes are consistent with the continuation of GBV.

The majority of respondents, young and old felt that their societies were in a transition phase from older social norms, focused around traditional authorities and court systems, to the enforcement of 'Namibian' norms that included greater influence from those outside of the local culture. While older men, and to a lesser extent older women, felt that reversion back to previous social norms would reduce GBV, and that the transition represented a threat to 'proper gender relations'. Most younger respondents, on the other hand, argued that things had moved on, and that there was much in independent Namibia to celebrate in terms of changing gender relations. The way in which to reduce GBV was therefore in these changes, and these needed to be reinforced. In this respect, while the perception of violence as increasing due to changes in society was common across key informants and FGD participants, and was reflected in quantitative findings, recommendations on how to resolve the problem of GBV differed significantly.

The majority of respondents across age groups argued that the inability to physically punish children was a serious problem, and as a result children were ill-disciplined. While some argued that new relationships based on mutual respect could emerge, most argued that old forms of punishment were necessary.

Most respondents were living in a cultural environment where they felt that family members, friends and neighbours could be called upon to prevent GBV. However, in a situation where some level of violence is tolerated, and even expected, the problem appears to be that these resources are not drawn upon unless the violence is considered to be 'too severe'. And even then, there are strong attitudes mitigating against reporting violence, even extreme violence, because this is considered to be a family matter. This represents a serious challenge facing any attempts to reduce GBV.

In the context of emergent norms that left men and women uncertain of acceptable gender roles, violence was felt to be likely to continue. In this context, alcohol abuse was a serious catalyst for physical violence, and was felt to have worsened the level and intensity of violence. When considering the risk of HIV infection, there were particular concerns about the implications of violence.

While is some respects there was a convergence of opinion across females across region, and across males across region, and sometimes across males and females across region, there were many differences at regional level that highlight that, whatever the similarities in attitudes, cultural differences necessitate approaching GBV in a manner that recognises these cultural differences. Social norms around gender relations in Caprivi Region, for example, suggest that care must be taken to approach changes to gender roles that reduce GBV, or the problem will simply worsen. Perceived conflicts between 'traditional' and 'modern' ways of protecting from GBV need to be approached in a way that draws strength from both. In Ohangwena Region, by contrast, social change is perceived to be both rapid and positive by most respondents, and there appears to be greater openness to new ways of doing things. This also held for most respondents in Otjozondjupa Region, and even held for both regions with regard to new ways of relating to children.

7 Practices

7.1 Introduction

Following a discussion of attitudes, practices were considered. The first set of questions applied to the period from 2000, the second to a one year period.

7.2 Practices Since 2000

Those respondents who had had at least one partner since 2000 were asked a series of questions about their most recent relationship. As a first question, respondents were asked how regularly they quarrelled. Only 7.9% of respondents noted that they quarrelled 'often', with the figure highest in Kavango, Erongo and Omaheke regions, and lowest in Kunene Region. The remaining respondents were evenly divided between 'sometimes' and 'rarely'.

Two-thirds of women who had ever thought of committing suicide in the Windhoek study (WHO, 2005) had been subject to GBV.

Those with partners since 2000 were presented with a series of standardised measures, obtained from the World Health Organisation, on practices that were divided into various aspects of GBV. Respondents were presented with the following statement: "When two people become a couple, they usually share both good and bad moments. I would now like to ask you some questions about your most recent relationship and how your spouse/partner treats you. If anyone interrupts us I will change the topic of conservation. I would again wish to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. In your relationship, has your most recent spouse/partner ever tried to do any of the following, using a scale from 'never', 'rarely', 'sometimes', to 'often'. Any responses other than 'never' are classified as GBV.

Employing a summary measure of physical violence comprising any measures where physical violence was used, **34%** of all respondents had ever been subject to **physical** GBV. The figure is significantly higher for females (40.5%) than for males (27.6%), and is consistent with the figure found in the WHO (2005) study for Windhoek (36%). Rates were lower than figures using similar measures for Zambia (58.7%; Kishor and Johnson, 2004, using DHS data), Columbia (41%) and Egypt (35%).

