

**SPOUSAL SEXUAL VIOLENCE AND THE RIGHTS OF WOMEN IN
CENTRAL REGION OF UGANDA**

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The award of a master Degree in human
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DECLARATION A

I **BABIRYE SARAH VIOLET K**, hereby declare to the best of my knowledge that this dissertation is my original work and has never been submitted to any other institution of higher learning for any academic award

Sign: 

BABIRYE SARAH VIOLET K

Date: 11/11/2016

DECLARATION B

I hereby declare that this thesis has been done and submitted under our supervision as university supervisors

Supervisor: Dr Okodan Akwap

Sign: *Joseph Okodan* Date: *11/11/2016*

Definition of key concepts

Domestic violence is defined by World Health Organization as the range of sexually, physically coercive acts used against adult and adolescent women by current or former male intimate partners.

Gender is the term used to denote the social characteristics assigned to men and women, which interact with other factors such as age, religion, nationality, ethnicity, and social background.

Gender-based violence is violence usually targeted to women or girls on the basis of their subordinate status in society (Heise et al.1995).

Sexual violence is being forced to have sexual intercourse or perform any other sexual acts against one's will. (UBOS and Macro International, 2007)

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

TABLE OF CONTENTS

DECLARATION A	i
DECLARATION B	ii
Definition of key concepts	iii
TABLE OF CONTENTS	iv
Acronyms and abbreviations.....	vii
CHAPTER ONE.....	1
INTRODUCTION	1
1.1 Background	1
1.2 Problem Statement.....	5
1.3 General Objective.	6
1.3.1. Specific objectives.....	6
1.4 Hypotheses.....	6
1.5 Significance of the study.....	7
1.7 Layout of the dissertation	9
CHAPTER TWO	10
LITERATURE REVIEW	10
2.1. Introduction.....	10
2.2.1 Sexual violence in urban setting.....	11
2.2.2 Sexual violence in rural setting.....	11
2.3 Sexual violence and age.....	12
2.4 Sexual violence and early marriages.....	13
2.5. Male entitlement to sex.....	14
2.6 Sexual violence and HIV/AIDS	15
2.7 Female genital mutilation/cutting (FGM/C)	16
2.8 Factors influencing sexual violence.....	17
2.8.1Alcohol and drug use	17
2.8.3 Delinquent peer influence.....	17
2.8.5 Poverty.....	18

2.8.6 Societal Factors.....18

2.8.7 Protective factors.....19

2.8.9 Culture.....19

2.8.10 Lack of institutional support from police, judicial system and lack of awareness of such laws.....19

CHAPTER THREE22

METHODOLOGY22

3.1 Introduction.....22

3.1 Research design.....22

3.2 Study population.....22

3.3 Sample size.....22

3.4 Research instruments.23

3.4.1 Questionnaires.....23

3.4.2 Interviews.....23

3.4.3 Observation.23

3.5 Sources of data collection.....24

3.6 Data processing.24

3.7 Data Analysis.....24

3.8 Validity and Reliability24

3.9 Ethical Considerations.....25

4.1 Background information of the respondents.....26

4.2.3 Men perceive sexual violence and torture differently from women?31

4.2.6: The effects of sexual violence as a doctor, even if a man (or women) does not report it33

4.3.1 Increased vulnerability to sexual violence also stems from the use of alcohol and other drugs.35

4.3.2 Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs.35

4.3.4 Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater.....37

4.3.6 Sexual violence occurs despite alcohol use, not because of it38

Education level42

CHAPTER FIVE44

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....44

5.1 Introduction44

5.2 Summary44

5.3 Conclusions44

5.4. Recommendations44

APPENDIX I A49

APPENDIX I B50

APPENDIX II51

APPENDIX IV A53

Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CDC	center for disease control
CDV	Center for Domestic Violence
DRB	Domestic Relations Bill
FGM	Female Genital Mutilation
GAD	Gender and Development approach
HIV	Human Immune deficiency Virus
IDP	Internally Displaced People's Camps
L.C	Local Council
STI	Sexually Transmitted Diseases
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations Children's Fund
UN	United Nations Organization
WHO	world Health Organization
WID	Women in Development

Abstract

The prevalence of sexual violence in Uganda is a major concern, especially in the era of HIV/AIDS. According to the UDHS 2006 national figures, about 36 percent of women who have experienced sexual violence, the first experience of violence occurred at age 15-19. 18 percent was below the age of 15. Levels of sexual violence were highest in the Central Region of Uganda. The main objective of the study was to establish the determinants of sexual violence among women in the Central region of Uganda. The study was guided by specific objectives namely, to establish the woman's socio-demographic determinants of sexual violence; to determine the extent to which the partner's alcohol consumption influences sexual violence among women; and to establish the extent to which a woman's economic status influences the occurrence of sexual violence. The research was based on the Uganda Demographic Health Survey data of 2006. The data were analyzed using STATA (9.0). Analysis was done using 3 levels, univariate; bivariate and multivariate. Results of the analysis at bivariate analysis revealed that, there is a significant relationship between a woman's education level and a man's alcohol consumption. At multivariate level, woman's education level and the man's alcohol abuse were the variables that emerged to have a significant influence on sexual violence in Central Uganda. Prevalence of sexual violence is lower among the currently divorced/separated, 44 percent of women who have experienced sexual violence experienced it at the hands of a current husband or partner, while 22 percent experienced it by a former partner. The likelihood of experiencing sexual violence decreases with a woman's educational attainment, and it is higher among women in the middle income index than those in the lowest and highest indices. Therefore, the study recommends that for control on sexual violence, efforts should be placed on formal education of people about dangers of sexual violence and regulation of alcohol and local brew consumption and putting in place measures to enforce the law on sexual abuse in Uganda and particularly the Central region.

CHAPTER ONE

INTRODUCTION

1.1 Background

Recent research in developing countries suggests that many young women experience forced sex within marriage, but most women may be prevented from reporting these experiences due to shame, fear of reprisal or deep-rooted unequal gender norms (Population Council 2004). The consequences of violence can be severe, and in fact, intimate partner violence leads to injuries and death sometimes (Population Council, 2004). Sexual violence deprives women's life, violates their human right and causes sexually transmitted diseases yet the right to good conditions of living is essential. The factors influencing sexual violence among women must be established and come up with a proper remedy to stop it.

1.1.1 Historical Perspective

Women experience many forms of violence than men. Heise (1999) noted that violence against women is often referred to as gender-based violence (UBOS and Macro International, 2007). This is violence targeted to women or girls based on their subordinate status in society. Gender-based violence has shown to have a direct impact on women's reproductive health and child health as cited by Heise. Sexual violence is one of the different forms of gender-based violence. This is when a person has non-consensual sex usually through threats, intimidation, physical force, unwanted sexual acts or forced sex with others (UBOS and Macro International, 2007).

Studies reveal that sexual coercion within marriage includes deception, verbal threats or psychological intimidation to obtain sex, attempted rape and forced penetrative sex, which is usually accompanied by physical or emotional violence. Sexual coercion is observed in marital partnerships in diverse settings such as South Asia, Latin America, Africa and the Middle East (Population Council, 2004). Although cultural settings and contexts condition the nature of coercion among married young women, there are striking similarities across different settings. Sexual violence is used as a tool of humiliation and subjugation and it is primarily directed towards women. Sexual violence occurs throughout the world, although in some countries

there has been little research conducted on the problem. Available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner and up to one-third of adolescent girls report their first sexual experience as being forced. There are countries that have come up with policies to control sexual violence. These include Australia, Austria, Canada, Denmark, Ecuador, Finland, France, Germany, Ireland, Mexico, Namibia, New Zealand, Norway, the Philippines, Poland, Russia, South Africa, Spain, Sweden, the United Kingdom and the U.S.A. Although provision of such policies represent considerable progress, it is often difficult for a woman to press charges in some countries. This is because of the evidential rules concerning the crime (UNICEF, 2000). Violence takes a tremendous emotional toll on its victims, but a growing body of evidence also links rape, sexual coercion, sex trafficking and domestic or partner violence with the increased vulnerability of women and girls to HIV/AIDS (UNICEF, 2000).

1.1.2 Theoretical Perspective

To most effectively provide services to victims of sexual assault and hold perpetrators accountable, members of the community must share a common understanding of sexual assault. Although there are many different contexts in which sexual assault occurs and thus a variety of causes and complicating factors it is possible to discuss overall trends in the theories that have been advanced to explain why men rape.

The psychopathology model long dominated approaches to sexual assault. Under this model, rapists were mentally ill or chemically imbalanced individuals who sexually assaulted because they could not control their sexual impulses. Rape and rapists were thought to be relatively rare. Based on the view that rape was a product of illness, the treatment model adopted was medically oriented and included such approaches as castration, psychotherapy, electric shock, and hormone injections. Owen D. Jones, L.R. 827, (1999).

In the United States, such psychopathology models began to be challenged in the 1970s, as feminists and other activists began advocating for increased awareness about issues of sexual assault. Activists began to challenge the notion that rapists

were mentally ill or chemically imbalanced. As awareness increased, women began to establish crisis centers and hotlines for victims of sexual assault. These activists found not only that the prevalence of rape and sexual assault was far higher than had been believed, but also that the perpetrators of rape were not mentally ill, and were often people known by the victim.

