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LINKING THE TWIN PANDEMICS: GENDER BASED VIOLENCE AND HIV IN SERENGETI DISTRICT, MARA, TANZANIA

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ABSTRACT

Gender Based Violence (GBV) and HIV/AIDS are major health and social problems affecting women and men in African countries Tanzania included. While both men and women are victims of GBV and HIV/AIDS, women are more vulnerable than men. Socio-economic, biological and cultural factors are believed to exacerbate the problem. The current study explores the link between gender based violence and the spread of HIV/AIDS. Using Serengeti District as a study area, a cross-sectional descriptive survey was conducted using a mixed method/approach, whereby administering a questionnaire, focus group discussion (FGDs) and in-depth interviews were employed. Twenty nine key informants and 64 participants were selected for FGDs, while 16 women (victims of GBV and HIV/AIDS) were purposively selected for in- depth interview. Qualitative information was analyzed using content analysis. GBV practices such as women to women marriages emerged to be a predictor of HIV because young women married to old women might have multiple relationships apart from the selected husband. Female Genital Mutilation (FGM) and male circumcision are practiced using non sterilized knives which are culturally believed to be sacred which also fuels the spread of HIV/AIDS. Other GBV practices include the cleansing of the widow/widower; this is done through sexual contact between the widow and close relative of the deceased husband or using a village cleanser. Wife battery was found to be caused by husband or wife being suspected of involvement in extramarital relationship. Unfaithfulness of spouses increases risks of acquiring HIV to couples. The study recommends involvement of traditional leaders in the process of reducing GBV and HIV/AIDS spread. Awareness creation towards the use of both female and male condoms is of utmost importance.

Keywords: GBV, HIV/AIDS, Men and Women, Serengeti and Tanzania

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Contribution/ Originality

This study contributes in the existing literature that HIV and GBV are major health and social problems affecting men and women. Cultural factors were important forecasters for GBV and HIV in women and men. Involvement of traditional leaders in GBV and HIV prevention and women's empowerment are of utmost importance

1. INTRODUCTION

Gender based violence (GBV) and the spread of Human Immunodeficiency Virus (HIV) has emerged as a major concern for professionals within the social and health sectors. GBV is deeply embedded in human history and its universal perpetuation is justified by the traditional norms under the umbrella of culture. Various forms of GBV exist including socio-cultural violence leading to harmful traditional practices such as Female Genital Mutilation (FGM), cleansing of widows/widowers and sexual abuse such as marital raping, increasing the risk of contracting sexually transmittable infections (STI) HIV/AIDS included.

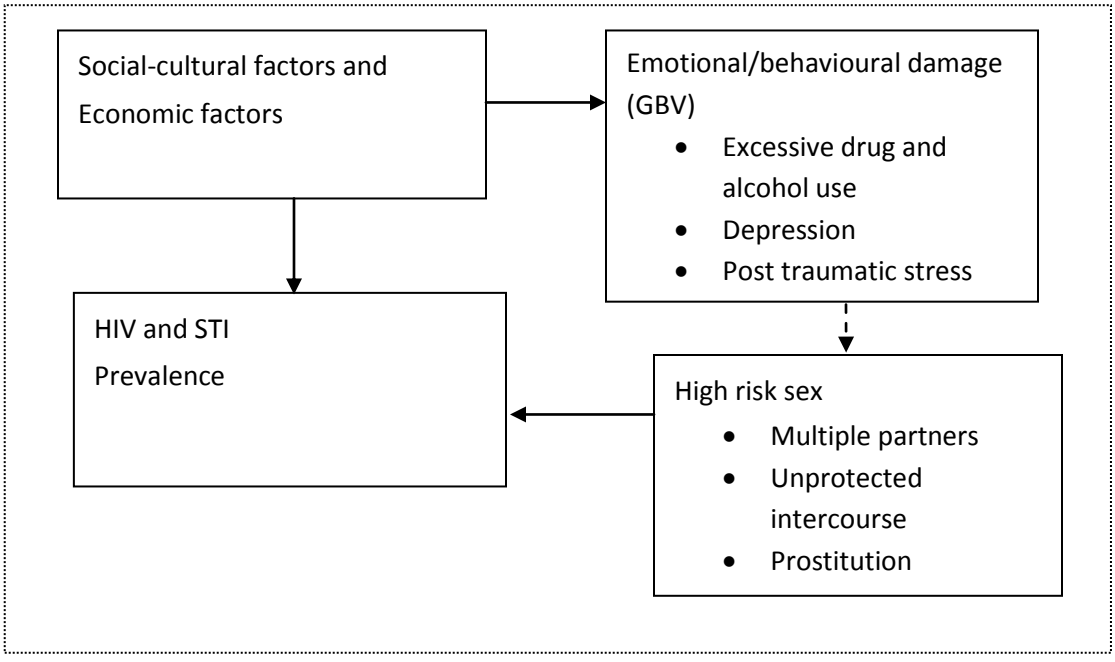
The origin of GBV has been explained as being part of a patriarchal system that subordinates women and girls through social norms that lead to unequal power relations between men and women in society. Theoretically, this paper borrows the ideas put forward by Anderson (2005) that, the power of tradition and norms within African culture perpetuates GBV. While boys are socialized to control the family, girls are raised to be dependent and obtain security from men. Although culture is regarded as being stable, it is not static; it can be shared through experiences and commonalities that evolve under changing social settings (Lindhorst and Tajima, 2008). Violence against women is embedded in culture through institutions such as the family and its components like marriage, divorce, bride price, inheritance of resources, child custody, just to mention a few. GBV causes death and incapacitation of women through physical injury and depression (FEMNET, 2001; Pickup *et al.*, 2001; Pineda, 2005). Other consequences include unplanned pregnancies and acquiring sexually transmitted diseases including HIV/AIDS (Green, 1999; Pickup *et al.*, 2001).

