

An Investigation of The Levels of Gender Based Violence During the Covid-19 Pandemic Period': A Case Study of Waluka Compound of Ndola District

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Abstract: Gender based violence (GBV) remains a global health issue that cuts across boundaries of economic wealth, culture, age, religion as well as sexual orientation. GBV threatens sustainable development; economic growth and peace as victims' self-esteem get eroded leading to fear and isolation (WHO, 2013).

Gender Based Violence against women has of late become common as statistical records consistently increase across the globe and COVID 19 acting as a shadow for GBV. Violence against women tends to increase during emergency events and disease outbreaks, thus the effects of the Covid-19 pandemic on violence fit into a larger pattern (UN, 2020). Studies have shown that during the 2014 Ebola outbreak, parts of Sierra Leone saw the teenage pregnancy rate increase by 65 per cent, likely attributed to increased rapes during the epidemic caused by a number of factors that contribute to the increase in violence women experience during pandemics (Foreign Policy, 2016). The UN, (2020), identified avenues contributing to more violence and less support during the Covid-19 pandemic which includes increased exposure to perpetrators due to lockdown orders and care responsibilities, triggering stressful environments for perpetrators and reduced support services. As of late July 2020, over 260,000 people had been cited for violating the strict quarantine measures in place in the Philippines and 76,000 had been arrested (Washington Post, 2020). According to the World Bank, (2019), 35% of women globally suffer either sexual and or/physical violence, with estimates being 7% women being in the experience of sexual assault while 38% of murders of women are committed by intimate partners. Approximately 200 million women have experienced female genital mutilation/cutting (Rowley and Anderson, 2016). Thus assessing whether lockdown or restrictions in movements contributed to GBV during COVID-19 Pandemic was of interest as well as assessing whether there is an association between levels of knowledge and GBV cases during Covid-19 Pandemic.

Key Words: COVID 19, Gender Based Violence, Pandemic, Abuse

I. INTRODUCTION

Globally, as of April, 2020, 1,873,265 cases of COVID-19 had been reported, including 118,854 deaths (CDC, 2020). Africa had 15,292 cases and 835 deaths, with most cases and deaths occurring in countries like South Africa, Egypt, Algeria, Morocco, and Burkina Faso; Asia had 307,569 cases and 11,269 deaths, with most cases and deaths in countries such as China, Iran, Turkey, and Indonesia;

America had 676,116 cases and 27,414 deaths with United States recorded 582, 594 cases and 23,649 deaths, Canada recorded 25,663 cases and 780 deaths, while Brazil recorded 23,430 cases and 1,338 deaths; and Europe had 865,918 cases and 79,252 deaths, with more cases and deaths in Spain, Italy, France, UK and Belgium (CDC, 2020). Due to rapid outbreak of Covid 19 pandemic, countries began to declare lockdowns and abolished large gatherings among other measures which were meant to help to reduce, slow down or indeed stop the spread of the communicable disease. In a way, lockdowns which were meant to deal with covid-19 in a positive way are also giving abusers more freedom and ability to enforce tactics which are aimed at limiting the access of victims to phones, internet and other people thereby leading to an increase in the number of GBV cases. According to Allen (2020), China experienced an increase in domestic violence following a lockdown. Charities in Australia have raised concerns about Covid-19 domestic violence misinformation which is used by offenders to further control as well as abuse the victims (Kagi, 2020).

World over, at least one out of three women has suffered intimate-partner engineered physical and/or sexual violence and to some extent, women have experienced sexual violence from other perpetrators in their lifetime with the most common type being intimate partner violence (WHO, 2020). The United Nations Population Fund estimated that the Covid-19 pandemic has the potential to cause 15 million additional GBV cases worldwide for every additional three months of lockdown (UN, 2020). This figure is based on a 20 per cent increase in violence during lockdowns (UNFPA, 2020). The data presented through reports and summarized in this section suggest a 20 per cent increase is a conservative estimate, with some countries reporting calls to domestic violence helplines doubling. Even with limited data, it is clear that the compounding effects of lockdowns and broader pandemic conditions facilitate violence and reduce victims' ability to report incidents or seek help (UN, 2020).

Africa, just like other continents is also facing this serious challenge of GBV due to the presence of customs, culture, norms and traditions that tend to favour one gender at the expense of the other. A study that was conducted in Nigeria

reviewed that one out of four ever married women have experienced at least one type of domestic violence (GBV Sub Sector Working Group, 2017). A UN (2020) study reported that Nigeria recorded 30 per cent of girls and women aged between 15 and 49 experiencing sexual abuse amidst the pandemic. Nigeria's GBV cases were based on preliminary information from 24 states and the total number of cases stood at 346. In mid-April, cases swelled to 794, representing 56 per cent increase during the first two weeks of lockdown. The UN reported further highlighted that some incidents of violence tragically resulted into victims deaths, including landlord assaults and raping of minors. A study conducted by (Muluneh, 2019), showed that 25% of women in Malawi reportedly experienced physical/sexual spousal violence and other countries such as Cameroon, Kenya, Rwanda, Zimbabwe reported GBV ranging from 35%-45% and 60% was recorded in Uganda.