Although the psychopathology model was eventually abandoned, the belief that rape is a result of irresistible sexual impulses continues to dominate thinking about sexual assault. Under this view, men rape because they cannot control their sexual desires. According to this myth, because men have difficulty controlling themselves, it is women's responsibility avoid "provoking" a rape they must avoid dressing provocatively or acting in a promiscuous manner. This myth contributes significantly to the "true" and "false" rape dichotomy, according to which there are some (a few) women who are "truly" raped, but many more "false" rapes, situations in which the victim actually "provoked" the assault by failing to take steps to avoid arousing the perpetrator's uncontrollable sexual desire.

In part, the "irresistible impulse" myth about sexual assault is connected to understandings of gender roles. Sexual aggressiveness in men is viewed as both natural and admirable. As a result, behaviors that force or coerce sexual contact are often characterized as something men cannot "help," or dismissed with the phrase, "boys will be boys."

Feminists and activists began to draw these connections between sexual assault and patriarchy. In her 1975 book, *Against Our Will*, Susan Brownmiller argued that rape is a tool of intimidation used by men to control and ensure the subordinate status of women. These theories eventually coalesced into the current understanding of sexual assault namely, that rape and other forms of sexual assault are acts of violence, not acts of sexual desire:

Rape is an act of violence which uses sex as a weapon. Rape is motivated by aggression and by the desire to exert power and humiliate. Just as wife battering had to be taken out of the privacy of the home and criminalized in order to effect

any change, rape must be taken out of the sexual realm and placed where it rightfully belongs in the domain of violence against women.

Although sexual desire is sometimes relevant to issues of sexual assault, perpetrators are motivated by a desire for power and domination. "Like other forms of torture, it is often meant to hurt, control and humiliate, violating a person's innermost physical and mental integrity.

1.1.3 Conceptual Perspective

Sexual violence is still prevalent in Uganda, and the highest rates are in Central Uganda, (53 percent). According to the UBOS and Macro International 2007, almost four out of ten women in Uganda have ever experienced sexual violence (39 percent). As expected, forced first sexual intercourse is much more common among women than men are. One out of four women aged 15-49 years (24 percent) report that their first sexual intercourse was forced against their wills (UBOS and Macro International, 2007). Intimate partner violence is common in Central Uganda and is related to gender inequality, multiple partners, alcohol, and poverty (Karamagi et al, 2006). Accordingly, programmes for the prevention of intimate partner violence need to target these underlying factors. The suggested link between intimate partner violence and HIV risky behaviors or prevention strategies calls for further studies to clearly establish this relationship (Karamagi et al, 2006).

The Ugandan government has adopted a number of policies to stop gender based violence, which policies are achieved through the following strategies like, gender mainstreaming, a process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's, as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that both women and men benefit equally.

1.1.4 Contextual Perspective

The ultimate goal is to achieve gender equality (UN, 1995). In addition sensitization on gender issues at all levels is being done and promoting Gender and Development (GAD) approach, that is based on the understanding of gender roles and social relations of women and men as well as the Women in Development (WID) approach which focuses on women specifically. The government is also ensuring that the gender policy is disseminated, translated, understood and implemented by all sections of Ugandan society, (UWONET, 2000). This will help to reduce the prevalence of sexual violence.

Sexual violence limits women's ability to practice safer sex and to protect themselves from STIs sexually transmitted diseases and unwanted pregnancies (WHO, 1999). Sexual violence still prevails in Uganda but is underreported many victims do not report their perpetrators to the authorities. Of those affected, only 35 percent seek help. Those who are sexually and physically violated are likely to report than those who experienced one type of abuse. About 36 percent of rural women report violence cases compared to 31 percent of urban women (UBOS and Macro International, 2007). Sexual violence causes psychological distress, fear, emotional numbness, flashbacks, nightmares, obsessive thoughts and anger, which occurs months or years after an incident. Early and unwanted pregnancies and abortion may also result from sexual violence, (WHO, 1999). Sexual violence is also a major source of an increasingly serious threat in the form of HIV/AIDS, now concentrated in sub-Saharan Africa. HIV/AIDS is spreading rapidly across South Asia into Central Asia, to Russia, and beyond, (WHO, 1999).

1.2 Problem Statement

Although women are supposed to be safe in their homes, sometimes the safety is violated. Often they are sexually harassed, victimized, suffer physically, psychologically and are unable to make their own decisions, voice their own opinions or protect themselves and their children because they fear the repercussions. As a result, some have contracted HIV/AIDS and other STIs since they cannot tell their partners when to wear condoms. In Uganda, it was reported that women continue to lack power over their sexual rights (IRIN/Plus News, 2008). Although the

government of the Republic of Uganda has come up with policies to ensure that sexual violence is minimized in Uganda, it still exists. This was evidenced in the Uganda Demographic and Health Survey (UDHS) 2006 in which analysis was done on domestic violence in Uganda. It was reported that almost one in four women aged 15-49 (24 percent) report that their first sexual intercourse was forced against their will. And almost four in ten women have ever experienced sexual violence (39 percent) in Uganda. Central region had the highest rates of sexual violence victims in the country of 53 percent. Central Region had 43 percent, with Northern Uganda having 28 and 33 percent in the IDP and Karamoja respectively. The factors influencing sexual violence against women in Central Uganda are not known. Therefore, the researcher will look at Central Region of Uganda to find out the factors influencing sexual violence against women and find out why Central Region had one of the highest rates of sexual violence. This is because the UDHS did not look at intra region analysis.

1.3 General Objective.

To establish the factors influencing spousal sexual violence against women in Central Region of Uganda

1.3.1. Specific objectives

- 1 To establish the extent to which socio- demographic factors of the victims influence the occurrence of spousal sexual violence in Central Uganda.
- 2 To determine the extent to which alcohol use influences spousal sexual violence among women in Central Uganda.
- 3 To establish the extent to which a woman's economic status influences the occurrence of spousal sexual violence in Central Uganda.

1.4 Hypotheses

1. There is no relationship between a woman's age and sexual violence.
2. There is no relationship between a woman's religion and sexual violence.

3. There is no relationship between a woman's marital status and sexual violence.
4. There is no relationship between a woman's wealth index and sexual violence.
5. There is no relationship between a woman's partner alcohol consumption and sexual violence.

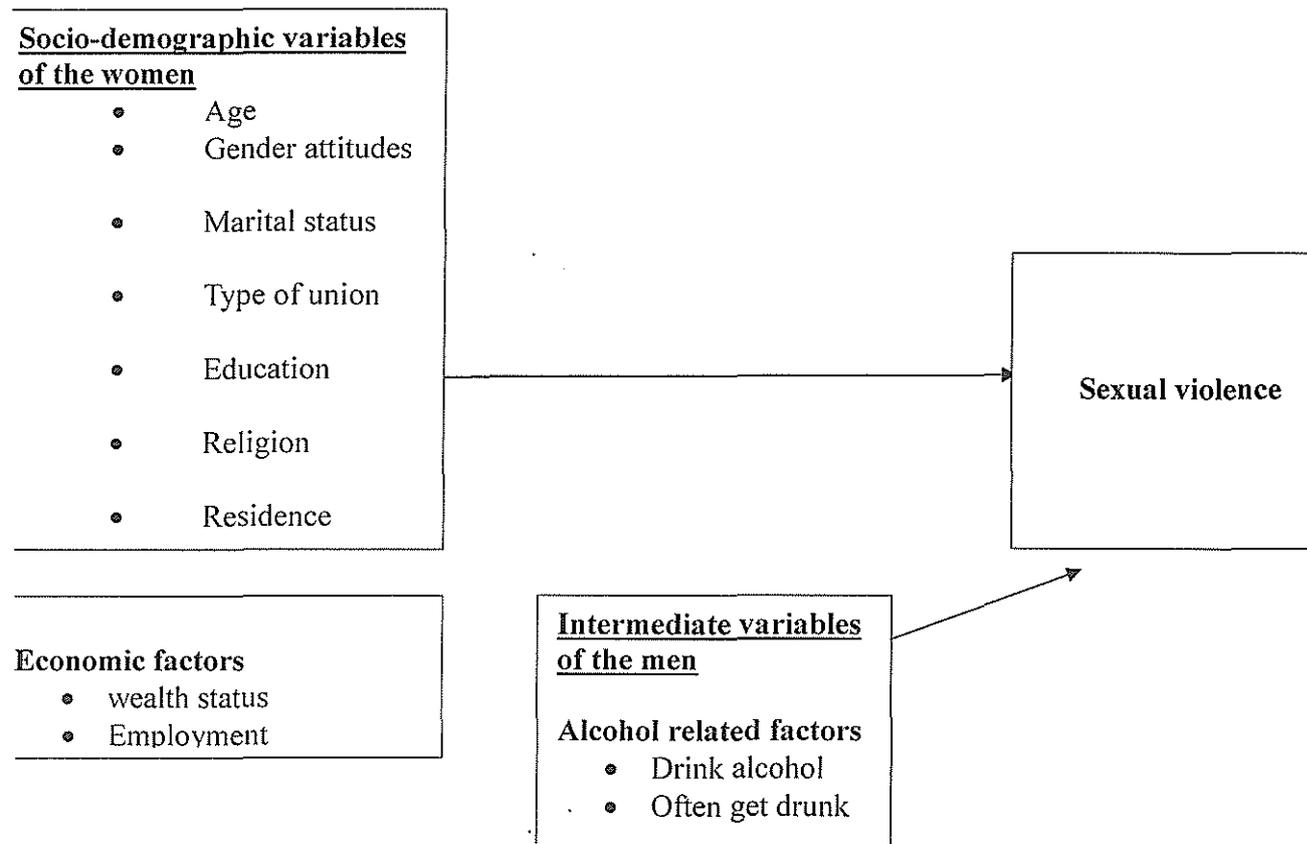
1.5 Significance of the study

There will be need to establish the factors influencing sexual violence among women in Central Uganda so as to come up with measures that would enable effective intervention for the prevention of sexual violence against women, children and girls at home and at their work places. Therefore, the study generated information about the factors influencing spousal sexual violence among women in Central Uganda, which the government, police and other law enforcement officials could use to stop the act of sexual violence in Uganda.

