

THE LEVEL OF KNOWLEDGE ON GENDER-BASED VIOLENCE EXISTING AGAINST WOMEN OF KIRU TOWN COUNCIL IN ABIM DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

This study assessed the knowledge of gender-based violence existing against women (15-49) years of Kiru town council in Abim district.

Methodology

The study adopted a sectional study design using quantitative research methods. Multi-stage sampling was used for a sample size of 152 women of reproductive age. Ethical approval to carry out the research was requested from the Faculty of Public Health of Lira University. Data was collected using pre-piloted, structured interview-administered questionnaires. The data was analyzed using the SPSS version 23 software in two levels of Uni-variate and bi-variate and the analysis was conducted using descriptive and regression analysis procedures.

Results

The knowledge of respondents towards gender-based violence considered in this study is based on the majority of respondents that experienced physical abuse with 57.2%, sexual abuse with 43.4%, and emotional abuse with 34.9%. The majority of the respondents experienced their last episode of gender-based within (1-5) years 40.8%, majority of respondents did not experience any episode of gender-based violence within the last 12 months 41.4%. The most common form of physical abuse experienced by respondents was being beaten with or without an object 79.6% and the majority of respondents experienced inappropriate sexual suggestions from either their partners or anybody else 15.1% as a common form of sexual abuse.

Conclusion

30.3% of women (15-49) years have ever experienced GBV in their lifetime. This shows that there's a need to carry out health education in Kirutown council to create more awareness about the dangers of GBV against women (15-49) years

Recommendation

To the community of Kiru town council

Community members should speak out against harmful gender norms, stereotypes, and attitudes that perpetuate GBV and also challenge sexist language, jokes, and behaviors in their personal and professional circles.

Keywords: *Women (15-49) years, knowledge, gender-based violence.*

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Background of the study

Gender-based violence is a worldwide phenomenon that knows no geographical, cultural, social, economic, ethnic, or other boundaries. It is a form of violence that is inflicted based on gender differences. Worldwide children are faced with challenges of practices such as female genital mutilation, child trafficking, forced marriage, sexual abuse, child labor, bullying, and other forms of deprivation. Both sexes are prone to these forms of sexual violence but at unequal and varying degrees. Girls are usually more prone to sexual abuse compared to boys. Violence by women against men also occurs though it is less studied or given attention and often trivialized thus making it difficult for men to seek help. Violence can occur in the home, school, religious institutions, and the community as a whole. Parents, siblings, foster parents,

guardians, uncles, aunts, neighbors, friends as well as strangers can be responsible for violence in the home. Disadvantaged children such as orphans, children living on the streets, child refugees, and disabled children tend to be more vulnerable in the community. In most cases, the perpetrators are usually known to the victim and assaults are usually not reported because of ignorance or naivety, fear instilled by the assailant, threats, stigma, and shame, the individual involved is a close family member, or the fact that they are not aware of organizations where such cases are reported.

Gender-based violence (GBV) remains one of the most prevalent and persistent issues facing women and girls globally. Conflict and other humanitarian emergencies place women and girls at increased risk of many forms of GBV. Many studies have found that different respondents have different attitudes towards gender-based violence. In

which some view it as a necessary act that is put as a way of fulfilling their needs. Women do not disclose GBV to providers or access health care or other services (e.g., protection, legal, traditional authorities) because of social norms that blame the woman for the assault, norms that prioritize protecting family honor over the safety of the survivor, and institutional acceptance of GBV as a normal part of displacement and conflict. Families and communities have shared beliefs that GBV against women is acceptable, even normal. This includes social norms about sexual purity, family honor, and men's authority over women and children in the family.

Methodology

This study was conducted in Kiru Town Council, Abim district. It's located on approximately a small piece of land along the Lira - Kotido main road. Kiru town council is one of the town councils located in the middle of Abim district, northern region, Uganda at a latitude of 2° 37' 59" N and a longitude of 33° 40' 0" E. Lat/Long (dec) of Kiru town council is 2.63333,33.66667 and Open Location Code is 6GJMJMM8+8M and lastly GeoNames ID is 231107 (Mindat.org, 2023). Kiru town council is composed of two parishes namely, Oyaro Parish and Kiru Parish, with several small villages including, Omoru, Oyaro North, Riamiriam, Obangangeo South, and Nyikinyiki. The study was conducted among the women (15-49) years of Kiru town council of Abim district, this is because these are women of reproductive who are mostly affected by gender-based violence due to several reasons such as misunderstandings between intimate partners.