Studies conducted in the Sub-Saharan Africa indicates that women experience intimate partner violence, covering between 36-71% of the general population and most of these incidents are attributed to power differentials or imbalance between spouses especially when one partner is earning more money or is educated (Bonnes, 2016). Furthermore, Bonnes (2016), showed that it was acceptable in Malawian society to use intimate partner violence to discipline a wife when a woman transgresses against the husband as a way of punishment which promotes GBV.

In Zambia, an estimate of 42% of women victims of GBV experience physical abuse in the hands of their partners in their life time. A study that was conducted in Shampande, Choma District showed that the cause of gender based violence was mistrust, lack of communication, unfaithfulness, and dependence on spouse and lack of education (Chibesa, 2017). According Zambia Police statistics, the GBV phenomenon has not spared the country as 5940 cases recorded in the first quarter of 2018 shows proof. The 2018 recorded cases represent a 0.8 % increase compared to 5464 cases recorded during the first quarter of 2017. The first quarter of 2019 recorded 6139 with the third quarter recording 6788 cases indicating an increase of 9.5 %. 2019 recoded a significant rise of GBV cases with a sharp rise of 8.7 % of cases (Zambia Police statistics, 2018). The 2018 police report revealed alarming data that an averages of 50 GBV cases are recorded daily. According to Victim Support Unit, (2016), annual report revealed that the country recorded 18,540 cases of gender based violence. Married Women in Zambia suffer from different forms of violence such as battery, sexual abuse, exploitation, rape and defilement. According to (Chibesa, 2017), GBV against women recorded a total of 16, 090 cases record from across the country with an increase of 18.6% compared to 13,092 cases recorded in 2016. Several studies across the globe have shown that violence against women affects every woman (UNFPA, 2020). According to the map shown below, there are 119 countries affected by GBV (UNFPA, 2020) whereby Zambia is not an exception with regards to high GBV prevalence against women.

On the Copperbelt of Zambia, Ndola to be precise, GBV prevalence is a cause of worry. According to Ndola central hospital casualty department case control study, GBVs were influenced by income levels, alcohol abuse, residence and gender while the majority of victims are females than males (Ngonga, 2016). With public health guidelines on COVID-19 in place, people have been compelled by authorities to avoid movements and crowds, including weddings, churches, and birthday parties and drinking gatherings. Amidst these public health guidelines, GBV cases have taken a sharp rise with the media and rights groups intimating a dire relationship between domestic violence and pandemics. Thus, Waluka, a compound which is about nine kilometers south of Ndola city becomes not an exception of rising GBV cases. The study will be conducted to determine the factors contributing to the increase of GBV cases during Covid-19 pandemic period in Waluka compound.

Gender Based Violence and Covid 19

Reputable studies from various researchers have shown that pandemics balloon domestic violence (Mittal and Singh, 2020). In crisis periods, women as well as girls are met with increased risk of exposure to GBV than any other grouping of people. Further, (Stark and Landis, 2016) contended GBV escalates during pandemics and that it affects women and girls more than any other group. GBV is universal and it has a tendency to running down existing protective structures so that it multiplies in several other forms of violence such as exploitation and abuse. The relationship between violence and gender is complex. WHO (2020) reported that gender inequalities are driving factors for violence between genders. Gender societal expectations and varied gender roles build up to these inequalities. Socio-cultural norms give men some superiority such that women end up being viewed as subordinate and of a lower status hence men having control over women. Thus, women take subordinate status with no proper power base to participate in decision making and have no control over men, not even their so called husbands. There are different forms of violence which women experience especially during the pandemic. According to International Labour Organization (ILO, 2020), women experience physical violence which include selling and/or trading in human beings for sexual exploitation, forced labour or services, slavery, servitude or similar. With regard to children, this type of violence refers to all forms of slavery, such as commercial sexual exploitation, child soldiers, child trafficking and child labour. According to UN, (2020), women experiences sexual violence through rape and marital rape, defilement, sexual harassment, forced prostitution or exploitation, and child sexual abuse. It is often used systematically and methodically as a weapon of war for purposes of destabilizing populations and destroying community and family bonds. Young girls may be forced to exchange sex for life necessities such as food, sanitary towels, clothes and or money to support themselves due lack of finance caused by Covid 19 (UN, 2020).

Other forms of violence women experience include emotional and psychological violence through isolating a person from friends/family or restricting movements which causes increased dependence and fear against women (UN, 2020). Socio-economic violence through acts of exclusion, denial of economic and social benefits and opportunities, limiting access to employment opportunities, access to and control over land and productive resources, access to services and social benefits, or precluding persons from exercising and enjoying their fundamental rights which is common among women during the pandemic (WHO, 2020).

Lock down

In the context of covid-19 and increase in cases of GBV, the UNFPA (2020) noted that during this COVID-19 pandemic, where movement is restricted and people are confined, women and girls are grappling with GBV more than other groups, (UNFPA, 2020). During the pandemic, man the sole breadwinner feel pressured in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household, and possibly leading to violence (UN, 2020). Although such violence may be triggered by the pressure and tension of failure by the man to provide for the family during this lockdown, the act of violence is generally a manifestation of the power imbalance between men and women (UN, 2020).

Women who depend on men for their livelihoods or housewives for that matter, and those who work in insecure, part-time, lowly-paid and informal employment are at greater risk of GBV from their male partners (Akina, 2020). According to UN (2020), widespread Covid-19 lockdowns and work retrenchments are among other factors fuelling increased GBV cases world over. Families are stressed amid soaring cost of living and many people are cut off from resources which possibly curtain domestic violence.