The study also helped to generate information on the affected groups, characteristics of perpetrators and victims and provided directions for targeting specific groups, which can facilitate targeted interventions. Information would be made available on causes of sexual violence and its effects to the affected individual, their families and to the whole community.

1.6 Conceptual framework

A conceptual framework showing the factors that influence sexual violence among women in Central Uganda



Source: Primary Data

In the conceptual framework above, the socio demographic factors of the women in the conceptual framework above, together with the economic factors and intermediate variables of the women, influence the occurrence of spousal sexual violence. Women aged 15-19 years are least likely to have experienced sexual violence. The older the couple, the less likely they get involved in alcohol abuse practices and this minimized the occurrence of sexual violence (UBOS and Macro International, 2007). Women who will be employed for cash, those who will be divorced/separated/widowed, and those who lived in rural areas are more likely than other women to have experienced sexual violence. The likelihood of experiencing sexual violence decreases with a woman's educational attainment, and is higher among women in the middle wealth index than those in the lowest and highest

indices are.

1.7 Layout of the dissertation

Hereafter, chapter two provides a review of the existing literature on the spousal sexual violence in Uganda and in the world. Chapter three provide the methodology that was used in the study, followed by chapter four which presents a discussion of the findings of the study. And Chapter five summarizes the research findings, gives a conclusion and provides recommendations based on the study findings.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction.

Sexual violence is a serious crime that is recognized by the Domestic Relations Bill where it is looked at in the context of some of its effects on the affected party who are mainly women. The woman is the most sacred human being in every society, although she faces more degrading treatment from fellow human beings. Despite technological advancement and wide spread belief in God women are still trampled upon. In Africa women enhance peace through intermarriages, since their in-laws become part of the wider family. However, today with all the rhetoric about women emancipation and gender equality, there is more violence against them than in the past (Kulaigye, 2009)

Women already infected with HIV are themselves subject to increased rates of violence, which can take the form of abandonment, disinheritance, sexual violence, brutalization, and partner violence (Foundation for AIDS research, 2005). Around 2 million women will be newly infected with HIV in 2005, a number roughly equal to the number of men infected, but evidence suggests that the burden of HIV/AIDS will be increasingly borne by women. The circumstances that influence sexual violence, the brutality of the event itself and the inability of women to protect themselves from sexually transmitted diseases make it an exceedingly effective medium for spreading HIV (Foundation for AIDS Research, 2005).

Studies have shown that from 40 to 60 percent of known sexual violence within the family are committed against girls aged 15 years and below (UNICEF, 2000). A recent study in the Netherlands showed that 45 percent of the victims of sexual violence within the domestic sphere are under the age of 18. Of these, girls are far more likely to be victims of incest than boys (UNICEF, 2000). In every setting where data is available, a considerable number of young women experience coercive sex within marriage. In most settings, sexual coercion is initiated early in marriage, and in settings characterized by early and arranged marriage, specifically at sexual initiation.

2.2. Sexual violence and Residence

Sexual violence is also dependant on where a person lives, women experience sexual violence according to the society or community they live in, for example in a rural or urban area. This is explained below

2.2.1 Sexual violence in urban setting

Violence against women within sexual relationships is a neglected area in public health despite the fact that, in partially defining women's capacity to protect themselves against STDs, pregnancy and unwanted sexual intercourse, it directly affects female reproductive health. Usually people argue that educated women in urban areas have better relationship with their husbands. A closer analysis of this situation reveals that by large the desire of some women to attain equal status with their husbands has fallen far short of objectives. In addition, the fact that a majority of women and children are not employed even puts them at the worst stand of sexual violence (Osita, 1999). According to the Uganda bureau of statistics(UBOS) and Macro International (2007), 27.5 percent of women in urban areas have experienced sexual violence and 54.7 percent have experienced both physical and sexual violence in the last 12 months these figures still show that sexual violence still exists in the urban areas too.

2.2.2 Sexual violence in rural setting

The rate of sexual violence victimization is higher in rural areas compared to urban areas. Twenty seven percent of rural women who experience domestic violence also experience sexual violence (Violence against Women Act, 2005). Rural victims of sexual violence are more likely than urban victims to be married to their perpetrators who in most cases are socially networked with local law enforcement. One study found that 45 percent of rural perpetrators of sexual violence own firearms or other weapons in America (Violence against Women Act, 2005). In Latin America the number of women who have been sexually abused is higher in rural areas, because many teachers, nurses, and child care providers in rural areas have long-standing personal relationships with perpetrators and their families, they may be less likely to report their perpetrators to the authorities.

According to Osita (1999) in rural areas the role of a woman centres on being a wife,

mother and producer of agricultural and household goods. The bearing of children is seen as a means of maintaining the lineage whether in a patrilineal or matrilineal society. Rural women overwhelmingly report that what prevents them from leaving their abusers include limited job opportunities, insufficient childcare resources, and lack of available housing in their area. In America many rural women hesitate to seek services because rural environments prevent anonymity. If a victim parks her car at a crisis centre, clinic, or a police station, the entire community including her abuser will know very quickly. Ninety percent of sexual violence is experienced in rural areas compared to urban areas of Uganda. In rural areas of Uganda the prevalence of sexual violence is forty one percent (UBOS and Macro International, 2007).

2.3 Sexual violence and age

Sexual violence against girls is a global human rights injustice of vast proportions with severe health and social consequences. In 2002, the World Health Organization estimated that 150 million girls under the age of 18 had experienced sexual violence (Andrews G et al, 2006). Further, studies also indicate that 36% –62% of reported sexual violences are committed against girls age 15 and younger. A survey conducted in Swaziland by UNICEF, the Centers for Disease Control and Prevention (CDC), and local partners in 2007 illustrated the scope of the problem, with approximately one in three girls a victim of sexual violence prior to the age of 18, and three-quarters of the perpetrators being men and boys (including boyfriends, husbands, and male relatives) from the neighborhoods the victims resided in (Andrews G et al, 2006). The most vulnerable age for sexual abuse is between 7 and 13 years (Tjaden, 2002). Children under 14 years can never give legal consent to sexual activity because they are not old enough. There is one exception. If two people consent to sexual activity and are still under 16 years, then no crime is committed (Finkelhor, 1994). Children under 14 years can never give legal consent to sexual activity because they are not considered old enough to consent to sexual activity. In Canada young people 14 or more, but under 18 can legally consent to sexual activity. The consent is not legal, however, if one of those involved is in a position of trust or authority, or is a person upon whom the other is dependent. (The Canadian Panel on Violence Against Women, 1993). Age affects sexual violence in various ways, different age brackets will be affected differently by sexual violence like most victims, one out of six

women (16.7 percent) will be raped during their lifetime of which 13 percent of females aged 12 to 17 years have been sexually violenceed.

According to a 1997 South African government report, rape and sexual abuse of children are increasing rapidly and are matters of grave concern. From 1996 to 1998, girls aged seventeen and under constituted approximately 40 percent of reported rape and attempted rape victims nationally. Twenty percent of young women surveyed in southern Johannesburg reported a history of sexual abuse by the age of eighteen. Another recent study investigating sexual violence suggests that there has been a steady increase in the proportion of women reporting having been raped before age fifteen (Berry, 1998). In Uganda's north, the Lord's Resistance Army (LRA) has abducted thousands of women and girls over the course of a nineteen-year conflict that has brutalized the Acholi and Langi communities. Young girls are abducted and taken as wives of the rebels one young girl reported "When we will be given to our husbands we were expected to have sex with them. I was only 10 years old when I was handed over. Four days after I was sexually abused" Filda Ayet was ten years old when the Lord's Resistance Army abducted her from her home in Pabbo's Camp for internally displaced people, 24 kilometres from the town of Gulu in northern Uganda. She spent over four years in captivity before finally escaping in February 2005 (Lough, 2005.)

2.4 Sexual violence and early marriages

Evidence is mounting that early marriage is a form of sexual and gender based violence with detrimental physical, social and economics effects. Policy makers need to focus on the complex interactions between, education, early marriages and sexual violence (Gottschalk, 2007). Women and girls are sometimes married off at an early age when they are not socially ready. In India women were married before they attained puberty. Most of them came to know about menstruation only after they experienced their first period, and few women understood its relevance to marriage and childbirth (Khan et al, 2007). Two out of every three girls in Mozambique will be married before age 18. In Ethiopia, more than half of all girls are married before age 18 and medical problems associated with early childbearing are rife, including obstetric fistula and an increased risk

of contracting HIV. Girls under 15 years of age are five times more likely to die in childbirth than women in their twenties. They also are at a higher risk for obstetric fistula, which can result from prolonged and obstructed labour.

Women were told that sex was an inevitable part of a man-woman relationship after marriage and were advised to do whatever their husbands said and that they should not say 'no' to them any time. For many, the first sexual encounter was frightening and forced, as they were not prepared for it and most of them were very young girls in an unfamiliar place and with unfamiliar people. Moreover, social pressure also works to immediately consummate the marriage and start a family (Khan et al, 2007). An Indian woman reported that when she first had intercourse with her husband, she knew nothing about sex. She was sleeping with her jethani (wife of husbands' elder brother), when she left the room and sent her husband in. She was embarrassed and just ran away to her mother-in-law. Then both her jethani and mother-in-law pushed her into the room by force and locked the door from outside. (Khan et al 2007).