In Tanzania, the first cases of AIDS were reported in 1983, currently the epidemic has evolved from being rare and a new disease to a common household problem which has affected thousands of Tanzanian families. The pandemic increased rapidly, by 1986 HIV/AIDS had spread all over Tanzania mainland, and by 2003 there were about 1,820,000 People Living With HIV/AIDS (PLWHIVA) (TACAIDS *et al.*, 2005). According to URT (2003), the prevalence was 12% in 2002, however, TACAIDS *et al.* (2005) reported HIV/AIDS prevalence among the sexually active adult population (15 to 49 years) to be 7.0% in 2004. According to the Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08, 6% of Tanzanian adults aged 15-49 years were infected with HIV. The prevalence was higher among women (7%) than men (5%). There was a slight decrease in prevalence as compared to what was reported in 2003/04 of 7%. Currently, the Tanzania HIV and Malaria Indicator survey of 2011-2012 shows an overall prevalence of 5.1%

However, the levels of HIV/AIDS prevalence in Tanzania differ from one region to another depending on various social, economic, cultural, and other factors that make people vulnerable to HIV infection. TACAIDS *et al.* (2008) report that the five leading regions in HIV/AIDS prevalence

in 2008, were Iringa (14.7%), Dar es Salaam (8.9%), Mbeya (7.9%), Mara (7.7%), Shinyanga (7.6%), and Tabora (6.1%). The prevalence rate in Mara region rose from 3.5% in year 2003 to 7.7% in year 2007. Reasons for the high prevalence in Mara Region include extramarital relationship of men and women, presence of mining centres such as Nyamongo mining (Barricks mine), Majimoto and Kemkambo mining where there is high gathering of men and women, hence commercial sex is practiced as a coping strategy for high poverty level among women. Cultural issues manifested in the form of GBV such as widow cleansing, polygamy, *nyumbabhoke* (men moving to the woman's house for cohabitation). Other cultural issues include ritual cleansing, FGM and marriage between two women (*nyumbantobhu)*(Sikira *et al.*, 2010).

Conceptually, this paper use the variables presented in the conceptual framework below. The framework attempts to show how GBV could lead to behavioral damage which further leads to high risks of an individual to acquire HIV and STIs.



Conceptual framework for the study (Adapted from Garcia-Moreno *et al.* (2005))

2. METHODOLOGY

2.1. The Study Area and Justification for its Selection

The study was conducted in Serengeti District which occupies the largest part of Mara region. The main part of Serengeti is occupied by the famous Serengeti National Park, therefore, the district is left with little arable land. The main ethnic groups in Serengeti District are the Kurya, Luoand other ethnic groups (Wakiroba, Wakabwa, Waikoma, Waisenye, Wanata, Wangoreme and Wataturu). The main sources of livelihoods for men and women in the district are agriculture and Livestock keeping. While men depend mainly on selling live cattle and goats, women supplement their income by selling milk. Men are the overall controllers of the family resource with more attention on cattle. In view of this, girls are subjected to early marriage with mean age of 19.8 years

in order to have more cattle paid as bride price before marriage (United Republic of Tanzania (URT), 2006). There is a high primary school drop out for girls of 20% (Aboud, 2004; ACT-Mara, 2006)). Furthermore, there is a myth that women regard wife battery as a sign of love as it is associated with jealousness in the community. The cross-sectional research design was used in which data were collected at a single point in time and provided snapshot of ideas, opinions and information necessary for the intended purposes. Further, the design was considered appropriate because it is less expensive compared to the longitudinal design (Williman, 2006).