Knowledge

Studies have indicated that lack of knowledge is a leading factor to GBV against women. The Legal Resource Foundation (2012), revealed that the majority of illiterate Zambians were living in abject poverty and did not know their protection rights granted by the constitution. A study by (Muluneh *et al.*, 2005), showed that domestic violence and the widespread failure to prosecute it is largely linked to lack of knowledge. Low levels of education are another driving factor for the phenomenon and increase the likelihood of women falling victim, (Indian Journal of Gender Studies, 2013). In the context of fighting this problem, both males and females need to be educated and increase the levels of knowledge on how to voice against the scourge GBV.

A study the Gujarat Institute of Development Studies reported that sixty percent (60%) of uneducated women had suffered husband engineered assaults, compared with ten percent (10%) of women with secondary or higher education (Burton *et al.* 2000). According to the Indian Journal of Gender Studies (2008), an educated woman experiences domestic

violence less in comparison those uneducated. This is evidence that education is critical to combatting GBV. Women with knowledge are likely to report GBV cases and raise awareness to protect vulnerable groups in their communities (Washington, 2017, Muluneh *et al.*, 2019).

According to Singha (2012), many people have little to no knowledge about laws and policies that are specifically enacted to quell GBV against women and girls. The study classified that only 9% of the 900 women were aware that rape happens in marriage and that it was illegal. Those who know specific laws against the vice fetched at only 13%. Findings showed that more women were aware of laws combating trafficking (35%) and protecting untouchables (45%). This shows alarming knowledge gaps among habitual victims of GBV.

As of 2018, 80% of wives from rural communities accepted to be battered by their husbands, interpreting the vice as chastisement, a factor which is crucial in determining the level of prosecution (Zulu, 2020). According to CSO (2019), seventy-nine percent (79%) of 5000 women interviewed accepted being beaten because culture permitted men to do so. Interestingly, the study reported 60% of women (wives) accepted being beaten if they denied their husbands sex, while 40% justified being beaten in situations where they cooked bad food for their husbands.

Bossy nature of men

Several studies have reported that bossy nature of men contributes to GBV among women especially during Covid 19 pandemic. Males in general have been promoting, economic dependency, legal subordination, and cultural obligation. Poudel (2011) established that men determine women's social position and masculinity hegemony has been norm so that women are always unable to report any violence against them. Singha, (2012) added that women have autonomous identity as men assume inherent control over women with religions supporting men's dominance business and in some case, the polygamy agenda. By implication, culture obliges women to caring for the family, speak nothing against men, to be submissive and have low ambitions. The study findings on attitudes towards wife-beating showed that 55% of victims found it justifiable to be beaten by husbands on infidelity ground. 18% said it is justifiable for men to beat their wives for disobedience. Only a small number of respondents (7%) said otherwise during the study (Singha, 2012).

Prolonged period

Studies indicates that prolonged couple presence in homes have contributed to increased cases of GBV. According to Federico, (2020), limits on mobility imposed by the lockdown have forced people to spend much more time together at home, which mean that any slight provocation by one of the spouse is bound to lead to domestic abuse. Therefore, studies have indicated that Covid-19 is creating some harsh living conditions for some community members as the pandemic

have increased the possibility of misunderstanding/conflicts between couples/partners leading to GBV (Federico, 2020).

A study by O'Donnell, (2020), showed that GBV cases increase the most during prolonged periods of family members being together in conditions of duress especially against women and children. According to UN, (2020), quarantine has increased face-to-face exposure to perpetrators and reinforced abuse tactics of social isolation. Therefore, mandatory Covid-19 guidelines have worsened domestic violence against women as they (women) have been trapped in their homes where their abusers also are. Further, victims end up distanced and isolated by the lockdowns from other people and the resources that could help them, (UN, 2020).

Lack of reporting

Studies have shown that GBV cases keeps increasing due to lack of reporting the perpetrators. A study by Rodriguez, (2020), revealed that in different cultures, wife battering is a socially condoned practice as a way of disciplining disobedient wives which is a gender based violence against women and women do not report these incidences because men have the jurisdiction to discipline women. Due to the effects of COVID 19, physical, economic, social and emotional violence are on the rise and very common in our communities and women are experiencing increased violence from their spouses; they either separate or divorce their spouses to escape from the violence (UN, 2020).

GBV cases are soaring simultaneously with Covid-19 infections and deaths. The pandemic has stressed healthcare systems so that all health workers are pre-occupied on serving people from the virus while ignoring and downplaying violence cases, (UN, 2020). Covid-19 pandemic has contributed to the fall of the most needed coordinated response to GBV involving actors such as health personnel, police and justice promoters. More so, social services response has collapsed due to social distancing. Victims have limited access to help. There is urgent need for community engagement aimed at creating an atmosphere where women and girls freely report GBV cases against them, (Muluneh et al., 2019). This begins with women economic empowerment, education and representation in hierarchs of power at all levels.