Whenever women refused sex, their husbands' reaction was mostly to remind them angrily "What else have I married you for?" "What good are you? If you cannot do this much for me!" or threaten to go to other women or to tell the women to go back to their natal home. Majority of the women (70 percent) submitted to their husbands' demand for sex, either out of fear that their husbands would act on these threats or out of a sense of duty that they should 'serve' their husbands (Khan et al 2007). In Uganda early marriage is often seen as a survival strategy by those unable to stay in their homes and living in camps, they are forced to depend on subsistence farming and are trapped in poverty. Some girls hope to enjoy greater economic security when married and bride price is an important financial asset for parents. Many parents also view early marriage as the best and often only means of safeguarding their daughters (Gottschalk, 2007).

2.5. Male entitlement to sex

In many developing countries women "believe" that the use of force is a man's "right" and submission is the only way to avoid pain and ensure security in the marital home

(Population Council, 2004). According to one study, young women from various settings in South Asia reported that they had feelings of discomfort but had to accept their husband's wishes to have sex. In Zimbabwe women were told that the use of force by a husband is "a part of life". In Nicaragua and Haiti, it is believed that women do not have the right to refuse sex if they do not feel like it and that in some circumstances men are justified to beat their wives (Population Council, 2004).

Gender norms stress male entitlement to sex, even if forced within marriage. In Nepal, eleven per cent of younger men (below age 30) and eight per cent of men aged 30-39 years justified wife beating for refusing sex. Men use threats of abandonment, seeking sexual gratification elsewhere, remarriage and emotional abuse to force sex upon wives. Few husbands respect their wives attempts to refuse their sexual advances, (Population Council, 2004)

2.6 Sexual violence and HIV/AIDS

Sexual violence contributes to the spread of HIV/AIDS and other sexually transmitted infections (STIs) in various ways. At the core of the problem are gender-based inequalities that set the stage for various factors that directly and indirectly contribute to the spread of the virus (Karamagi et al, 2006). "The different attributes and roles that societies assign to males and females profoundly affect their ability to protect themselves against HIV/AIDS and cope with its impact. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in all spheres of life (Sexual Violence Protocol, 1997). The risk of HIV transmission through rape and forced sex depends on several factors. Only someone who is infected can transmit HIV. Therefore the likelihood of the rapist being infected is a crucial variable. Prediction cannot be made whether a woman will become infected as the result of a sexual violence. However, it increases the chances of infection (Canadian Panel on Violence Against Women, 1993). Although many body fluids of an infected person contain HIV, the highest concentrations occur in blood and semen. Given this, any opportunity where the infection is able to enter the woman's blood stream is of most concern. For example, the woman who has genital ulcers is probably more likely to be infected during unprotected sex than

the woman without genital ulcer disease. It is also likely that any trauma during sex will disrupt the normal mucous membrane barriers in a woman and increase the likelihood of becoming infected when exposed to HIV (Sexual Violence Protocol, 1997).

HIV infection can occur through rape. The risk of this occurring when the rapist is infected is unknown, but has been estimated to be less than or equal to 0.2%. Genital ulcers and trauma will increase the rate of transmission, (Canadian Panel on Violence Against Women, 1993). Child marriage is another risk factor for HIV. In a recent study undertaken in Rwanda and cited in UNICEF's report on child marriages, 25 percent of girls who became pregnant at age 17 or younger were infected with HIV, even though many reported having sex only with their husbands. According to the study, the younger the age at sexual intercourse and first pregnancy, the higher was the incidence of HIV infection. In rural Uganda, girls 13 to 19 years old who were HIV positive were twice as likely to be married as girls who were HIV negative. Abstinence is not an option for young wives those who try to negotiate condom use commonly face violence and rejection. It was also reported that men secretly puncture the condoms so that they can impregnate the women. This puts them at the risk of catching HIV and when the women go for tests the men abuse them. "He can ask me why I went for a (HIV) test and call me a prostitute and beat me. Men never allow us to use condoms, if we suggest they beat us" (Karamagi et al, 2006).

2.7 Female genital mutilation/cutting (FGM/C)

According to a World Health Organization (WHO) estimate, between 100 and 140 million women and girls in the world have undergone some form of FGM/C. Recent analyses reveal that close to 3 million girls and women are cut each year on the African continent, and nearly half are from Ethiopia and Egypt. FGM/C is practiced in Africa in the DRC, Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan, Tanzania, and Uganda. In Eritrea, Ethiopia, and Sudan FGM/C prevalence ranges from 80 to 97 percent, while in Kenya and Tanzania; it is markedly lower and ranges from 18 to 32 percent. This has increased women's exposure to HIV and cancer (WHO, 1992). FGM/C includes "full or partial removal of girls' external genitals, often performed in dangerous, unsanitary conditions and without anaesthesia, for cultural or non-therapeutic reasons.

2.8 Factors influencing sexual violence

There are individual, societal, communities and protectorate factors that influence sexual violence, they include,

2.8.1 Alcohol and drug use

Some men who use drugs and those who drink alcohol may sometimes sexually violate their women under the influence of drugs they may not know at that particular time what they are doing and abuse their wives or someone close to them. Drugs like Viagra increases sexual urge of a man coupled with other factors may influence a man to commit sexual violence. A recent study has shown that there are many drugs involved in cases of substance-related sexual violence. In Canada the largest drug samples contained alcohol and almost 40% contained multiple substances like marijuana, cocaine, GHB (gamma hydroxybutyrate, a central nervous system depressant that is manufactured in the U.S) which influence people to sexually abuse their victims (Canadian Panel on Violence Against Women, 1993)

2.8.2 Childhood history and witness of sexual violence

Child sexual abuse is fundamentally an act of violation, power and domination. The sexual abuser's power, knowledge and resources are far greater than those of the child and the abuser exploits this power difference to take advantage of the child. Children are dependent upon adults, for their survival and for affection and understanding of the world. Every time a child is sexually abused there is coercion (Sexual Violence Protocol, 1997). Children who have experienced childhood history of sexual and physical abuse and those who have witnessed family violence as a child will too be perpetrators of sexual violence because they have seen it happen to their mothers, sisters or relatives so will also practice sexual violence and those who have been violated will also violate others sometimes due to revenge or may think women have no rights to refuse sexual acts (UNICEF, 2000).

2.8.3 Delinquent peer influence

Association with sexually aggressive and delinquent peers who involve themselves in bad

behaviours like rapists, drug and alcohol addicts when one is always in company of such people will end up behaving like the perpetrators too and also carry out sexual violence.

2.8.4 Unemployment

Lack of employment opportunities for the women normally puts them at the risk of being exposed to sexual violence since women depend on their husbands for finance and survival needs so it makes them submissive to their husbands for fear of repercussions and so exposed to sexual violence. Some people believe unemployment or loss of jobs are major cause of Sexual violence, especially in homes. Lack or loss of a job means a man has no income to properly look after the family. Many women have been beaten, killed or maimed for demanding household provision from husbands who are unable to provide for their families.

2.8.5 Poverty

According to Osita (1999) culture in Uganda regards women and children as property therefore denies them access to productive assets, which would reduce on their levels of poverty. Poverty in homes results into denial of children's rights to education they are deprived of medical care and overworked when the children complain to their elders they are beaten. Sometimes because of poverty women and girls are used by their relatives to have sex but do not have anywhere to report since they are given money to silence them. Poverty also makes many men to lose focus and mostly end up in alcoholism, which is the number one driver of GBV. Poverty also leads to a general sense of helplessness and lack of meaning in life which makes it easy for people to commit GBV crimes. Poverty has also been noted to make women and girls depend on men (and to accept violence) while it also exposes many girls to sexual exploitation (UNICEF 2000).

2.8.6 Societal Factors

Some of the societal factors include societal norms that support sexual violence, male superiority and sexual entitlement, that maintain women's inferiority and sexual submissiveness. Weak laws and policies related to gender equity, high tolerance levels of crime and other forms of violence all lead to prevalence of sexual violence in the community (The Canadian Panel on Violence Against Women, 1993).

2.8.7 Protective factors

Protective factors may lessen the likelihood of sexual violence victimization or perpetration (Arise, 2000). Although less is known about protective factors, literature has identified some measures to prevent the occurrence of sexual violence. For examples the youth are connected to school, with friends and adults in the community, to discuss how sexual violence can be prevented and its effects that is emotional health (Borowsky et al., 1997).

2.8.9 Culture

Culture and tradition put specific forms of behaviours in place which behaviours could be destructive to certain groups of people tradition adds a unique contribution of values and norms that with rare exceptions to home tradition, religion beliefs, myths and folks do manifest in homes. Culture sets man at a higher status than women and children thus being subjected to sexual violence. (Arise, 2000).

2.8.10 Lack of institutional support from police, judicial system and lack of awareness of such laws

Law documents are written and explained in English, which language is used by the elite. The non-educated are not able to access such laws, understand them and put them in practice yet they are the majority. This has caused lawlessness and it results from living in an environment where there is a composition of varying behaviours like sexual harassment alcoholism, drug abuse and wife battery. Norvak and Harlow (1975) observed that at home social isolation seem to produce permanent deficit in social behaviour. They affirmed that women and children suffer sexual violence silently because they are ignorant about the law. Majority of people do not know their rights and obligation. Despite the intervention by organizations and agencies like Uganda Human Right Commission, Centre for Domestic Violence, United Nation Convention on the Right of people and others most of their policies have fallen on deaf due to illiteracy.