Study design

The study adopted a cross-sectional study design using quantitative research methods and analysis. The sample size was determined using the formula developed by Kish Leslie in 1965 for a single proportion as below.

$$n = \frac{Z^2 * pq}{d^2} + \text{Non response rate}$$
 i.e. then do the calculations, increase the number by 10% to cater for the Nonresponse rate.

Where;

n - sample size

Z - is the estimate (1.96) corresponding to a 95% confidence interval

p - is the proportion of gender-based violence (a 10% proportion was used because of the unknown incidence of which is being measured.)

q - standard (1- p) = (1- 0.1) = 0.9

d - is the error margin (0.05).

On substituting the above formula,

$$n = \frac{(1.96)^2 * 0.1 * 0.9}{(0.05)^2} + (10\% \text{ of the previous calculation})$$

$$= 138 + (10\% * 245)$$

$$= 138 + 14$$

Hence, n = 152

Sampling techniques

A multi-stage sampling at which two stages were used to collect data from the respondents that is to say; **stage 1 involved** simple random selection of the relevant villages in Kiru Town council through which probability sampling was used where a total of six (6) villages were randomly selected. Stage 2 involved a random selection of women (15-49) from the selected villages in Kiru Town Council. Independent variables.

The independent variables included Sociodemographic factors, knowledge, and women (15-49) years of Kiru town council.

Results

Results regarding the socio-demographic factors of the respondents associated with GBV

The main purpose of this part was to analyze the background information of the respondents about their age, current marital status, and religion and this information was presented by the use of tabulations and charts.

The socio-demographic factors considered in this study based on the uni-variate are shown in Table 1. The majority of the respondents are in the age category (20-24) years with 34.2%, followed by (25-29) years with 21.7%. The mean age was 26 years and the modal age was 24 years old, the majority of the participants were protestants 55.9%, and the majority of the participants were single 50.0%.

Table 1: Socio-demographic characteristics of women (15-19) years in Kiru town council who participated in the study (n=152)

VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
Age	(15-19)	25	16.4
	(20-24)	52	34.2
	(25-29)	33	21.7
	(30-34)	13	8.6
	(35-39)	17	11.2
	(40-44)	10	6.6
	(45-49)	2	1.3
Religion	Catholic	64	42.1
	Protestant	85	55.9
	Moslem	3	2.0
Current marital status	Single	76	50.0
	Married	58	38.2
	Widow	6	3.9
	Divorced	7	4.6
	Separated	5	3.3

Bi-variate analysis of the socio-demographic characteristics is shown in Table 1. from which, the age category (25-29) had the highest prevalence of GBV at 30.4%, protestants had the highest prevalence of GBV at 55.9%, and the respondents who were married had the highest prevalence of GBV with 50.0% and they were 0.034 times likely to experience gender-based violence (cOR; 0.034, 95% CI, 0.003-0.335, p-value= 0.004) Results regarding knowledge of women (15-49) years on gender-based violence

The knowledge of respondents towards gender-based violence considered in this

study based on the uni-variate is shown in Table 2

The majority of respondents experienced physical abuse with 57.2%, sexual abuse with 43.4%, and emotional abuse with 34.9%. The majority of the respondents experienced their last episode of gender-based within (1-5) years 40.8%, majority of respondents did not experience any episode of gender-based violence within the last 12 months 41.4%. The most common form of physical abuse experienced by respondents was being beaten with or without an object, 79.6%, and the majority of respondents experienced appropriate sexual suggestions from either their partners or anybody else 15.1% as a common form of sexual abuse.