When checked against marital status, married females were significantly more likely to have been subject to physical violence than single females (40.7% for married females, versus 29.9% for single females) (chi-square significant at the .1 level; 4652.321, p=.000). This held for both younger and older married women, and was in fact higher for younger married women than older married women.

This finding is consistent with FGD comments that violence was increasingly common, and that it in part arose from male attempts to assert control over wives in a situation where they perceived themselves to exercise less control. Physical violence was higher in areas where 'sense of community' was ranked as lower. However, there was not clear pattern of covariation between living proximate to the birth family and levels of violence.

Worldwide, one-in-three women will be the victim of abuse at some point in her life (Global AIDS Alliance, 2006). Rates for Namibia appear to be higher than the norm worldwide, at 66.6%, similar to findings for neighbouring Botswana (Health Action AIDS, 2007).

Emotional GBV was more common than physical violence, at 59% for all respondents. Of interest, it was the same for males (58.5%) than females (59.5%). Emotional violence was higher for those who were living away from their birth families, and for those who rated the 'sense of community' lower.

Overall, 69.3% of all respondents had been subject to at least one aspect of GBV, with figures similar for males (68.9%) and females (69.7%).

Findings for each measure are summarised in the following table:

Table 7: Prevalence of Gender-Based Violence (since 2000)

	Males				Females					
Statement	**Never**	**Rarely**	**Sometimes**	**Often**	**Never**	**Rarely**	**Sometimes**	**Often**	**% GBV (males)**	**% GBV (females)**
Emotional Violence										
Kept you from seeing same sex friends	72.3	6.2	15.6	5.9	74.8	6.6	9.3	9.2	27.7	25.2
Kept you from contacting your birth family	89.6	4.6	4.1	0.9	90.6	2.7	3.2	3.5	10.4	9.4
Insists on knowing where you are all the time	40.0	15.9	30.0	13.6	44.4	7.0	24.0	24.6	60.0	55.6
Ignores you and treats you with indifference	70.6	10.7	16.2	2.5	68.9	13.2	12.5	5.3	29.4	31.1
Does not trust you with money	69.6	11.8	11.1	6.1	64.8	10.5	10.0	10.8	30.4	35.2
Gets angry if you speak to someone of the opposite sex	44.4	13.0	27.3	14.1	42.5	6.5	20.2	29.2	55.6	57.5
Is often suspicious that you are unfaithful	49.0	16.9	22.0	9.7	48.0	8.0	18.9	18.6	51.0	52.0
Insulted you or made you feel bad about yourself	70.7	10.2	14.9	4.1	62.9	11.0	14.7	11.2	29.3	37.1
Belittled or humiliated you in front of other people	82.8	5.8	8.2	2.6	73.1	10.4	7.9	8.4	17.2	26.9
Did things to scare you or intimidate you on purpose	76.4	9.0	11.6	2.0	70.0	9.2	13.1	7.7	23.6	30.0
Threatened to hurt you or someone you care about	83.4	6.0	7.0	2.1	72.8	7.2	12.0	8.0	16.6	27.2
Physical Violence										
Slapped you or threw something at you that could hurt	83.6	5.5	8.5	2.4	65.4	10.9	14.2	9.5	16.4	34.6
Pushed you, shook you, or threw something at you	83.7	5.2	10.0	1.2	69.7	9.8	11.6	8.8	16.3	30.3
Hit you with fists or with something else that hurt you	89.3	4.3	5.6	0.7	75.7	8.4	10.3	5.6	10.7	24.3
Kicked you, dragged you or beat you up	93.8	2.0	3.3	0.9	77.3	7.2	9.9	5.5	6.2	22.7
Choked or burned you on purpose	95.1	2.4	2.4	0.1	92.2	2.3	2.9	2.3	4.9	7.8
Threatened to use or actually used a gun, knife of other weapon against you	92.4	3.3	3.4	0.9	89.0	2.4	5.4	3.2	7.6	11.0
Physically forced you to have sex when you did not want to	90.6	4.8	3.8	0.8	79.8	7.8	8.4	4.0	9.4	20.2
Threatened you so that you felt you had to have sex, otherwise harmed	91.3	5.8	1.5	0.9	84.8	5.5	6.0	3.6	8.7	15.2
Ever forced you to do something sexual against your will that you found degrading or humiliating	91.4	5.6	2.6	0.2	86.5	6.2	3.8	3.4	8.6	13.5
[women only, ever pregnant] hit, slapped, kicked or physically hurt you when you were pregnant					82.1	2.7	3.3	3.0		17.9