II. STATEMENT OF THE PROBLEM

Ideally, a community that is free from GBV can be one which every well-meaning citizen would desire to live in as it would present equal opportunities for everyone to enhance their potential in the aspect of development. There would be no one to feel intimidated or of less or no value in society. However, this is not the case as GBV remains a public health concern even for Zambia with studies unearthing its underreported dynamics. Studies conducted particularly in Ndola town, have shown that GBV precedes negative health, psychosocial, and developmental outcomes among its survivors (Wirtz *et al.*, 2018). With Covid-19 raging, GBV survivors are exposed to incremental STIs and Covid-19 risks. With the public

coronavirus burden, GBV opens its victims to an added layer of potential harms, which though related to Covid-19 are more dangerous since they juxtapose with violence itself (Peterman et al., 2020). The pandemic has worsened the situation as GBV perpetrators now restrict freedoms and daily behaviours of survivors. Survivors have less to no access to life-saving information, necessary hygiene, including no protection against the virus (Wako *et al.*, 2020). According to the UNFPA (2017), pandemics precede breakdowns of social infrastructures to the escalation of the already existing weaknesses and gender conflicts. Further, in the efforts of combatting or indeed eradicating GBV prevalence, Zambia like any other countries has been exemplified in concerted efforts which so far have prioritized girl child education, woman protecting legal frameworks and widespread advocacy for gender non-violence. With some of these efforts in place, the GBV prevalence doesn't seem to come down hence the need for this study.

The general objective of this study was to investigate the levels of Gender Based Violence (GBV) during the COVID-19 pandemic period in Waluka Compound of Ndola District. However, the study was guided by the following specific objectives

1. To assess whether lockdown or restrictions in movements contribute to GBV during COVID-19 Pandemic.
2. To assess whether there is an association between levels of knowledge and GBV cases during Covid-19 Pandemic
3. To find out if the bossy nature of men is a contributing factor of GBV cases during Covid-19 Pandemic
4. To ascertain whether prolonged couple presence in homes has a bearing on GBV cases during Covid-19 Pandemic
5. To evaluate whether lack of reporting contributes to GBV cases during Covid-19 Pandemic

Study area

The study was conducted in the Ndola Town situated in the Copperbelt Province. Ndola Town is the provincial head quarter of the copper-belt province of Zambia with an approximate population of 2,542,132 with a statistical record of GBV in Ndola standing at 5,454 in 2018. (Zambia Police statistics, 2018). The precise location in particular for the study was conducted in Waluka community, located in the peri-urban of Ndola. It is located 15km south west of Ndola post office at an altitude of 1300m above sea level (CSO, 2019). The area belongs to the military and residents are influenced by military characteristics which include being trained physically to fight and defend oneself. Residents also use commands when handling with certain issues. According to Census Statistics, (2020), estimated population is 2460 and the area has 344 household.

III. METHODOLOGY OF THE STUDY

The study employed a descriptive cross sectional study using both qualitative and quantitative methods to assess factors contributing to increase in GBV. The quantitative approach was used to provide an understanding GBV with numerical figure for testing the associations and qualitative approach enabled the researcher to gain in-depth insight into the factors influencing increase in GBV. The target population were women from 344 households both military personnel and civilians. For the purpose of this undertaking the study utilized a sample of 185 respondents who were selected using Cluster sampling method where the area was divided into clusters and thereafter a simple random sampling was used to select the respondents in the study. A simple random sampling was employed such that every element in the target population (N) has an equal opportunity to participate. A complete list of target population (N) was made and random process was used. Sampling was done by the use of computer-generated random numbers.

Primary data was obtained using a questionnaire and the study included recorded interviews using a smart phone and translation and interpretation was done for those who could not be able to read and fill in the questionnaire for themselves. The secondary data was obtained from statistical records in catchment area from the police station and hospital recorded cases of GBV.

Data Processing and Analysis

To analyse the data, the narrative technique was used to analyze qualitative data. This technique helped the researcher to establish precise measurements and reporting of some complex characteristics of the phenomenon. In the case of quantitative data, the researcher used the Statistical Package for Social Sciences (SPSS). The researcher presented the data using tables, graphs, and charts so that comparison and clear projection of findings is made ease. The null and alternative hypotheses were tested using correlation and chi square test in order to detect the relationships and associations.

IV. PRESENTATION OF THE FINDINGS

4.1 Social demographic factors

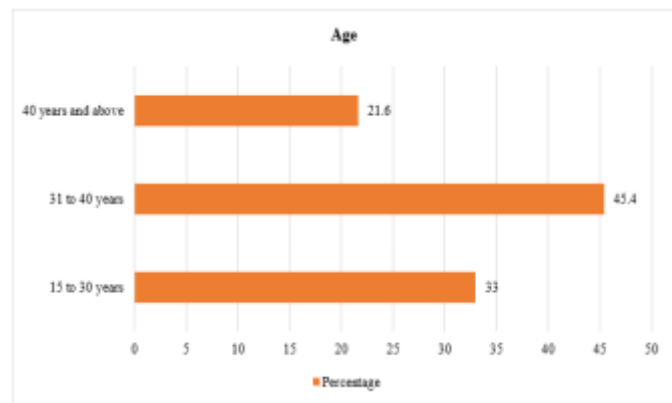


Figure 4.1: Age

The study showed that the majority 45.4% of the respondents were between the age of 31-40, 33% of the participants were between 15-30 and 21.6% were 40 years and above.