The 1995 Constitution of Uganda clearly spells out the rights of children, which are not supposed to be violated. But little is known about this because people are not

aware of them. These laws are not translated and widely explained to people. Laws on domestic violence are not seriously enforced especially in rural areas and among the marginalized group. People do as they wish and human rights abusers are rarely brought to book. In Uganda inadequacy of police services compound the problem. Often, there are no police officers to report cases to. Police stations are few and far between in northern Uganda. Furthermore, police demand money to investigate cases and arrest and transport suspects. Victims are often asked to pay costs such as providing lunch for police during the investigation. Norvak and Harlow (1975)

2.9 Impact of Sexual Violence

Sexual violence causes so many health impacts to the people exposed to it and the family as a whole some of the impacts include

Children, who have witnessed domestic violence or have been abused, exhibit health and behaviour problems like problems with their weight, eating and sleep. They may have difficulty at school and find it hard to develop close and positive friendships. They sometimes try to run away or even display suicidal tendencies (Jejeebhoy, 1998.).

Girls who have been sexually abused in their childhood and are more likely to engage in risky behaviours such as early sexual intercourse, and are at greater risk of unwanted and early pregnancies. Complications may follow due to illegal abortions. The victim may not be socially ready to have a baby and when she gets the baby she may neglect her baby and not give it mother love. The children may go to the streets and become street children or may abandon them on the street and dustbins. Sometimes abortions are done and may result into maternal death if not well done by a qualified person.

About 33 women in violent situations are less able to use contraception or negotiate safer sex, and therefore run a high risk of contracting sexually transmitted diseases and HIV/AIDS (WHO, 1999). When they die they may leave orphans thus increasing on the number of dependants. The United States Department of Justice reported that medical complications resulting from FGM could range from haemorrhage and sterility to severe psychological trauma. Studies in many countries have shown high levels of violence

during pregnancy resulting in risk to the health of both the mother and the unborn foetus. In the worst cases of violence can result in the death of the woman.

One of the local newspapers reported that a couple disagreed when to resume sex a few weeks after the wife had given birth to a baby, and the man stabbed his wife with a spear, (New vision, 2007). Sexually abused women have a high incidence of stress and stress-related illnesses such as post-traumatic stress syndrome, panic attacks, depression, sleeping and eating disturbances, elevated blood pressure, alcoholism, drug abuse, and low self-esteem. For some women, fatally depressed and demeaned by their abuser, there seems to be no escape from a violent relationship except suicide (Kurz, 1996).

Child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation. Young married girls face onerous domestic burdens, constrained decision-making and reduced life choices. Sexual violence also causes borderline personality disorder, which is a mental illness characterized by impulsive behaviours including intense anger, suicidal tendencies, self mutilation, promiscuity and difficulties with relationships, and they report some sort of childhood trauma. In a 1996 survey of 6,000 adults, women with a history of sexual violence were significantly more likely to report one or more symptoms of eating disorders than were other women. Adult survivors of child violence are more likely to suffer from obesity or morbid obesity (WHO, 1999).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter addressed the research design, data analysis procedures that were used. It also presented the data collection and analysis procedures used.

This section discusses the methodology that will be used to study the FACTORS influencing spousal sexual violence against women in central region of Uganda. It highlights how data was collected and analyzed. This chapter also describes in detail the overall research design adopted by the study, population of the study, sample size and sample selection strategy, data collection methods, and data collection instruments.

3.1 Research design

The researcher used a descriptive cross sectional summary design, where data from across the population will be collected at one point in time. The qualitative and quantitative data collection method was applied.

The researcher employed the self administered questionnaire as a tool of data collection and to counter the shortcomings that would accrue from use of that tool, interviews were also conducted with some of the respondents. Correlation designs of the quantitative approach were utilized to establish the relationship between the independent and dependent variables.

3.2 Study population

The research was carried out in Central region of Uganda. Statistics showed that the in Central Region the prevalence of sexual violence among women was 43 percent, while 73.6 percent experienced both sexual and physical violence. While, the East region was 52 percent. In other regions the rates of sexual violence were, 32 percent in the north but with more violence in Karamoja (33 percent) and IDP camps (28 percent).

3.3 Sample size

The sample size of 30 was selected from the population of study will be 210 local leaders and women leaders as indicated in the population of the study and the subjects of the study included at least three people from each department in the

head office and the team that take part in the purchase process; this includes the procurement team, finance team, heads of functions, executive director, and the chief executive officer. The sample under study was therefore making up of 120

Table 1: Sample size of the respondents

Category	Sample population	Sample size
Local chiefs	50	30
Women leaders	110	60
Others	50	30
Total	210	120

Source: Morgan and Kreng 's table for sample size , 1972

3.4 Research instruments.

3.4.1 Questionnaires

Questionnaires was used to collect information from respondents because it keeps away the interviewer’s bias, guiding and cues that can impact the legitimacy and reliability of the data collection secondly it is less costly to reach more people and thirdly the interviewee can take their own time to fill the questionnaire. Questions were being set, organized in a clear format that gave impression to the respondents. Respondents are expected to fill these questionnaires and give their views in terms of feed back to the researcher.

3.4.2 Interviews.

These were the prior questions in minds which were considered while carrying out the interview of these different respondents because it allowed the researcher to gather a wide range of open-ended qualitative data secondly interview could allow the researcher to carry the interview on phone and Skype or even email thirdly it also allowed the researcher to have physical interaction with the interviewees.

3.4.3 Observation.

This research instrument was used to get a better understanding of the problems under which the study is carried out because it allowed the researcher to observe directly and record people’s behavior secondly the researcher does not rely on finding people to interview or to fill the questionnaire.

3.5 Sources of data collection.

The data source was the Uganda Demographic Health Survey of 2006. The UDHS survey was done in all regions and districts in Uganda. In the study there were 387 married women who were interviewed and these women were those in the reproductive ages between 15 – 49 years. These women were from the Central Region of Uganda.

3.6 Data processing.

Qualitative data system was involved in three sets of activities including editing, coding, and frequency tabulations. The process of editing was done by looking through each field of responses from interview guides and focus group discussion ascertaining that every applicable question has an answer and elimination of all errors accurately and uniformly completeness was used or done.

3.7 Data Analysis

Data collected from the field was coded and analyzed using SPSS. Descriptive statistics will be generated and used to describe the respective population parameters and compare variables of interest that answer the research objectives. Hence the data will be presented in form of percentages which will aid analysis and comparisons.

3.8 Validity and Reliability

According to Amin (2005), reliability is the degree to which the instrument consistently measures what it is intended to measure. Sekaran (2003) further describes the reliability of an instrument as an indication of the stability and consistency with which the instrument measures the concept and helps to assess the goodness of the measure.

To ensure validity and reliability, the questionnaires were subjected to a pre-test before going to the field. The researcher also used triangulation methodology to collect data this increases the accuracy of the information elicited from the respondents. Above all the guidance and advice of the supervisor was crucial in achieving the above.

3.9 Ethical Considerations

The researcher obtained an introduction letter from the university that helped the researchers to obtain the required data set.

CHAPTER FOUR:

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0 Introduction

In this chapter, the researcher presents, Analysis and interprets the findings of the study in line with the set objectives, which include To establish the extent to which socio- demographic factors of the victims influence the occurrence of spousal sexual violence in Central Uganda, To determine the extent to which alcohol use influences spousal sexual violence among women in Central Uganda as well as to establish the extent to which a woman's economic status influences the occurrence of spousal sexual violence in Central Uganda. The social characteristics of the respondents are also considered to establish their relationship with the variables under investigation.

4.1 Background information of the respondents

The study investigated on social characteristics of the respondents in the locality. The reason was to establish whether such characteristics have a strong bearing on the factors influencing spousal sexual violence against women in Central Region of Uganda. The findings are tabulated in the subsequent tables.

4.1.1 Gender of respondents

The research further investigated the respondents' gender. The reason was to find out if both sexes hold same views or different ones on the factors influencing spousal sexual violence against women in Central Region of Uganda This is presented statistically below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	45	52.4	55.0	55.0
	Female	55	42.9	45.0	100.0
	Total	100	95.2	100.0	

Source: Primary Data 2014

Table 4.2, shows that female respondents constituted 55% while male respondents were 45%. This implied that females were the major respondents while males were the minor respondents of the study. Females being the major respondents had views on the factors influencing spousal sexual violence against women in Central Region of Uganda compared to males.

4.1.2 Age Brackets of respondents

The researcher explored on the age of the respondents in regard to the factors influencing spousal sexual violence against women in Central Region of Uganda. The results are tabulated below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-30	35	33.3	35.0	35.0
	31-40	28	26.7	28.0	63.0
	41-50	17	16.2	17.0	80.0
	50+	20	19.0	20.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

The table presents that 35.0% of the respondents were between 20-30 years,

28.0% were between 31-40 years, 17% were between 41-50 years, while 20% were above 50 years. This implies that most of the respondents were between 20-30 years and had ideas on the factors influencing spousal sexual violence against women in Central Region of Uganda, the few were between 41-50 years and they could explain the factors influencing spousal sexual violence against women in Central Region of Uganda.

4.1.3 Academic background of respondents

The researcher also considered the academic background of respondents to establish the factors influencing spousal sexual violence against women in Central Region of Uganda. The findings are presented in the table below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Certificate	26	24.8	26.0	26.0
	Diploma	45	42.9	45.0	71.0
	Degree	24	22.9	24.0	95.0
	Others	5	4.8	5.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the table 26.0% of the respondents had certificates, 45% had diplomas, 24% had degrees, while 5% had others qualifications. The table above shows level of education of respondents and it reveals that 26 of the respondents had attained Certificate of education 5% of the respondents had attained other level of education while 45% of the respondents had attained Diploma level of education and 24% of respondent had degree. This implied that majority of respondents had attained Diploma, Degree, and certificate level of education and were mostly employed in women affairs department due to their knowledge and experiences in the same field however those who had other level of education were just working

as messengers and subordinates in the same departments.