Looking first at physical violence, almost one-third of female respondents had been slapped or hit (34.6%), as had 16.4% of male respondents. This is consistent with findings from a Windhoek-based study on females, noting that 36% of those who had ever had a long-term partner had been subject to physical or sexual violence (WHO, 2005). Almost one-third (30.3%) of female respondents had been pushed or shook, as had 16.3% of male respondents, and over 24.3% of female respondents had been hit with fists, kicked or dragged, and 17.9% of pregnant women had been hurt while pregnant (compared to a much lower figure of 6% found in the 2005 WHO study covering Windhoek). One-fifth (20.2%) of female respondents had been forced to have sex against their will. Females were more likely than males to note that GBV occurred 'often'.

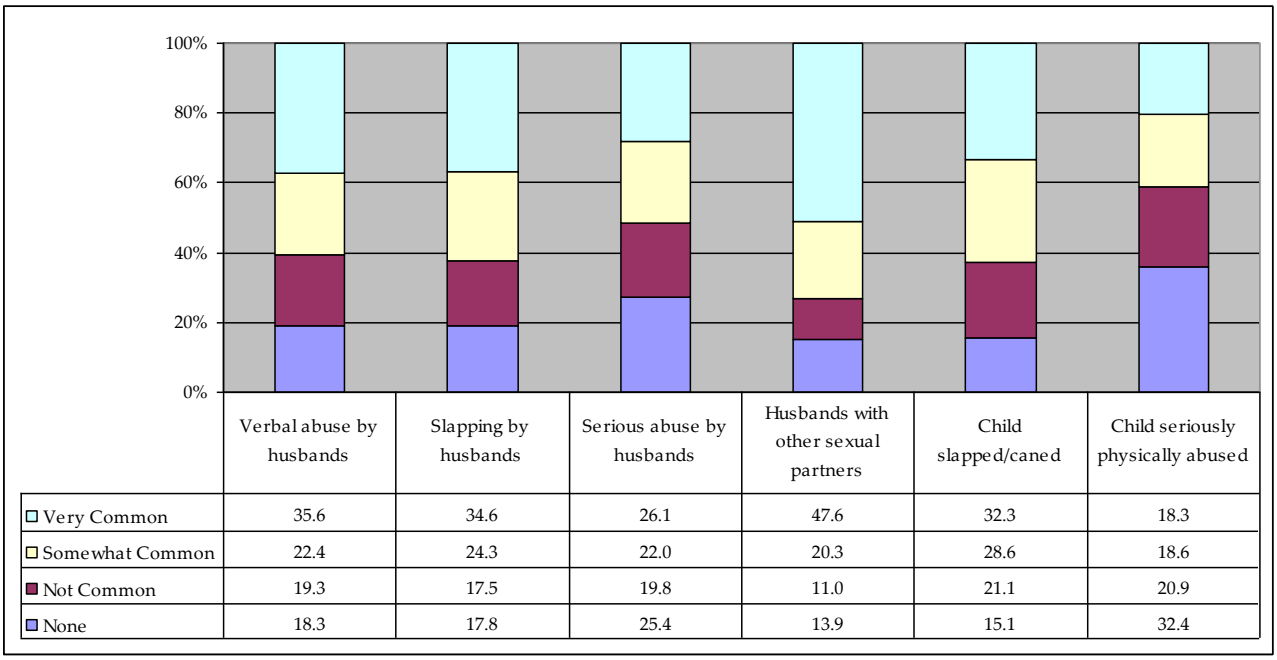
For females, those with lower levels of education were more likely to have been subjected to physical violence, with 47% of those with low levels of education subject to physical violence, compared to 38% for those with higher levels of education. Married women, across age groups, were more likely to have suffered from physical violence than single women (51.2% versus 33.2%).