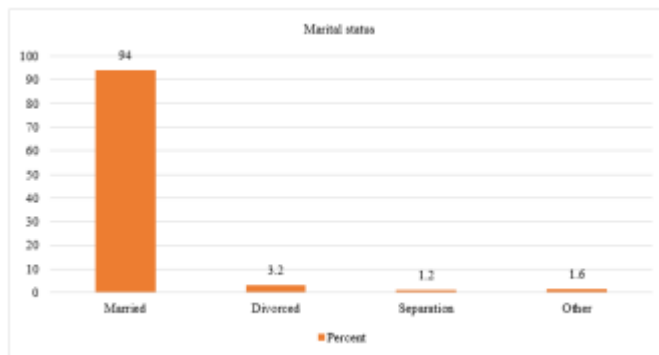


Figure 4.2: Marital status

The study showed that most of the respondents 94% were married 3.2% were divorced, 1.6% were on separation and 1.2% on other categories.

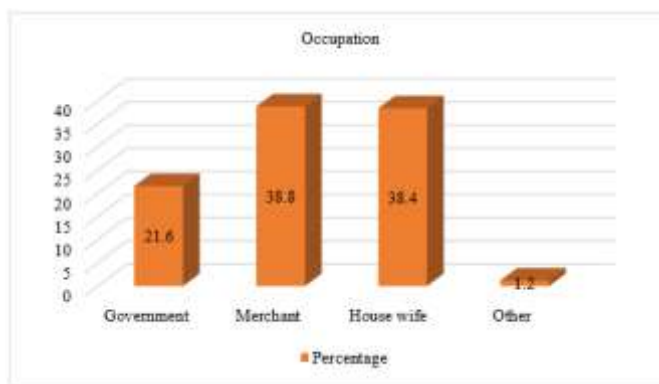


Figure 4.3: Occupation

The study showed that 38.8% of the study participants were merchants, 38.4% were house wives and 21.6% were government employees and 1.2% in other categories.

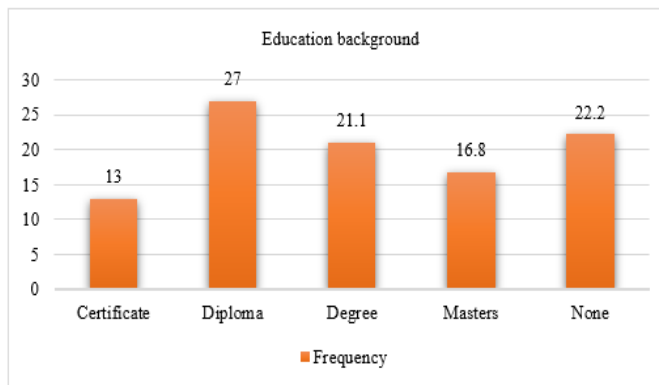


Figure 4.4 Education background

The study showed that the majority 27% of the respondents were diploma holders, 21.1% were degree holders, 16.8% had master's degrees and 22.2% do not hold any academic qualification.

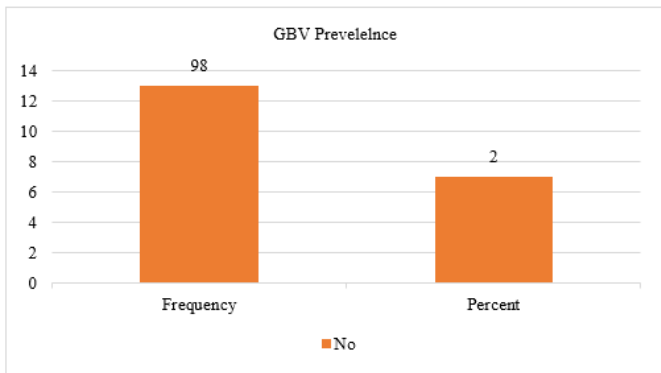


Figure 4. 5: Experience on GBV

The study showed that the majority 98% of the respondents stated that they have experienced GBV with 2% saying denying the assertion.

4.2 Lifestyle related factors

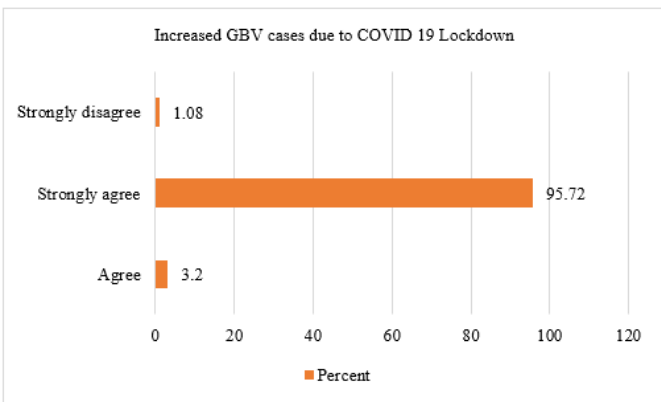


Figure 4.6: GBV cases due to Lockdown

The figure above shows that the majority 95.72% strongly consented to the assertion, 3.2% were agreeable while only 1.08% strongly disagreed.