Table 2: The knowledge of women (15-49) years towards gender-based violence in Kiru town council (n=152)

VARAIBLE	CATEGORY	FREQUENCY	PERCENT
what form of gender-based violence did you experience?			
Physical abuse	Yes	87	57.2
	No	65	42.8
Emotional abuse	Yes	53	34.9
	No	99	65.1
Sexual abuse	Yes	66	43.4
	No	86	56.6
Since last when did you experience the episode of violence?			
	within 6 months	56	36.8
	(6-12) months ago	34	22.4
	1 to 5 years ago	62	40.8
How many episodes of gender-based violence have you experienced within the last 12 months?			
	0	63	41.4
	1	17	11.2
	2	32	21.1

Forms of physical violence	3	25	16.4
	4	13	8.6
	5	2	1.3
	Being threatened to harm with a knife or gun	28	18.4
	Being pulled or pushed by hair	68	44.7
	Being slapped or thrown something at	109	71.7
	Being beaten with or without an object	121	79.6
	Being burnt for any purpose	14	9.2
	Ever used a knife, gun or other dangerous object	16	10.5
	Used force against in any way that harmed someone	8	5.3
Forms of sexual violence	In appropriate suggestion of sexual activity	23	15.1
	Forced sexual intercourse	12	7.9
	Sexual intercourse due it influences of alcohol or drug	12	7.9
	Attempt to sexual activity due to fear of blackmail	15	9.9

Bi-variate analysis of the knowledge of women (15-49) toward gender-based violence is shown in Table 3.

Respondents who were emotionally abused had the highest prevalence of GBV with 52.2% and were 0.345 times more likely to experience gender-based violence (cOR; 0.345, 95% CI, 0.168-0.709, p-value= 0.004), those who were sexually abused had 43.4% prevalence of GBV

and were 0.314 times likely to experience gender-based violence (cOR; 0.314, 95% CI, 0.153-0.646, p-value=0.002), and those who were physically abused had 32.6% prevalence of GBV. Respondents who experienced their last episode of gender-based violence within (1-5) years had a 43.8% prevalence of GBV and were 2.556 times likely to experience gender-based violence (cOR; 2.556, 95% CI, 1.058-6.171, p-value=0.037).

Table 3: The knowledge of women (15-49) years associated with the prevalence of gender-based violence among (n=152)

VARIABLE		FREQUENCY(PERCENT)	PREVALENCE OF GBV		cOR(95% CI)	p-value
			Yes	No		
what form of gender-based violence did you experience?						
Physical violence	No	63(42.8)	56(52.8)	50(47.2)	ref	
	Yes	87(57.2)	15(32.6)	31(67.4)	0.542(0.263-1.119)	0.098
Emotional violence	No	99(65.1)	29(27.4)	77(72.6)	ref	
	Yes	53(34.9)	24(52.2)	22(47.8)	0.345(0.168-0.709)	0.004*
Sexual violence	No	86(56.6)	37(34.9)	69(65.1)	ref	
	Yes	66(43.4)	29(63.0)	17(37.0)	0.314(0.153-0.646)	0.002*
Since last when did you experience the episode of violence?						
within 6 months		56(36.8)	14(30.4)	42(39.6)	ref	
(6-12) months ago		34(22.4)	16(34.8)	18(17.0)	0.958(0.418-2.198)	0.920
1 to 5 years ago		62(40.8)	16(34.8)	46(43.4)	2.556(1.058-6.171)	0.037*

**p<0.05 is significant*

Discussion

Physical abuse was 57.2%, sexual abuse was 56.6% and emotional abuse was 34.9%. This results is high when compared to other studies like a study conducted in Nigeria among a total of 8061 women, 37.49%, 52.3%, and 14.71% women have experienced physical, emotional, and sexual violence, respectively (Tesfaw et al, 2022). Zimbabwe Demographic and Health Survey (ZDHS) data, indicated, that 26.9% report physical violence, 25.7% sexual violence, and 25.7% emotional violence (Wekwete et al, 2014) This is due lack of public awareness in Kiru town council about the dangers of gender based violence against women of all ages. 37.5% last experienced GBV within 6 months, 21.7% within (6-12) months, and 40.8% within (1-5) years ago This showed that the current prevalence of GBV in Kiru town council is still high and therefore quick interventions such as empowering women economically need to be taken to reduce the occurrence of these violence. Among the women who experienced physical violence, most of them faced at least 3(30.3%) prevalence of different forms of physical violence with being beaten with or without an object as the common form of physical violence with 79.6%. This is because most people in Kiru town council operate within patriarchal structures where violence, including physical punishment, has normalized beating as a means of disciplining or controlling others, particularly within intimate partner relationships whereas the most common form of sexual violence experienced by women in Kiru town council was inappropriate sexual suggestion to them by their partners or any others person with 15.1%. This is because perpetrators view these women as objects for their gratification rather than as individuals with rights and boundaries.