FGD participants were asked to discuss the following statement: "most husbands only resort to violence against wives if the wives severely misbehave. They are pushed to discipline them." The statement resonated with many of the groups. The young male FGD in Otjozondjupa Region, three of four FGDs in Ohangwena Region (one female group disagreed), two out of three FGDs in Kunene Region (one male group disagreed), and all focus groups in Caprivi, Erongo, Karas (older males disagreed indicated that husbands did not beat their wives as much any longer) Kavango, Omaheke regions agreed with the statement, saying that it was mostly 'undisciplined women' who were victims of abuse. It should be noted that, in discussing this topic, the groups did not feel that all men beat their wives. All these groups felt that attitudes of wives had changed towards husbands over time, and that this change resulted in them being punished.

As noted above, emotional violence was more common, and tended to affect both men and women. Indeed, for most measures, males were more commonly subject to emotional violence (as defined by international measures) than women. Unlike physical violence, no clear patterns of variation were found across marital status and income.

Respondents were asked, more broadly, to indicate the prevalence of GBV in their communities. The scale used ranged from 'none/almost none', 'occurs but is not common', 'is somewhat common', and 'is very common'. Findings are summarised in the following figure, showing the percentage who indicated that it was 'somewhat common' or 'very common':

Figure 26: Perceived Prevalence of GBV



	Verbal abuse by husbands	Slapping by husbands	Serious abuse by husbands	Husbands with other sexual partners	Child slapped/caned	Child seriously physically abused
Very Common	35.6	34.6	26.1	47.6	32.3	18.3
Somewhat Common	22.4	24.3	22.0	20.3	28.6	18.6
Not Common	19.3	17.5	19.8	11.0	21.1	20.9
None	18.3	17.8	25.4	13.9	15.1	32.4

Over half of the respondents felt that GBV was common in their communities.

FGD participants were asked about the extent of GBV in their communities. Virtually all of the groups across all eight regions felt that GBV was a reality, and a common problem in their communities. A number of groups argued that poverty was an underlying cause of GBV, but that alcohol abuse was an immediate cause. A few of the older male groups argued that GBV arose from women asserting rights against social norms, creating 'unnecessary tensions' in marriages. GBV was felt by most groups to affect both males and females. A number of the groups argued that GBV was most common within marriage, but some of the younger groups felt that it was equally common outside of marriage, directed towards women, with men wanting to assert control over their girlfriends to present them having other sexual partners. The extent of GBV was felt by all groups to be more extensive than figures from police and other files might indicate. As on FGD in Ohangwena

At the 2007 Conference on gender-based violence, the UN Resident Representative, Ms. Khin-Sandi Lwin, noted (MGECW, 2007: 9-10) that "… Namibia has one of the highest rape rates in the world, and a 'sea change' in attitudes is needed. At the most basic level, women DON'T 'ask for it', men DON'T have the right to demand sex; being under the influence of alcohol is no excuse for committing rape."

Region noted, '… most people in married relationships prefer to suffer in silence because they are traditionally taught not to reveal problems within their marriages'. A few of the groups (but only a few) raised the point that much of what might be called GBV is not perceived as such within marriage, but rather just 'normal' social relations between husbands and wives.