2.2. Sampling Procedures

A multistage cluster sampling was employed so as to allow geographically dispersed populations to be covered adequately. Hence, a combination of probability and non probability sampling methods were utilized sequentially. Purposive sampling was used to obtain the district and divisions, while random sampling was used to obtain wards, villages and respondents. Three visions were purposively selected out of the four divisions in the district (United Republic of Tanzania (URT), 2006).

2.3. Selection of Key Informants

Purposive sampling was used to obtain 29 key-informants (men and women depending on their role in the area). These included the District Community Development Officers, District Medical Officers, Rural Medical Officers, the nearest Police Officers, Ward Executive Officers (WEOs), Village Executive Officers (VEOs), Village Extension Officer (VEOs), representative from NGOs working in the area as indicated in Table 1.

Table-1. Respondents selected as key informants

Attribute for selection	Number of respondents
District Medical officers	1
District community development officers	1
District Planning Officers	1
Rural medical officers	2
Police officers	3
Ward executive officers	4
Village Executive Officers	8
Village Extension Officers	8
Representatives from NGOs working in the area	1
Total	29

2.4. Selection of Respondents for Focus Group Discussions (FGDs)

Eight participants were purposively selected from each village to represent the entire community based on the role in the society. These included GBV victims known by the village leaders and non-victims, traditional leaders, traditional health attendants including those who carry out FGM locally known as "*Ngaribas*". The term "traditional health attendants" was used to capture the *ngaribas* anonymously, known to the village leaders. Overall 64 participants were involved in the FGDs.

2.5. Data Collection Methods

2.5.1. Focus Group Discussion (FGDs)

Focus group discussion was useful because it informed the researchers about the emotional feelings of participants as they were engaged in the discussion. Furthermore, FGDs aimed at providing detailed information on various cultural norms and practices exacerbating GBV and HIV in the area. Determinants of GBV and HIV were also assessed during FGDs. A question guide for the FGDs was developed and administered.

2.5.2. In-Depth Interviews

According to Shrader (2001), sensitive issues like sexual abuse, marital rape and frequency of wife battery required an in-depth discussion in order to get the intended information. The collected information included life stories of the respondents, type of GBV practiced and its relationship to HIV/AIDS, the response of both in-laws, biological parents, the victims and the perpetrators.

2.6. Data Analysis

Qualitative information obtained through verbal discussion, in-depth discussion and other documents were analyzed using content analysis. With content analysis, the recorded discussion was broken into units of information or themes to synthesize meaning and values.

3. RESULTS AND DISCUSSION

3.1. Forms of GBV

The discussants provided the meaning of GBV which was satisfactory to all the discussants. Under the guidance of the researcher, GBV was operationalized as a form of violence occurring to women and girls. Such forms include wife battery, deprivation from access to and control over productive resources, outdated cultural practices prevalent in the public or private life of women and girls.

3.2. Wife Battering

The respondents were requested to comment to the prevailing famous myth in Serengeti District that wife battering is a sign of love. Women discussants in all the eight villages reported that the myth was not true. They argued that beating may result into injuries and permanent disabilities, therefore nobody enjoy it. On the other hand, when asked to clarify the myth; some male discussants admitted that normally women enjoy being beaten because it is associated with jealousy, assuming that men must beat their wives to prove that they love them. Therefore, men use the false myth in order to justify GBV. Moreover, men are supposed to prove to the society that they are real men by beating their wives. This is in line with Kim *et al.* (2007) who observes that in some of the African cultures, men are respected by the society by being able to exercise power over their wives through beating. Men are honored as being able to discipline their wives and by keeping their homes in order. Therefore, abusive men are valued in the community and violence is normalised.

In one of the FGDs, men related beating a woman to beating a pair of oxen during training in the field by saying "*for an oxen to be able to plough properly, the trainer must have a stick in his hand, likewise, irrespective women must be punished".* Another man added "*Most women are beaten because of laziness and misuse of resources; it is a way of disciplining them".* Surprisingly, some of the aged women regard battery as part of their culture and they contribute to its perpetuation. When asked the reasons for wife battering, they insisted that "*the husband is culturally allowed to punish his wife as long as she is disobedient".*