In a bi-variate analysis on the level of knowledge of women(15-49) years of Kiru town council based on binary logistic regression;

Forms of gender-based abuse experienced by respondents

i) Emotional abuse

Respondents who were emotionally abused were 0.345 times more likely to experience gender-based violence (cOR; 0.345, 95% CI, 0.168-0.709, p-value= 0.004), this is because in Kiru town council most of these often had limited access to education, employment opportunities, and support services, which exacerbated dependency on partners or spouses hence making it harder for them to leave abusive relationships. In other similar studies conducted in Turkey, 52.7% were exposed to emotional violence in their lifetime, and 48.7% were exposed to emotional violence in the last year (Gümüş et al., 2020). According to data from a Demographic Health Survey (DHS) conducted in 2015,32% of married women had experienced spousal emotional violence. (Iman'ishimwe Mukamana et al, 2015). This could be due to deeply rooted societal and cultural norms that perpetuate gender inequality and male dominance such as socialization and gender stereotypes. Emotional abuse can cause significant psychological harm, leading to anxiety,

depression, low self-esteem, and post-traumatic stress disorder (PTSD) leading to feelings of worthlessness, helplessness, and hopelessness.

ii) Sexual abuse

Respondents who were sexually abused were 0.314 times more likely to experience gender-based violence (cOR; 0.314, 95% CI, 0.153-0.646, p-value=0.002), this is because of cultural norms and expectations around gender roles and sexuality that perpetuate sexual abuse for example, victim-blaming attitudes may hold women responsible for the abuse they experience, discouraging them from reporting or seeking help. Based on the Uganda Demographic and Health Survey (UDHS) 2016 data, the overall prevalence of sexual violence among rural women was 24.3% (95% confidence interval [CI]: 23.4–25.7) compared with 18.4% (95% CI: 17.0–20.7) among urban women (Kawuki et al, 2021). The prevalence of lifetime sexual violence was 27.99% (95% CI 0.2, 0.3), and sexual violence during the lockdown was found to be 21.3% (Mingude et al, 2021). this could be because of inadequate education about consent, boundaries, and healthy relationships which can contribute to a lack of understanding about what constitutes sexual abuse. Sexual violence can result in a range of physical health consequences, including injuries, sexually transmitted infections (STIs), gynecological problems, chronic pain, and even unwanted pregnancy resulting from rape.

Period of last experience of GBV (within 1-5 years)

Respondents who experienced their last episode of gender-based violence within (1-5) years were 2.556 times more like to experience gender-based violence (cOR; 2.556, 95% CI, 1.058-6.171, p-value=0.037), because these women face numerous barriers to leaving abusive relationships, including financial dependence, lack of social support, fear of retaliation, and cultural or societal pressure hence making them to stay in the relationship, leading to continued exposure to abuse. The implication of these may be that survivors may experience a range of intense emotions, including fear, shame, guilt, anger, and sadness, as they process the trauma of GBV.

Conclusion

This statistic indicates a significant societal issue that demands urgent attention and action, highlighting the need for comprehensive interventions, including policy changes, education initiatives, and support services, to address and prevent GBV effectively.

Acknowledgment

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Environmental Health and disease control, and lastly my supervisor Dr. Rita Florence Matte.

Recommendation

MGLSD should review and strengthen existing policies and legislation related to GBV to ensure they are comprehensive, rights-based, and effectively enforced by including criminalizing all forms of GBV.

MGLSD should allocate sufficient resources to expand and improve GBV service provision, including shelters, counseling, legal aid, healthcare, and hotline ensuring that services are accessible, culturally sensitive, and survivor-centered, with a particular focus on reaching marginalized and under-served communities.

Investing in comprehensive prevention programs and public awareness campaigns to challenge harmful gender norms, promote gender equality, and educate the public about the impacts of GBV including initiatives targeted at schools, workplaces, religious institutions, and other community settings.