In discussions of GBV prevalence, it was interesting to note that a number of groups volunteered information on violence against children. A particular problem, mentioned in each region, was children who were not the biological children of the husband. Changing relationships between women and men meant that there were more and more unmarried women with children, who subsequently brought these children into a marriage, so this problem was felt to be increasing. In summary, causes of GBV were therefore the following according to FGD participants across the eight regions:

- Poverty
- Multiple sexual partners at the same time
- Lack of education
- Not accepting step or non- biological children
- Polygamy in some cultures
- Alcohol abuse
- Unemployment
- Increased number of street children (children who are beaten at home usually end up on the streets also)

7.3 Practices in the 12 Months Prior to the Survey

The Namibian report from the WHO multi-country study on violence (WHO, 2005) found that one-third of those who had been subjected to physical and/or sexual violence had thought about committing suicide.

Respondents who had had a regular partner in the past 12 months were asked about GBV during this time. Of those with regular partners in the past twelve months, 9.9% of all respondents had been injured as a result of violence in the year prior to the survey, with a high of 15.1% in Otjozondjupa Region, and a low of 1.7% in Caprivi Region[4]. This compares to 18% for women in Botswana (Andersson, Ho-Foster, Mitchell, Scheepers, and Goldstein, 2007) where injuries had occurred. Variation across males and females was dramatic, with 16.4% of females compared to 3.5% of males reporting GBV. GBV was reported by 29.2% of all females with partners in Kavango Region,

[4] Because the number of respondents reporting GBV is Caprivi Region was so low, no subsequent questions were analysed.

26.1% for females in Karas Region, and 26.4% of those in Otjozondjupa Region, compared to only 1.2%, 3.3%, and none for the same three regions, respectively, for males.

The majority of the respondents who had been injured in the past year had been injured once or twice (62.3%), compared to 19.6% with regard to 3-5 times, and 18.1% who had been injured 6+ times. This is much higher than the figure for Zambia (at 4.3% for those injured in the past year, see Kishor and Johnson, 2004), but well below rates for Nicaragua, Haiti, Dominican Republic, and Cambodia, where abuse was more regular. There was little variation across region; no comparisons could be made across males and females due to no violence against males in some regions in the past 12 months.

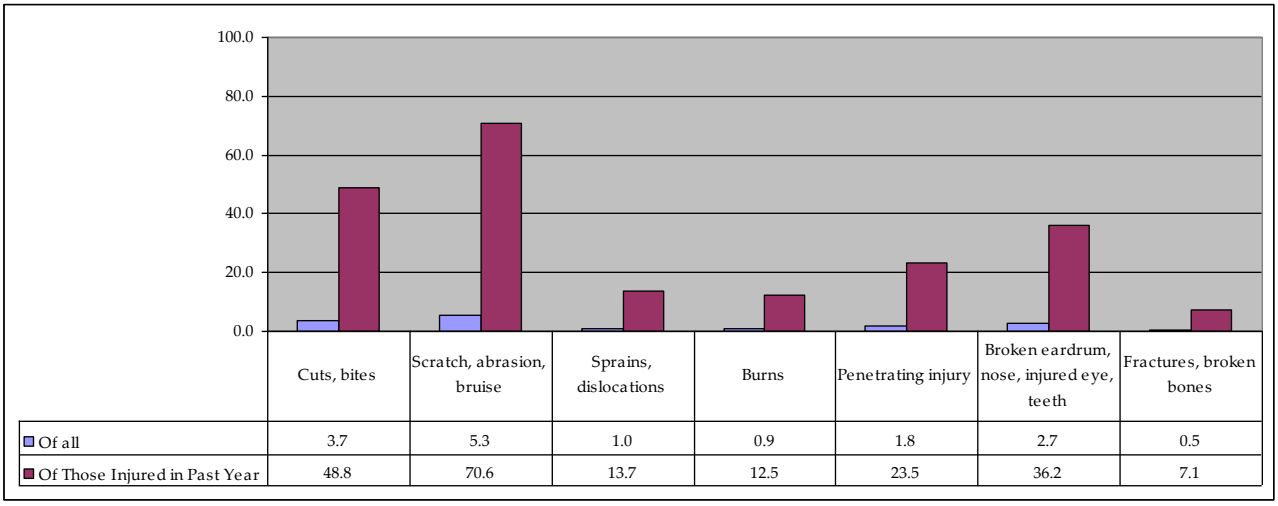
The Namibian report from the WHO multi-country study on violence (WHO, 2005) found that one-third of those who had been subjected to physical and/or sexual violence had thought about committing suicide.