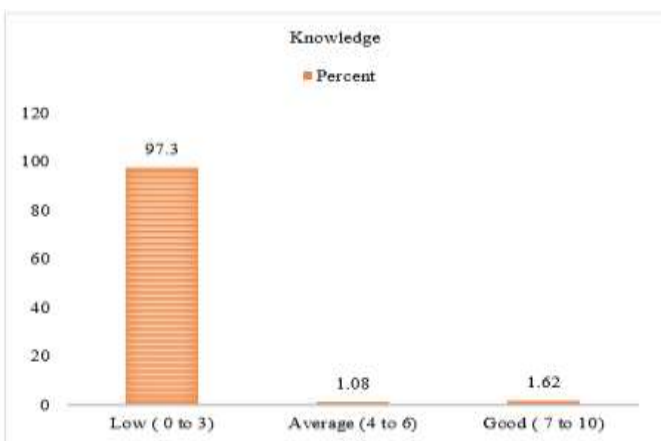


Figure 4.7 Knowledge on GBV

The figure above outlines knowledge levels of respondents regarding of GBV. The majority 97.3% had low knowledge, 1.62% had average knowledge while the minority 1.08% had average knowledge.

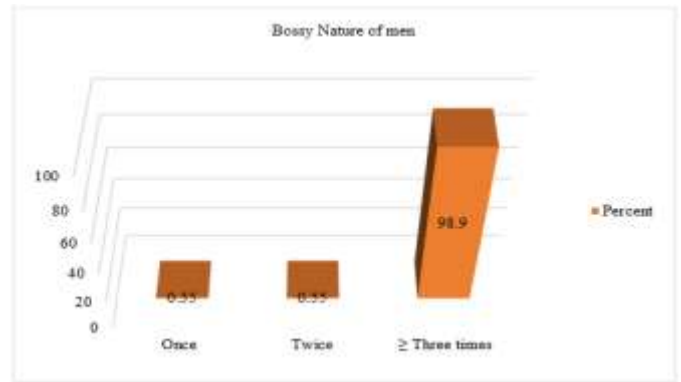


Figure 4.8: Bossy nature of men

The figure above gives a summary of respondent’s responses regarding the bossy nature of men in homes. The majority 98.9% were affected equal to or greater than three times in the last six months, 0.55% were affected once and 0.55% were affected twice respectively.

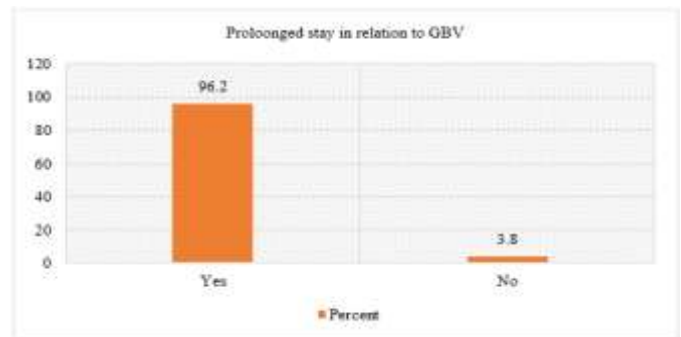


Figure 4.9: Prolonged stay of the couple together

The table above gives a summary of respondent’s responses. The majority 96.2% agreed that prolonged stay with their spouses has increased the number if GBV incidence in their homes while 3.8% disagreed that prolonged stay of couples in their homes doesn’t have a bearing in the numbers of GBV cases.

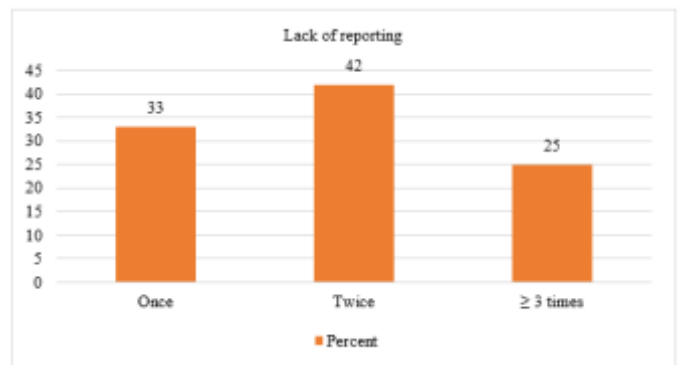


Figure 4.10: Lack of reporting

The graph above gives a summary of respondent’s responses. The majority 42% experienced GBV incidence due to lack of reporting and 25% said that they experienced GBV at least three times and above while 33% experienced GBV once.

4.3 Statistical interpretation

This section presents an account of the outcomes of the statistical tests performed on the hypotheses. The data was analyzed at 95% confidence level or $p = 0.05$. Fisher's Exact Test for hypothesis.

Table 4.1 having any marital misunderstanding during lockdown Crosstab

			Having any marital misunderstanding		Total
			Yes	No	
GBV	Yes	Count	172	0	172
		Expected Count	166.4	5.6	172.0
	No	Count	7	6	13
		Expected Count	12.6	.4	13.0
Total		Count	179	6	185
		Expected Count	179.0	6.0	185.0

H_{01} There is an association between lack of funds during lock down and increase in GBV cases.