Building the capacity of government agencies, civil society organizations, and other stakeholders involved in GBV prevention and response by providing training and resources to front-line respondents, including law enforcement officers, healthcare providers, social workers, and community leaders, to effectively recognize and respond to GBV.

Fostering collaboration and coordination among government ministries, NGOs, civil society organizations, and international partners to ensure a holistic and multi-sectoral response to GBV hence facilitating information-sharing, resource mobilization, and joint advocacy efforts to address the root causes of GBV and promote systemic change.

To the local government of Kiru town council

Kiru Town Council local government should provide training to front-line respondents, including law enforcement officers, healthcare providers, social workers, teachers, and community leaders, on recognizing and responding to GBV sensitively and effectively.

Kiru Town Council local government should engage men and boys as allies in GBV prevention efforts by promoting positive masculinity, challenging harmful gender stereotypes, and encouraging respectful and equitable relationships.

Kiru Town Council local government should develop and implement comprehensive policies and action plans specifically targeting GBV prevention and response by ensuring that these policies encompass measures for prevention, survivor support, legal protection, and perpetrator accountability.

Local government should launch public awareness campaigns to educate the community about GBV, its impacts, and available support services.

Kiru Town Council local government should implement programs to promote economic empowerment among women including access to education, skills training, job opportunities, and financial resources.

To the community of Kiru town council

Community members should speak out against harmful gender norms, stereotypes, and attitudes that perpetuate GBV and also challenge sexist language, jokes, and behaviors in their personal and professional circles.

Community members should advocate for consent education and healthy relationship skills in schools, community centers, and religious institutions and also teach children and young people about respect, and boundaries.

Community members should believe in and support survivors of GBV by listening to their experiences without judgment, offering empathy and validation, and helping them access support services and resources if needed.

Women should take time to educate themselves about GBV, its forms, and its impact on individuals and communities by attending workshops, seminars, or community events focused on GBV prevention and response.

List of abbreviations

AIDS	Acquired Immunodeficiency
Syndrome	
COvid-19.	Coronavirus
CRSV.	Conflict-related sexual violence
GBV.	Gender-based violence
HIV.	Human immunodeficiency virus
AIDS.	Acquired immunodeficiency
syndrome	
UN.	United Nations
IPV.	Intimate partner violence
MGLSD.	Ministry of Gender, Labour and
Social Development (MGLSD)	
NBS.	National Bureau of Statistics
NGO.	Non-Governmental Organizations
NIPV.	Non-intimate partner violence
SDG.	Sustainable Development Goal
SPSS.	Statistical Package for the Social
Sciences	
VAWG.	Violence against women and girls
WHO.	World Health Organization

References

1. Wei, A., Zhang, Y.B., Robertson, E., Steen, J., Mushquash, C. and Wekerle, C., 2023. Global Indigenous gender concepts, gender-based violence, and resilience: A scoping review. *Child Abuse & Neglect*, p.106185.
2. Muluneh, M. D., Stulz, V., Francis, L., & Agho, K. (2020). Gender-based violence against women in sub-Saharan Africa: a systematic review and meta-analysis of cross-sectional studies. *International journal of environmental research and public health*, 17(3), 903.
3. Swahn, M. H., Culbreth, R., Masyn, K. E., Salazar, L. F., Wagman, J., & Kasirye, R. (2021). The intersection of alcohol use, gender-based violence, and HIV: Empirical findings among disadvantaged service-seeking youth in