4.1.4 Religion of the respondents

The researcher also considered the education levels of the respondents to establish how it relates to the factors influencing spousal sexual violence against women in Central Region of Uganda. The findings are presented in the table below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Catholic	46	43.8	46.0	46.0
	Muslims	34	32.4	34.0	80.0
	Protestants	6	5.7	6.0	86.0
	SDA	9	8.6	9.0	95.0
	Others	5	4.8	5.0	100.0
	Total	100	95.2	100.0	

Source: Primary Data 2014

From the table 46.0% of the respondents were Catholics, 34% were Muslims, 6% were protestants, SDA were 9%, and 5% were from other religions. From the study findings, slightly over 46% respondents were Catholics.

4.2 The extent to which socio- demographic factors of the victims influence the occurrence of spousal sexual violence in Central Uganda.

The first objective was to investigate the extent to which socio- demographic factors of the victims influence the occurrence of spousal sexual violence in Central Uganda. The findings are tabulated in the subsequent tables.

4.2.1 Doctors need the same skills to treat sexually tortured men as for women

The researcher first asked respondents whether doctors need the same skills to treat

sexually tortured men as for women. The responses given by the respondents were inform of strongly agree, agree, not sure, disagree, and strongly disagree as follow;

Table 4.5: Do doctors need the same skills to treat sexually tortured men as for women?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	35	33.3	35.0	35.0
	Agree	53	50.5	53.0	88.0
	Not sure	10	9.5	10.0	98.0
	Disagree	2	1.9	2.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 35% of the respondents strongly agreed and 53% agreed respectively that doctors need the same skills to treat sexually tortured men as for women. Accordingly, 10% were not sure, 2% disagreed and none strongly disagreed to the idea.

4.2.2 Physical and mental health problems reported by refugee men resulted from sexual torture.

The study established the Physical and mental health problems reported by refugee men resulted from sexual torture. The findings are presented in the table below;

Table 4.6 Physical and mental health problems reported by refugee men resulted from sexual torture.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	56	53.3	56.0	56.0

	Agree	40	38.1	40.0	96.0
	Not sure	2	1.9	2.0	98.0
	Strongly disagree	2	1.9	2.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the table, 56% of the respondents strongly agreed to the existence of Physical and mental health problems reported by refugee men resulted from sexual torture. 40% agreed, 2% were not sure, while 2% strongly disagreed to the idea, strongly agreed is 56% and 40% agreed

4.2.3 Men perceive sexual violence and torture differently from women?

It was established that Men perceive sexual violence and torture differently from women. This was cited by the respondents during the study. Respondents' opinions are expressed in the table below;

Table 4.7: Men perceive sexual violence and torture differently from women?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	46	43.8	46.0	46.0
	Agree	34	32.4	34.0	80.0
	Not sure	6	5.7	6.0	86.0
	Disagree	9	8.6	9.0	95.0
	Strongly disagree	5	4.8	5.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 46% of the respondents strongly agreed that Men perceive sexual violence and torture differently from women. 34% agreed, 6% were not sure, 9% disagreed, while 2% strongly disagreed to the idea. Some of the respondents stated that even men are not aware of the different sexual violence that is imposed on women.

4.2.4 Women ever report that sexual violence experiences have damaged their intimate and social relationships

Here respondents were asked to determine whether women ever report that sexual violence experiences have damaged their intimate and social relationships. Respondents' opinions on the idea are presented below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	26.7	28.0	28.0
	Agree	56	53.3	56.0	84.0
	Not sure	5	4.8	5.0	89.0
	Disagree	9	8.6	9.0	98.0
	Strongly disagree	2	1.9	2.0	100.0
Total		100	95.2	100.0	

Source: Primary data 2014

According to the table, 28% of the respondents strongly agreed that women ever report that sexual violence experiences have damaged their intimate and social relationships. 56% agreed, 5% were not sure, 9% disagreed, and 2% strongly disagreed. This was substantiated by a view of one respondent who expressed that women ever report that sexual violence experiences have damaged their intimate and social relationships

4.2.5 Sexual violence and torture affect men differently from women

It emerged from the study that Sexual violence and torture affect men differently from women. This was achieved through surprise checks. This is clearly presented below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	36	34.3	36.0	36.0
	Agree	48	45.7	48.0	84.0
	Not sure	13	12.4	13.0	97.0
	Strongly disagree	3	2.9	3.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the table, 36% of the respondents strongly agreed that Sexual violence and torture affect men differently from women, 48% agreed, 13% were not sure, and 3% strongly disagreed. These results significantly show that Sexual violence and torture affect men differently from women.

4.2.6: The effects of sexual violence as a doctor, even if a man (or women) does not report it

Here respondents were asked to determine the effects of sexual violence as a doctor, even if a man (or women) does not report it. Views of the respondents are tabled below;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	43	41.0	43.0	43.0
	Agree	47	44.8	47.0	90.0
	Not sure	1	1.0	1.0	91.0
	Disagree	1	1.0	1.0	92.0
	Strongly disagree	8	7.6	8.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 43% of the respondents strongly agreed that The effects of sexual violence as a doctor, even if a man (or women) does not report it, 47%

agreed, 1% were not sure and disagreed respectively, and 8% strongly disagreed. When the researcher inquired on issues related to the effects of sexual violence as a doctor, even if a man (or women) does not report it, there was a high level of agreement as the results indicate that all the respondents did not disagree.

4.3. The extent to which alcohol use influences spousal sexual violence among women in Central Uganda.

The second objective was to examine the extent to which to which alcohol use influences spousal sexual violence among women in Central Uganda. The results are presented below;

Table 4.11 The extent to which alcohol use influences spousal sexual violence among women in Central Uganda.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	21	20.0	21.0	21.0
	Agree	59	56.2	59.0	80.0
	Not sure	15	14.3	15.0	95.0
	Strongly disagree	5	4.8	5.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 21% of the respondents acknowledge the assertion that alcohol use influences spousal sexual violence among women in Central Uganda. 59% of the respondents agree, 15% were not sure, 5% strongly disagreed with the idea. The findings indicate the extent to which alcohol use influences spousal sexual violence among women in Central Uganda.

4.3.1 Increased vulnerability to sexual violence also stems from the use of alcohol and other drugs.

It emerged that the level of economic conditions such as inflation, high taxes leading to increasing costs of production and also affecting the budgeted expenses that increase cost Company factors which affect inventory management such unexpected occurrences from management, employee strikes change in the management. This was through accomplishment of the factor affecting due to good inventory practices. Responses are presented below;

Table 4.12 Increased vulnerability to sexual violence also stems from the use of alcohol and other drugs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	26.7	28.0	28.0
	Agree	66	62.9	66.0	94.0
	Not sure	6	5.7	6.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the table, 28% of the respondents noted that alcoholism Increases vulnerability to sexual violence also stems from the use of alcohol and other drugs, 66% of the respondents agree and 6% were not sure with the idea.

4.3.2 Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs.

Here the researcher was interested in finding out whether Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs.

Table 4.13 Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	38	36.2	38.0	38.0
	Agree	56	53.3	56.0	94.0
	Not sure	6	5.7	6.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the study, 38% of the respondents confirmed that the Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs. 56% of the respondents agreed, and 6% were not sure.

4.2.3 Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater

The researcher also wanted to determine whether drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater. Their opinions are presented below;

Table 4.14 Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	39.0	41.0	41.0
	Agree	56	53.3	56.0	97.0
	Not sure	3	2.9	3.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 41% of the respondents noted that Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater, 56% of the respondents agreed, and 3% were not sure.

Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater

It should be noted that 56 (56%) respondents bitterly emphasized on this.

4.3.4 Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater.

From respondent, drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater. This was cited by the respondents as in the table below;

Table 4.15: Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	61	58.1	61.0	61.0
	Agree	30	28.6	30.0	91.0
	Not sure	9	8.6	9.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

4.3.5 Putting alcohol into your system does not because you to commit a sexual violence anymore than putting gasoline into your car cause you to drive to the airport.

Here the findings were to determine whether putting alcohol into your system does not because you to commit a sexual violence anymore than putting gasoline into your car cause you to drive to the airport. The findings were indicated as below;-

Table 4.16: Putting alcohol into your system does not because you to commit a sexual violence anymore than putting gasoline into your car cause you to drive to the airport.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	26.7	28.0	28.0
	Agree	66	62.9	66.0	94.0
	Not sure	6	5.7	6.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the table, 28% of the respondents putting alcohol into your system does not because you to commit a sexual violence anymore than putting gasoline into your car because you to drive to the airport, 66% of the respondents agree and 6% were not sure with the idea.

4.3.6 Sexual violence occurs despite alcohol use, not because of it

The researcher was intended to determine, whether sexual violence occurs despite alcohol use, not because of it the information obtained was indicated as in the table below;

Table 4.17: Sexual violence occurs despite alcohol use, not because of it

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	38	36.2	38.0	38.0
	Agree	56	53.3	56.0	94.0
	Not sure	6	5.7	6.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

From the study, 38% of the respondents confirmed that Sexual violence occurs despite alcohol use, not because of it 56% of the respondents agreed, and 6% were not sure.