In two-thirds of all cases (65.7%), the partner had been drinking at the time of the violence, ranging from 42.9% in Ohangwena Region to 81.5% in Otjozondjupa Region. One-third of those subject to violence had lost consciousness due to the violence (34.6%). Only 31.1% had gone to a health worker due to an injury, and most of these were out-patients. In 43.7% of all cases, the respondent had had to leave because of violence.

The WHO multi-country study on GBV (2005: 20) asked why women returned. The study noted that "There was wide variation between settings in the reasons women gave for returning home to a partner who had abused them. Women frequently reported returning home because they could not leave the children, or 'for the sake of the family'. Other reasons were that the woman loved her partner, that he asked her to come back, that some forgave him or thought he would change, or because the family said she should return. Women who never left gave similar reasons, as well as indicating that they did not know where to go."

Types of injuries as a percentage of all respondents, and as a percentage of those injured, are indicated in the following figure:

Figure 27: Type of Injury



	Cuts, bites	Scratch, abrasion, bruise	Sprains, dislocations	Burns	Penetrating injury	Broken eardrum, nose, injured eye, teeth	Fractures, broken bones
Of all	3.7	5.3	1.0	0.9	1.8	2.7	0.5
Of Those Injured in Past Year	48.8	70.6	13.7	12.5	23.5	36.2	7.1

Scratches, abrasions, and bruises were most commonly mentioned, followed by broken eardrums, noses, or teeth, or injured eyes. Overall, almost all respondents who were subject to GBV in the year before the survey had been injured in one means or other. The majority of those assaulted physically fought back, at 62%, varying from 76.9% in Karas Region, to 52.6% in Kunene Region. Both females and males with higher levels of education were more likely to have fought back when attacked.

Of interest, 66.7% of respondents who were assaulted in the year before the survey did not believe that the assault had affected their physical or mental health, or did not know.

The majority of respondents reported telling someone about the assault (78.2%; this compared to similar figure of 80% for Windhoek, WHO, 2005), with the majority of these reporting to a member of their birth family (71.5%), followed by friends/neighbours (54.1%). Over one-quarter (28.9%) reported the assault to the police. Overall, those who reported the assault reported it to more than one party. The higher the level of education, the more likely the respondent was to have reported the violence to someone.

7.4 Child Discipline

In households with children aged 2-14, an additional listing and random selection process was employed to select a child at random in the household, following which questions were asked about child discipline. This included physical assault. Findings are indicated in the following table:

Table 8: Child Discipline

Type of Discipline	Yes	No
Took away privileges, forbade something the child liked, or did not allow the child to leave the house	41.5	57.6
Explained why the behaviour was wrong	69.7	29.5
Gave the child something else to do	46.7	52.4
Shouted, yelled at or screamed at the child	55.3	44.3
Called the child stupid, lazy, or another name	31.3	66.9
Shook the child	29.4	69.3
Spanked, hit or slapped the child on the bottom with a bare hand	40.2	59.0
Hit the child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object	29.2	69.5
Hit or slapped the child on the face, head or ears	18.1	78.9
Hit or slapped the child on the hand, arm or leg	30.3	67.2
Beat the child with an implement over and over	5.9	90.3

Most children were disciplined, with over half yelled at or screamed at. Over 40% had been hit, with most spanked, hit or slapped the child on the bottom, or hit elsewhere. When asked whether they felt that, in order to bring up a child correctly, you needed to physically punish them, 42.6% agreed with the statement. This was highest in Ohangwena Region, at 70.9%, compared to only 12.2% in Otjozondjupa Region. There were no clear patterns of variation across income status or education status of the respondent and whether they physically assaulted their child.