In case of severe injuries, women give false information to the police in order to get the Police Form Number 3 (PF3) which is a necessary document for an injured person to be treated at the hospital. One of the key informants at the police station reported that the victims of wife battering normally give false statements like "I was kicked by a cow during milking or I fell on the slippery bathroom" floor. It was therefore envisaged that women lie in order to protect their marriages. The respondents explained further that high poverty levels among women and the stigma attached to divorced women are among the factors pushing women into tolerance in violent relationships. When asked on the determinants of wife battery, female respondents indicated that suspicion of infidelity by men and even women as one of the reasons. They further revealed that men feel proud of having extra marital relationships especially with concubines commonly known as *nyumba ndogo* literally meaning "small house" or *ekinyambareka*or *kitungo* in local Kurya language. The woman's probing of husband's extra marital behaviour triggers more violence from the husband. The outcome of extramarital relationship includes divorce and risk of contracting HIV/AIDS

3.3. Early Marriage

During the in-depth interview, one of the discussants reported that she became pregnant while she was at primary school. Her parents forced her to marry an aged man who was to pay the parents bride price in the form of cattle. She said, "*My parents challenged me that no young man would marry me. I deserve marrying an old man.*" She was seen as an outcast in the society and no one in the family supported her. This is in line with Fawole (2008) who observed that some of the parents/guardians take their daughters from school and arrange marriage to solve some financial problems at home.

During the in-depth interview, one of the female interviewee's life history revealed how her marriage was arranged while she was still in her mother's womb (see the box below)

'When my mother was heavily pregnant, she had to look after a big herd of cattle in the field. One day she failed to hold a calf, which was born in the field because of pregnancy. There was an old man who assisted her to carry it on her way home. The old man told her that if she gave birth to a baby girl, he would marry the girl to his grandson. If it was a boy then the boy would be his friend. When I was born and grew up, the old man followed up and made all the required traditional arrangements for me to marry his grandson. At the age of 5 to 7 years, my mother used to tell me to go to the old man's family to spend a day and would return home in the evening. After completing my primary school education, which was compulsory, I asked my parents to allow me to re-sit for standard seven examinations because I was very much interested in further education.

My parents refused to buy me school uniforms instead they ordered me to go to the old man's family.

My prospective fiancé went for further education in a vocational school in Morogoro for one year. I stayed with my mother in-law until I attained maturity (first menstruation). When my fiancé completed vocational education, my father in-law ordered me to join his son's house and start independent life as husband and wife. I was shocked, but since I knew our culture, I had to accept the man who was not of my choice. We managed to get three children. Thereafter, he abandoned me and the children.

Interview data

After marriage, young mothers normally face double violence after being forced by their parents to marry men who are not of their choice. They expect love from their husbands; instead, they face other forms of domestic violence such as wife battering, deprivation of basic necessities for the family and abandonment. Adolescent mothers (with little or no formal education) depend upon their husbands economically. If the husband fails to provide for the basic needs, the wives have to look for other means of livelihood; one of which is commercial sex, which is often unsafe. This action put them at risk of acquiring HIV/AIDS as noted by Lugalla *et al.* (1999) and Kayunze (2008). When they negotiate a divorce, the woman's parents would not allow separation because of the bride price they had received. The only alternative is submission to all forms of violence throughout their marital relationship. These findings concur with what December (1999) calls forced tolerance in a violent relationship due to poverty among African women.

3.4. Marriage between Two Women (NyumbaNthobhu)

This is the type of marriage commonly practiced in Serengeti and Tarime District in Mara region by barren women and those who give birth to girls only. Men married to such women, have to advice their wives to marry young girls, while men may decide to re-marry and abandon their first wives. In so doing, the abandoned women have to marry young girls for the purpose of getting children for the barren women as well as having sons for those with girl children only. The woman must have enough cattle to pay a bride price to the girl's parents. She must ask for a man from her clan, to serve as a husband for the young girl who will be regarded as her daughter in-law. Therefore, from this point of view, there is no real marriage between the two women as the woman who pays for the bride price has to find a man from her clan who would act as a husband to the young girl through whom she can bear children. Thus the marriage is defined through bride price paying and not intimate relationship between the two women.

Focus group discussion participants further pointed out that, the man is chosen for reproductive purposes only. The children belong to the old woman and use her name as their family name. The old woman would be responsible for taking care of the young woman and children as well. Participants reported that old women who marry young girls are unable to take care of them. Surprisingly, during the in-depth interviews, it was revealed that this type of marriage was preferred by women because it constitutes no GBV from an intimate partner. Moreover, the man chosen must have his own family and should have no control over the young woman. Apparently,

young women in such marriages are free to have sexual relationship with other men of their choice. One of the FGD participants were quoted saying "*sometimes they divorce and leave the old women alone; in rare cases they conspire with their boyfriend to kill the old woman in order to inherit the available resources. "*During the FGD participants further reported that young women may decide to divorce and re-marry to men of their choice as second or third wives. Such types of marriages are believed to contribute to the spread of sexually transmitted diseases including HIV/AIDS.