4.3.7 Sexual assaults involving alcohol consumption are more likely than other sexual assaults to occur between men and women who do not know each other well (e.g., strangers, acquaintances, or casual dates as opposed to steady dates or spouses).

Respondents were asked to determine whether sexual assaults involving alcohol consumption are more likely than other sexual assaults to occur between men and women who do not know each other well (e.g., strangers, acquaintances, or casual dates as opposed to steady dates or spouses).

Table 4.18 Sexual assaults involving alcohol consumption are more likely than other sexual assaults to occur between men and women who do not know each other well (e.g., strangers, acquaintances, or casual dates as opposed to steady dates or spouses).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	39.0	41.0	41.0
	Agree	56	53.3	56.0	97.0
	Not sure	3	2.9	3.0	100.0
	Total	100	95.2	100.0	

Source: Primary data 2014

According to the table, 41% of the respondents noted that sexual assaults involving alcohol consumption are more likely than other sexual assaults to occur between men and women who do not know each other well (e.g., strangers, acquaintances, or casual dates as opposed to steady dates or spouses), 56% of the respondents agreed, and 3% were not sure.

4. 4 The extent to which a woman’s economic status influences the occurrence of spousal sexual violence in Central Uganda.

The third objective was to examine the extent to which a woman’s economic status influences the occurrence of spousal sexual violence in Central Uganda.

4.4.2 Sexual violence and woman's age

The study showed that there is no relationship between age and sexual violence ($p= 0.634$). Therefore a woman's age does not influence the occurrence of sexual violence.

4.4.3 Sexual violence by woman's educational level

There is a significant relationship between a woman's education level and sexual violation among the respondents in Central Uganda. Women who had not received any education level experienced more sexual violence (40 percent) compared to those with primary and secondary levels of education whose percentages were 37 percent. Women who attained no level of education, who experienced sexual violence were 40 percent while 78 percent, of women respondents who attained secondary and other higher levels of education were sexually abused.

4.4.4 Sexual violence by wealth index

The study showed no significant relationship between wealth index and sexual violence as indicated by the chi- square statistic ($p=0.509$).

4.4.5 Sexual violence by marital status

There is no significant relationship between marital status and the occurrence of sexual violence ($p= 0.723$).

4.4.6 Sexual violence by type of marriage union

There is no significant relationship between type of marriage union and sexual violence ($p=0.559$).

4.4.7 Sexual violence by religion

There is no significant relationship between religion and sexual violence among women in the Central region of Uganda ($p= 0.278$).

4.4.8 Sexual violence by residence

There is no relationship between sexual violence and residence ($P = 0.463$). The

research findings are different from the reports from the Philippines that found a lower frequency of intimate partner violence among rural women. However, the same study reported that the more domains of decision-making men dominate, the greater the physical violence against women. This study is similar to reports from many countries that show more violence in rural than urban areas (Karamagi, 2000).

4.4.9 Sexual violence by partner's alcohol consumption

The analysis also revealed that drinking alcohol had no significant relationship with sexual violence in the Central regions of Uganda ($p=0.725$). However there was a significant relationship between partner getting drunk and sexual violence ($p=0.051$). Women whose partners drunk, are more likely to experience sexual violence (40 percent), compared to the women whose partners did not drink alcohol (37 percent). Frequency of partner getting drunk was categorized as partner (yes) for those who drink and (no) for those who did not drink. Women whose husbands got drunk are more likely to experience sexual violence (84 percent) compared to women whose husbands never got drunk (22 percent). Women whose partners never got drunk, 22 percent had experienced sexual violence compared to 69 women respondents whose partners often got drunk, 48 percent had experienced sexual violence while 36 percent of those whose partners sometimes got drunk, experienced sexual violence.

Multivariate Analysis

In order to establish the factors associated with sexual violence in Central Uganda a logistic regression model was fitted for all the factors that showed significant association at the bivariate level. These factors included education level and frequency of partner getting drunk. The analysis is shown in the table 4.4.

Table 4.4 Logistic regression analysis for sexual violence in Central Uganda

Sexual violence	Odds Ratio	Std. Err.	z	P>z
Education level				
No	0.54	0.245		0.176
Primary**	1.00	.	.	.
Secondary+	0.763	0.123		0.023
Frequency of partner getting drunk				
Never**	1.000	.	.	.
often	6.173	3.679	3.05	0.002
Sometimes	3.159	1.855	1.96	0.005

Source: primary data

Frequency of partner getting drunk

Alcohol abuse showed a statistically significant relationship against violence. Women with partners who often got drunk had increased chances of experiencing sexual violence compared to those with partners who never got drunk (OR= 6.173, p= 0.002). This analysis in comparison to the UDHS was similar in that it also revealed that, the husband's alcohol consumption and, particularly, how often he gets drunk are associated with spousal violence.

Women whose husbands get drunk very often are more likely to experience each type of spousal violence than those whose husbands get drunk sometimes. For example, 87 percent of women whose husbands get drunk very often have experienced sexual violence, compared with 71 percent of those whose husbands get drunk sometimes and 53 percent of those whose husbands drink but do not get drunk, (UBOS and Macro International, 2007)

Education level

Educational level was also considered at this level of analysis whereby it showed a statistically significant relationship against sexual violence among women in the Central region of Uganda. It indicated that women educated to the secondary level are less likely to experience sexual violence compared to those with only primary level education (OR=0.763 , p= 0.023). This can be due to the fact that women

educated to the secondary and beyond levels are more self reliant and creative and this makes them independent than their counterparts who are less educated

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study aimed at establishing the factors influencing spousal sexual violence against women in the Central region of Uganda, putting into consideration the socio-demographic and economic characteristics of the respondents.

5.2 Summary

The study used was the Uganda Demographic Health Survey data of 2006. The study population were women in reproductive ages, 15 – 49 years. Analysis was done at 3 levels, univariate, bivariate and multivariate. At bivariate analysis the study established that, a woman's education level and frequency of partner getting drunk had a significant association with spousal sexual violence among women of Central Uganda. Multivariate analysis showed that of the 2 variables that showed significant association at bivariate level (frequency of partner getting drunk and the woman's education level) showed a significant association with spousal sexual violence in Central Uganda.

5.3 Conclusions

The study was set out to establish the factors influencing spousal sexual violence against women in Central Uganda. The findings in this study showed that a woman's education level and frequency of partner getting drunk have a net effect on sexual violence against women in Central Uganda. Therefore it should be concluded that sexual violence in Central Uganda is influenced by a women's education level, coupled with spouses' engagement in alcohol misuse or abuse.

5.4. Recommendations

From the study and analysis it has been observed that to address spousal sexual violence, there is need for people to know their human rights issues which affect everyone, irrespective of economic status. Prevention should start with every individual and need to differentiate modes of socialisation. The messages they give young people as they grow up in the home, community, church and school should be positive and based on moral teachings. The bible and Koran are good because they teach between good and bad.

From the findings of the study strategies aimed at promoting education of the girl-child and literacy programmes for women are likely to be beneficial in the prevention of intimate partner violence. Economic empowerment of women is critical; girls should be trained to be self-reliant to be able to say no. This should be done through improving on the well-being of vulnerable women in Central Uganda so that they are employed. It will help the women educate their children so that they can grow to cater for their basic needs of life. This will help eradicate sexual violence which has existed among the poor women all over the world and the solution is to empower women and reduce their dependence on their partners. This can be done through availing credit to women at lower interest rates through micro-finance institutions.

There is also need to address poverty which draws people into alcoholism, the main driver to spousal sexual violence. Therefore is an urgent need to regulate alcohol consumption in the regions, where men have resorted to alcohol abuse however, it should be noted that many do it out of lack of employment, or it is cultural therefore regulation on alcohol consumption should be followed with drastic measures like increasing taxes and prices of local brew.

The communities in the regions should be told about the dangers of sexual violence. Men should be educated about the means with which to avoid such dangerous acts which has various consequences if it is not mitigated such as family breakdown and other issues like murder and long term prison sentences.

The country needs strong laws and judiciary so that victims are handled professionally, if someone is convicted, let that conviction stand but if they are found innocent let it not be due to technicalities. There is also need to train and mobilise the police so that they can enforce the law effectively

The above recommendation should be the responsibility of the central government, local government and local council I, II and other related public/ private agencies. It can also be the responsibility of the local and international non governmental organizations (NGO's) and other important actors who can prevail against this vice in society. Programmes for the prevention of intimate partner violence need to target these underlying factors.

REFERENCES

- Acierno, R., Resnick, H., Kilpatrick D., Saunders B., and Best C. (2000) Risk factors for rape, physical violence, and posttraumatic Medicine. *Journal of Anxiety Disorders*, vol 13, pg 54-563.
- Arise, H. (2002) Newsletter for Network against Gender based violence. Harare: Malawi Human Rights Resource Centre.
- Berry, B. (1998) Annual Report on domestic violence. Johannesburg: South African Police Service.
- Bryer, J., Nelson, B., Miller, J. and Krol. P. (1987) Childhood sexual and Physical Abuse as Factors in Adult Psychiatric Illness. Washington University: Department of clinical Medical Services, Faculty of Medicine.
- Dipak, M. (2005) Violence against children; the voice of Ugandan children and adults. Kampala: Graphics Publishers.
- Gottschalk, N. (2007) Forced Migration Review No. 27 Sexual violence; Weapon of war, Impediment to peace. Vol 27, pp 2-8.
- Heise, L., Ellsberg, M. and Gottemoeller, M. (1999) Ending violence against women. Population Reports, Series L, No.11. Baltimore, Maryland, USA: Johns Hopkins University School of Public Health, Population Information Program.
- Heise, L., Moore, and Toubia, N. (1995) Sexual coercion and reproductive health: A focus on research. New York: The Population Council.
- Herman, J., Perry, C., and Van der Kolk, B. (1999) Violence against women, a priority health issues. Geneva: Family and Reproductive Health, World Health Organization (WHO).
- IRIN East Africa. (2008) Kenya Sexual and domestic violence prevalent. Nairobi: IRIN East Africa.
- Jejeebhoy, S. (1998) Associations between wife-beating and fetal and infant death: Impressions from a survey in rural India. *Studies in Family Planning* vol 3, pp 300-308.
- Karamagi C., Tumwine, K., Tylleskar, T. and Heggenhougen, K. (2006) Intimate partner violence against women in Central Uganda: Implications for HIV prevention. *BMC Public Health Journal*. Vol 6, (issue) pp 284 – 289.