Table 4. 2: Chi-Square Test on lock down and GBV

	Value	df	Point probability
Pearson Chi-Square	52.345 ^a	3	.000
Likelihood Ratio	44.457	3	.000
Linear-by-Linear Association	22.145	1	.000
N of Valid Cases	185		

The study indicated that the Pearson chi-square value was 52.345 while the P- value was 0.000 which is less than the level of significance at 0.05. Therefore, there is an association between lack of funds during lock down and increase in GBV cases. Therefore the study rejects the null hypothesis that stated that there is no association and accepts the alternative hypothesis that stated there is an association between GBV and lock down.

2. The tables below presents an account of the outcomes of the statistical tests performed on the hypotheses. The data was analyzed at 95% confidence level or $p = 0.05$. Fisher's Exact Test for hypothesis.

Table 4.3 Having the rights to say anything in the family crosstab

			Having the rights to say anything in the family		Total
			Yes	No	
GBV	Yes	Count	59	113	172
		Expected Count	54.9	117.1	172.0
	No	Count	0	13	13
		Expected Count	4.1	8.9	13.0
Total		Count	59	126	185
		Expected Count	59.0	126.0	185.0

H_{02} There is no association between lack of knowledge and increase in GBV cases.

Table 4.4: Chi-square test on lack of knowledge and increase of GBV cases

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Point Probability
Pearson Chi-Square	1.5852	1	.000		
Continuity Correction ^b	145.481	1	.000		
Likelihood Ratio	82.325	1	.000		
Fisher's Exact Test				.000	.043
Linear-by-Linear Association	157.612	1	.000		
N of Valid Cases ^b	185				

The statistical results showed that the Pearson chi-square value was 1.5852 the P-value at 0.043 which is less than the level of significance at 0.05. Therefore, there is an Association between lack of knowledge and increase in GBV cases. The study rejects the null hypothesis that stated that there is no association between lack of knowledge and increase of GBV cases and accepts the alternative hypothesis that there is an association respectively.

3. The table below presents an account of the outcomes of the statistical tests performed on the hypotheses. The data was analyzed at 95% confidence level or $p = 0.05$. Fisher's Exact Test for hypothesis

Table 4.5 Do you have equal opportunities in decision making? Crosstab

			Enjoying marriage as it was in early years		Total
			Yes	No	
GBV	Yes	Count	37	135	172
		Expected Count	34.4	137.6	172.0
	No	Count	0	13	13
		Expected Count	2.6	10.4	13.0
Total		Count	37	148	185
		Expected Count	37.0	148.0	185.0

H_{03} There is no association between the bossy nature of men and a rise in GBV cases.

Table 4.6 Chi-square test on the bossy nature of men

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Point probability
Pearson Chi-Square	1.585E2 ^a	1	.000		
Continuity Correction ^b	145.481	1	.000		
Likelihood Ratio	82.325	1	.000		
Fisher's Exact Test				.000	.031
Linear-by-Linear Association	157.612	1	.000		
N of Valid Cases ^b	185				

The statistical results showed that the Pearson chi-square value 1.5852 with the P-value at 0.031 which is less than the

level of significance at 0.05. Therefore, there is an association between the bossy nature of men and increase in GBV cases. The study rejects the null hypothesis that stated that there is no association and accepts the alternative hypothesis that stated that there is an association respectively.

4. The tables below presents an account of the outcomes of the statistical tests performed on the hypotheses. The data was analyzed at 95% confidence level or $p = 0.05$. Fisher's Exact Test for hypothesis.

Table 4.7. Fail to control causes of misunderstanding Crosstab

		Fail to control causes of misunderstanding due to prolonged period of being home		Total	
		Yes	No		
GBV	Yes	Count	129	43	172
		Expected Count	119.9	52.1	172.0
	No	Count	0	13	13
		Expected Count	9.1	3.9	13.0
Total		Count	129	56	185
		Expected Count	129.0	56.0	185.0

H_{0 4}: There is no association between prolonged period of being home together and GBV

Table 4.8: Chi-square test on prolonged period of being home together

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Point probability
Pearson Chi-Square	1.585E2a	1	.000		
Continuity Correction ^b	145.481	1	.000		
Likelihood Ratio	82.325	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	157.612	1	.000		
N of Valid Cases ^b	185				

The study results indicated that the Pearson chi-square was 0.000 which is less than the level of significance at 0.05. Therefore, there is an association between prolonged period of being home together and GBV. The study rejects the null hypothesis that stated that there is no association and accepts the alternative hypothesis that stated there is an association between GBV and being together for a prolonged time.

5. The tables below presents an account of the outcomes of the statistical tests performed on the hypotheses. The data was analyzed at 95% confidence level or $p = 0.05$. Fisher's Exact Test for hypothesis.

Table 4.9. Cannot report my husband Crosstab

		Cannot report my husband on GBV because my children will suffer if imprisoned		Total	
		Yes	No		
GBV	Yes	Count	172	0	172
		Expected Count	167.4	4.6	172.0
	No	Count	8	5	13
		Expected Count	12.6	.4	13.0
Total		Count	180	5	185
		Expected Count	180.0	5.0	185.0

H_{0 5} There is no association between lack of reporting cases due to knowing their rights and GBV.