- Kampala, Uganda. *AIDS and Behavior*, 25(10), 3106-3114.
4. Bukuluki, P., Kisaakye, P., Wandiembe, S. P., Bulenzi-Gulere, G., Mulindwa, B., Bazira, D., ... & Nissling, S. (2023). Access to information on gender-based violence prevention during COVID-19 lockdown in Uganda: a cross-sectional study. *EClinicalMedicine*, 57.
5. Akot, D. (2022). Gender-based violence and mental health problems among women, a case study in Abim district, Kiru town council (Doctoral dissertation, Makerere University).
6. Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P. & McIntosh, T. (2022). Prevalence of interpersonal violence against women and men in New Zealand: results of a cross-sectional study. *Australian and New Zealand Journal of Public Health*, 46(2), pp. 117-126. doi: 10.1111/1753-6405.13206
7. Andersson, N., Cockcroft, A., & Shea, B. (2008). Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa. *Aids*, 22, S73-S86.
8. Gender-Based Violence in Sub-Saharan Africa: A Review of Demographic and Health Survey Findings and Their Use in National Planning | Wilson Center. <https://www.wilsoncenter.org/event/gender-based-violence-sub-saharan-africa-review-demographic-and-health-survey-findings-and>. Accessed 5 May 2023.
9. Djikanovic, B., Stamenkovic, Ž., Mikanovic, V. B., Vukovic, D., Gordeev, V. S., & Maksimovic, N. (2018). Negative attitudes related to violence against women: gender and ethnic differences among youth living in Serbia. *International journal of public health*, 63(8), 923–932. <https://doi.org/10.1007/s00038-017-1033-y>
10. Bukuluki, P., Kisaakye, P., Wandiembe, S. P., Musuya, T., Letiyo, E., & Bazira, D. (2021). An examination of physical violence against women and its justification in development settings in Uganda. *PLoS one*, 16(9), e0255281.
11. Kadengye, D. T., Izudi, J., Kemigisha, E., & Kiwuwa-Muyingo, S. (2023). Effect of justification of wife-beating on experiences of intimate partner violence among men and women in Uganda: A propensity-score matched analysis of the 2016 Demographic Health Survey data. *PLoS one*, 18(4), e0276025.
12. World Health Organization. (2019). Violence against women: intimate partner and sexual violence against women: evidence brief (No. WHO/RHR/19.16). World Health Organization.
13. Sigurdardottir, S., & Halldorsdottir, S. (2021). Persistent suffering: the serious consequences of sexual violence against women and girls, their search for inner healing, and the significance of the #MeToo movement. *International journal of environmental research and public health*, 18(4), 1849.
14. Devries, K. M., Ward, C. H., Naker, D., Parkes, J., Bonell, C., Bhatia, A., ... & Naved, R. T. (2022). School violence: where are the interventions? *The Lancet Child & Adolescent Health*, 6(1), 5-7.
15. Alkan, Ö., & Tekmanlı, H. H. (2021). Determination of the factors affecting sexual violence against women in Turkey: a population-based analysis. *BMC women's health*, 21(1), 188.
16. Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, 399(10327), 803-813.
17. Devries, K., Merrill, K. G., Knight, L., Bott, S., Guedes, A., Butron-Riveros, B., ... & Abrahams, N. (2019). Violence against children in Latin America and the Caribbean: What do available data reveal about prevalence and perpetrators? *Revista panamericana de salud publica*, 43.
18. Gümüş, A. B., Şıpkın, S., & Erdem, Ö. (2020). The prevalence of intimate partner violence against women and women's methods of coping with partner violence. *Journal of Psychiatric Nursing*, 11(2), 79-87.
19. Iman'ishimwe Mukamana, J., Machakanja, P., & Adjei, N. K. (2020). Trends in prevalence and correlates of intimate partner violence against women in Zimbabwe, 2005–2015. *BMC international health and human rights*, 20, 1-11.
20. D'Angelo, D. V., Bombard, J. M., Lee, R. D., Kortsmitt, K., Kapaya, M., & Fasula, A. (2023). Prevalence of experiencing physical, emotional, and sexual violence by a current intimate partner during pregnancy: population-based estimates from the pregnancy risk assessment monitoring system. *Journal of Family Violence*, 38(1), 117-126.
21. Wekwete, N.N., Sanhokwe, H., Murenjekwa, W., Takavarasha, F.R., & Madzingira, N. (2014). The Association between Spousal Gender-Based Violence and Women's Empowerment among Currently Married Women aged 15-49 in Zimbabwe: Evidence from the 2010-11 Zimbabwe Demographic and Health Survey. *African Population Studies*, 28, 1413-1431.
22. Mullu, G., Gizachew, A., Amare, D., Alebel, A., Wagnew, F., Tiruneh, C., ... & Demsie, T. (2015). Prevalence of gender-based violence and associated factors among female students of Menkoror high school in Debre Markos town, Northwest Ethiopia. *Science*, 3(1), 67-74.

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