Referring to any form of physical discipline, 44.5% of all children aged 2-14 had been subject to physical discipline. If the last four items are classified as 'excessive physical discipline' (hit the child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object, hit or slapped the child on the face, head or ears, hit or slapped the child on the hand, arm or leg, beat the child with an implement over and over), a total of 36.4% of all children aged 2-14 suffer from excessive discipline.

"… abused and neglected children reported significantly higher rates of ever hitting or throwing things at a partner, ever hitting or throwing first, and ever hitting or throwing first more than once. Both male and female abused and neglected children reported significantly higher rates of ever hitting or throwing things at a partner than [those who were not abused] … Overall the results reveal a link between early childhood victimization and later perpetration of violence against partners for both men and women" (Whie and Widom, 332; see also Abrahams, Jewkes, Hoffman, and Laubsher, 2004; and White and Widom (2003).

FGD discussion participants noted that violence against children was most common in cases where there was a step-father in the household. However, the problem was more widespread than this, and involved changing social norms. Older groups in particular highlighted changing attitudes among young people that was perceived to be more rebellious than in the past. The fact that

caning was stopped in schools was often felt to be a problem, as the children were felt to be less disciplined. But, more importantly, these children were learning in school that physical punishment was illegal, and therefore parents were now more afraid to physically discipline their children. The result, older respondents felt, was increased misbehaviour among the youth. This left young girls in particular at risk of violence, because they were ill-disciplined and removed from the social control of their families. As one group in Otjozondjupa Region noted, 'too much independence for the children contributes to GBV'.

Some of the FGD participants argued that there was a loss of parental control over marriage preparations, and that this was resulting in increased GBV. This involved elaborate activities that were felt to empower both women and men to be more protective and nurturing in their marriages, and more loyal to each other. With the changes that were underway, traditional systems could no longer control behaviours in such a way as to protect from violence. This resulted in marital problems and increased violence. Combined with the perceived loss of control over children, these changes were felt to be threats to social norms that resulted in increased violence overall.

7.5 Discussion

Over 40% of female respondents and 27.6% of male respondents had been subject to physical violence by a partner. In many respects it appears that violence against males relates to women striking back, based on findings from key informant interviews and FGDs, and in considering the level of violence for males and females. A considerably higher were subject to emotional violence, at 58.5% for males and 59.5% for females. Overall, 69.3% of all respondents had been subject to at least one form of GBV (69.7% for females, 68.9% for males). However, when dissecting the types of violence categorised under physical violence, findings suggest that violence against women is more severe than violence against men.

Findings also highlight variation across region, with physical violence most severe in Omaheke Region, followed by Ohangwena Region. GBV was most common within marriage or in long-term relationships, and held for younger and older females.

Over the twelve months prior to the survey, 9.9% of all respondents had been injured as a result of violence, rising to 15.1% in Otjozondjupa Region and 14.4% in Karas Region, followed by Kavango Region, at 13.6%. In an extremely high two-thirds of all cases, the partner who assaulted the woman had been consuming alcohol. Scratches, abrasions and bruises were most commonly mentioned, followed by injuries associated with hitting the partner in the head. Over two-thirds of those assaulted reported the assault to a third party. The strong link between GBV and alcohol abuse as an immediate cause highlights the importance of approaching the two problems in an integrated manner, and helping people to cope with the root causes of both problems (e.g., low self-esteem, social problems, rising illness and death rates due to HIV&AIDS, etc.).

Physically hitting a child affected just under half of all children, and was highest in Erongo Region and lowest in Kavango Region. 5.9% had been repeatedly struck with an implement, but one-third had been hit with a belt or similar object as punishment. The need to physically punish children was a common attitude, as noted in Chapter 6, but the extent to which it occurred was felt to have been artificially reduced due to the possibility of the parent getting in trouble with the authorities for striking the child. It does not appear to be substituted with increased dialogue between adults and their children.

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