Table 4.10: Chi-Square Test on Lack of reporting

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	12.146 ^a	1	.000		
Continuity Correction ^b	10.220	1	.001		
Likelihood Ratio	17.108	1	.000		
Fisher's Exact Test				.000	.062
Linear-by-Linear Association	12.081	1	.001		
N of Valid Cases ^b	185				

The study indicated that the Pearson chi-square value was at 12.146 with the P-value at 0.062 which is greater than the level of significance at 0.05. Therefore, there is no association between lack of reporting cases due to knowing their rights and GBV. The study rejects the alternative hypothesis that stated that there is an association and accepts the null hypothesis that stated there is no association between GBV and lack of reporting

V. DISCUSSION OF THE FINDINGS

Socio-demography

The study targeted the women of Waluka compound of Mushili barracks. The majority of the respondents involved were in the age range between 15-30 years. This is an indication that the population was youthful and literate. Most of the respondents were married and not employed in the formal sectors like government. The majority were of the Christian faith and their marriages have purported good morals based on Christian values and such a population was expected to have lower GBV cases.

GBV prevalence

The study showed that there is high prevalence of GBV in the area regardless of lower reporting of cases. Similar studies have shown same findings and revealed that COVID 19 pandemic contributed to massive records of GBV. According

to report by UN (2020) stated that COVID 19 pandemic contributed to high prevalence of GBV against women and girl as the pandemic acted as the shadow pandemic and the lives of women are in danger. The report concluded that women in Nigeria were affected such that their health is affected. According to UNFPA (2020), there are high records of GBV among women across the global with an estimate ratio of 1:3 prevalence who experience physical or sexual violence.

Lock Down

95.72 % of the study subjects consented that the government declaration of COVID 19 lock down and restriction of movement contributed to high prevalence of GBV among women. These results correlate with a UN report (2020), that showed that the closure of schools affected more than 18,549,010 women in the education system who were forced to be found in reach of abusers and inability to concentration on the studies. The UN (2020) further reported that lock down accelerated the rates of child marriage, adolescent pregnancy, complicated deliveries, obstetric emergencies, unsafe abortions, STIs, HIV because of poor protection against GBV during the lock down period.

Knowledge

97.3% of the respondents had low knowledge regarding GBV. The study indicated that the high levels of GBV cases is attributed to the aspect of lower knowledge of the legal implications of the proprietors. A study conducted by UN (2020a) indicated that there are increased records of GBV regardless of high increased level on human rights and fight against GBV. There is high increase of establishment life-saving care and support to women who experienced any form of violence by clinical management of rape and mental health and psycho-social support which was disrupted by overburdened and preoccupied with handling COVID-19 cases.

Bossy Nature of Men

98.9%) of the study subjects revealed that bossy nature of men is the leading cause of GBV among women as men fail to humble themselves and accommodate the ideas and wishes of women to prevail. Similar studies have shown similar findings that women are a victim of GBV at homes and work places due to bossy type behavior among men (United States Strategies, 2012). Studies have indicated that shame, fear of ostracization, isolation and social norms of blaming the victim, compound the effects of GBV and contribute to under-reporting, inadequate statistics a lack of needed psychological, medical and legal response services for GBV survivors.

Prolonged Couple Presence in Homes

96.2% of the study subjects indicated that prolonged couple presence in homes is a leading cause of high records of GBV among women. A similar study indicated that The abuses of power and gender inequality are the underlying causes of GBV. There are high records of violence, exploitation and

abuse which is associated with disparity of power which is misused during prolonged presence a the couple fail to negotiate and make decisions together on an equal basis (FAO, 2020). Besides, lack of education, poor access to information and lack of access to services, economic inequalities and control over resources, as well as inappropriate or inexistent policies, laws and institutions in communities causes and contributes to different factors of GBV prevalence.

Lack of Reporting

Despite the findings being statistically insignificant, the results are an indicator that that poor reporting system is among the leading factors to high prevalence of GBV. A report by UN (2020) indicated that GBV survivors experience different challenges in accessing quality services due to limited facilities aimed at responding to GBV cases. On contrary, in places where services are available, women face challenges in accessing the services due to strict culture which does not allow the women to high equal prevalliances as men and women experience self-stigmatization and discrimination which leads to poor reporting of cases (UN, 2020).

VI. CONCLUSION

The study concludes that there is high prevalence of GBV in the community regardless of poor records of GBV in community. According to the findings, Covid 19 pandemic contributed high records of GBV among women and the study further showed that there is an association between knowledge, bossy nature of men, prolonged periods of stay homes, lock down and lack of reporting system in the community.

VII. RECOMMENDATION

1. The government should amplify the role of women leaders and women led organization to help in community education and GBV awareness as a mitigation measure to fight against GBV.
2. To prevent cultural impunities arising during the crisis and giving special consideration to priority cases and expediting prosecution of GBV offenders;
3. To facilitate the use of digital and online tools to report cases online and through hotlines, and piloting virtual courts that maintain social distancing until the pandemic has been declared over, the situation of lockdown eased, and the volatile security situation improved.
4. The government should ensure that perpetrators of violence are removed from the home
5. To implement training programs for relevant criminal justice professionals such as police, prosecutors, judges and magistrates, lawyers and legal aid providers and civil society organizations.
6. To strengthen and support referral pathways to ensure survivors' timely access to essential multi-sectoral services;
7. To expand the existing capacity of government-led

shelters for women;

8. To ensure that there is safety of staff in every shelter or one-stop GBV centre, while providing space to enable social distancing.

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