3.5. Female Genital Mutilation (FGM)

The FGDs participants revealed that FGM is still practiced in the area and that FGM serves as a promotion exercise for the girls that they mature and are ready for marriage. This is done because girls are regarded as sources of income in the form of bride price. It was also reported that those who are not mutilated for whatever reason, are not married unless they move away from the area. The social stigma attached to those who are not mutilated is another motive for girls to seek to be mutilated. While gender activists and human rights proponents fight against FGM as brutal and a violation of basic human rights, girls in Serengeti District wish to be mutilated. Other motivating factors include traditional ceremonies after the mutilation process in which gifts are given to these FGM graduates. Regardless of which type, the instruments used in this practice are not safe for health of the people as they use unsterilized knives which are culturally believed to be sacred hence the practice fuels the spread of HIV/AIDS in the area.

On the other hand, circumcision for boys is practiced in the same manner, whereby the knives used for circumcision are not sterilized and the boys line up on a queue and they are cut one after another. Through probing, a group of men discussants revealed that currently each boy has to have his own knife, although some of boys enter the process without prior preparation and therefore they share the knife. In the same way, they agreed that the knives used for circumcision are culturally believed to be sacred which can be used by everyone. However, the paper by Centre for Disease Control and Prevention (CDC) (2007) advocate male circumcision as means to reduce risk for contracting HIV. And that tools and the environment in which circumcision is carried out are of great importance. Therefore, medical circumcision should be advocated for the prevention of HIV/AIDS.

3.6. Widow/Widower Cleansing

Widow/widower cleansing is a cultural ritual which is practiced after the death of the husband/wife. The respondents reported that the process of ritual cleansing is done through sexual intercourse with someone not known to the widow or a close relative of the deceased husband. Although both men and women do ritual cleansing, it is more prominent among women than it is for men. Since women are culturally not allowed to propose for sexual relationship to men; the widow must travel far from their home, which would normally be areas where there are a lot of men. In most cases it would be along the beaches of Lake Victoria at fishermen's work stations and in the mining areas. It is culturally agreeable that the act of cleansing through sexual intercourse should be performed once. After the act, the widow must leave the area immediately. These findings compares with the study conducted by Malungo (2001) study which reveals that sexual

penetration is a way to cleansing widows in Zambia.

Focus group participants also pointed out that the process used in widow cleansing is placing widows, widowers and the involved family or community member at high risk of acquiring HIV/AIDS. After cleansing the widow is inherited by a close relative of the deceased. This is another cultural practice spreading HIV/AIDS in the area. In some of the remote areas, the cause of the death is not known and not announced publicly; hence no one is sure of the widow's HIV/AIDS status.

Apart from cultural practices, FGDs participants also revealed that HIV/AIDS is caused by multiple partners among men. On the other hand, men discussants informed that, extramarital relationships are caused by women who deny their husbands of sex. One of the participants added that; *'If my wife denies me sex, I will leave her outright and walk out to my girlfriend'* therefore, such a statement shows how men are proud of having extra marital relationships. Similarly, the group of men participants lamented on the promiscuity among married women and young girls in the area, mainly in areas where gathering of men is high such as the mining. High rate of STI infection is also an indication that there was low use of condoms.

3.7. Limitations of the Study

The accuracy of some of the information may be low due to lack of openness regarding GBV between partners, and probably some degree of guesswork regarding casual partners. Limitation in self-reported data on sexual behaviour has been shown, where there is a tendency to under report sexual risk behaviour. The results observed in this paper may thus be an underestimation of the true association between HIV and behaviour characteristics

6. CONCLUSION AND RECOMMENDATIONS

HIV and GBV are still major health and social problems among men and women of the reproductive age. Cultural factors and other characteristics of the male partners in this study were important predictors for HIV in women. Therefore, involvement of traditional leaders in GBV and HIV prevention is of utmost importance in preventing HIV infection among women and the community at large. Empowering women with the skills and rights to negotiate in sexual matters must be addressed. Other important preventive strategies should aim at controlling STIs, reduction of number of partners, increased use of condoms within long term partnerships, responsible alcohol use and targeting people in the mining and beaches along Lake Victoria. Generally, there is a strong link between HIV/AIDS and GBV therefore, the need for concerted efforts among development actors in addressing the two pandemic in the study area. Lobbying and advocacy through traditional leaders could be a solution towards revisiting some of the binding cultural norms leading to GBV and finally increasing risks among men and women in relation contracting HIV/AIDS

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