Karamagi, C., Tumwine, K., Tylleskar, T. and Heggenhougen, K. (2006) Sexual violence in Busoga and Buganda. Kampala, BMC Public Health. Department of Paediatrics and Child Health, Makerere University.

Khan, M., Townsend, J., Sinha, R., and Lakhnani, S. (2000) Sexual violence within marriage. Vandora, India: Center for Operations Research and Training (CORT).

Kishor, S., and K. Johnson. (2004) Profiling domestic violence: A multi-country study. Calverton, Maryland, USA: ORC Macro.

Krug, E., Dahlberg, J., Mercy, A., Zwi, and Lozano R, eds. (2002) World report on violence and health. Geneva: World Health Organization.

Kulayigye Felix (2009) Stop gender based violence in Uganda. Kampala: New vision Publishers

Kurz, D. (1996) Separation, divorce, and women abuse. Violence against Women, vol, 2, pp 63 –81.

Lipman, L., Offord, D., and Boyle, H. (1997). Single mothers in Ontario: socio-demographic, physical and mental health characteristics. Canadian Medical Association Journal. Vol 156, Pp 639-645.

Lorenz, O., Simons, L., Conger, D., et al (1997) Married and recently divorced mothers' stressful events and distress: tracing change across time. Journal of Marriage and the Family, vol 59, pp 219 – 232.

Moeller, T., Bachman, G., and Moeller, J. (1991) The Combined Effects of Physical Sexual and Emotional Abuse During Childhood: Long-Term Health Consequences for Women. Child Abuse and Neglect, Vol. 17, pp. 623-40.

Norvak and Harlow (1975) Fixation of an individual and theory of self-Psychology of development, New York.

Osita, C. (1999) Human Rights in Africa. Lagos: Macmillan publishers, Nigeria.

Psychiatry, A. (1989) Childhood Trauma in Borderline Personality

Disorder.146:4,Phildelphia The Winchell Company, vol 4, pp 967-975.

Richard ,L. and Denholm, E. (2005) Violence against women in Northern Uganda.
Uganda:

Soul City. (2000) Help stop Women Abuse, Jacana, Pretoria. Women's Health
Project. University of Witwatersrand.

The Canadian Panel on Violence against Women, (1993) Final Report, Changing the
Landscape: Ending Violence and Achieving Equality. Ottawa: Canadian Panel
on Violence against Women.

Uganda Bureau of Statistics. (2006) Report on the Socio-Economic Module Uganda
Bureau of Statistics. The Uganda National Household Survey 2005/06.
Kampala, Uganda: UBOS.

UNICEF. (2000) Causes of domestic violence in Uganda: domestic violence against
women and girls. Innocenti Digest No 6. Innocenti Research Centre.

United Nations. (1995) Report of the Fourth World Conference on Women, Beijing
4-15 September 1995. New York: United Nations.

UWONET. (2000). Report of Domestic Relations Bill, regional sensitization.
Kamwokya: UWONET.

WHO/WHD/FRH. (1997). World Report on Violence. Geneva: World Health
Organization.

APPENDIX I A
TRANSMITTAL LETTER
OFFICE OF DEPUTY VICE CHANCELLOR (DVC)
COLLEGE OF HIGHER DEGREES AND RESEARCH

Dear Sir/Madam

RE: INTRODUCTION LETTER TO CONDUCT RESEARCH IN YOUR INSTITUTION

Babirye Sara Violet K, is a bonafide student at Kampala International University pursuing a Masters of Arts in Human Rights and Development.

He is currently conducting a field research for his thesis entitled, **Spousal sexual violence and the rights of women in Central Region of Uganda**. Your institution has been identified as a valuable source of information pertaining to his research project. The purpose of this letter then is to request you to avail him with the pertinent information he may need.

Any data shared with him will be used for academic purposes only and shall be kept with the utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly

Principal , CHDR

APPENDIX I B

INTERVIEW GUIDE

Dear Respondent,

I am **Babirye Sara Violet K,** a student of Kampala International University offering a Master of arts in Human rights and Development carrying out a research study on, **"Spousal sexual violence and the rights of women in Central Region of Uganda."** I'm privileged to have you as my respondent and the information given to me is purely academic and will be treated with confidentiality.

If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, I hope that you will participate in this survey, since your views are important.

Do you want to ask me anything about the study?

May I begin the interview now?

Signature of interviewer:

Date:

Respondent agrees to be interviewed. 1 Respondent does not agree to be interviewed. 2

APPENDIX II

CLEARANCE FROM ETHICS COMMITTEE

Date.....

Candidate's Data

Name.....

Reg No.....

Course.....

Title of study.....

Ethical Review Checklist

The study reviewed considered the following

- Physical safety of human subjects
- Psychological safety
- Privacy
- Written request for author of standardized instruments
- Coding of Questionnaires/Anonymity/Confidentiality
- Permission to conduct the study
- Informed Consent
- Citation/Authors recognized

Results of ethical review

- Approved
- Conditional (to provide the ethics committee with corrections)
- Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson.....

Members.....

APPENDIX III

INTFORMED CONSENT

I am giving my consent to be part of the research study of **Babirye Sara Violet K**, that will focus on the barriers to inclusion of children with disabilities from and within schools in Uganda.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse to participate and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials:.....

Date.....

APPENDIX IV A

QUESTIONNAIRES

Section A Demographic characteristics of the respondents

1. District of origin

Gender (Tick only one)

(a) Male (b) Female

Religious background (Tick only one)

Christian (b) Muslim (c) Traditionalist

Other (Specify)

2.0. Age (Tick one)

(a) 10-20years

(b) 21-30years

(c) 31-40years

(d) 41-50years

(e) 51-60 years

(f) 60 years and above.....

2.1. Marital status (Tick one)

(a) Married with children

(b) Married without children

(c) Single

(d) Divorced

(e) Widowed

(f) Single parent

(g) A child

Section B The extent to which socio- demographic factors of the victims influence the occurrence of spousal sexual violence in Central Uganda.

Key to respondents

For each of the following indicate whether you Agree= A, Strongly Agree= SA, Disagree=DA, Not Sure=NS, Strongly Disagree=SDA

No	Response	A	SA	NS	DA	SDA
1	Do doctors need the same skills to treat sexually tortured men as for women?					
2	Do you have physical and mental health problems reported to you by refugee men resulted from sexual torture, in your experience?					
3	Men perceive sexual violence and torture differently from women?					
4	Do women ever report that sexual violence experiences have damaged their intimate and social relationships?					
5	Sexual violence and torture affect men differently from women					
6	Can you observe effects of sexual violence as a doctor, even if a man (or women) does not report it?					
7	Do you think that sexual violence can change the sexuality of men?					
8	How do you refer medically to those men who report sexual torture and sexual violence experiences to you?					

Section C The extent to which alcohol use influences spousal sexual violence among women in Central Uganda.

Key to respondents

For each of the following indicate whether you Agree= A, Strongly Agree= SA, Disagree=DA, Not Sure=NS, Strongly Disagree=SDA

No	Response	A	SA	NS	DA	SDA
1	Increased vulnerability to sexual violence also stems from the use of alcohol and other drugs.					
2	Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs.					
3	Drinking alcohol may also place a person in settings where his or her chances of encountering a potential offender are greater					
4	Putting alcohol into your system does not cause you to commit a sexual violence anymore than putting gasoline into your car causes you to drive to the airport					
5	Sexual violence occurs despite alcohol use, not because of it					
6	Sexual violence occurs most commonly among women in late adolescence and early adulthood, although infants, as well as women in their 80s, have been raped					
7	sexual assaults involving alcohol consumption are more likely than other sexual assaults to occur between men and women who do not know each other well (e.g., strangers, acquaintances, or casual dates as opposed to steady dates or spouses).					
8	alcohol-involved sexual assaults tend to occur at parties or in bars, rather than in either person's home					

Section D The extent to which a woman's economic status influences the occurrence of spousal sexual violence in Central Uganda.

Key to respondents

For each of the following indicate whether you Agree= A, Strongly Agree= SA, Disagree=DA, Not Sure=NS, Strongly Disagree=SDA

No	Response	A	SA	NS	DA	SDA
1	Sexual violence causes so many health impacts to the people exposed to it and the family as a whole					
2	Sexually abused women have a high incidence of stress and stress-related illnesses					
3	Young married girls face onerous domestic burdens, constrained decision-making and reduced life choices					
4	Protective factors may lessen the likelihood of sexual violence victimization or perpetration.					
5	Poverty in homes results into denial of children's rights to education they are deprived of medical care					
6	Poor economic status also makes many women to lose focus and mostly end up in alcoholism					
7	Poor economic status leads to a general sense of helplessness and lack of meaning in life which makes it easy for people to commit GBV crimes					