GENDER BASED VIOLENCE IN NAMIBIA: A RESPONSE DRIVEN APPROACH

TECHNICAL REPORT 2015

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<tr>
<td>AME</td>
<td>African Methodist Episcopal Church</td>
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<td>ATM</td>
<td>Automated teller machine</td>
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<td>CDC</td>
<td>Centres for Disease Control and Prevention</td>
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<td>DV</td>
<td>Domestic violence</td>
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<td>ELCIN</td>
<td>Evangelical Lutheran Church in Namibia</td>
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<td>FBO</td>
<td>Faith-Based Organizations</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>GBVIU</td>
<td>Namibian Police Gender Based Violence Investigation Unit</td>
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<tr>
<td>GDB</td>
<td>Gross domestic product</td>
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<td>GIPF</td>
<td>Government Institutions Pension Fund</td>
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<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/Acquired immune deficiency syndrome</td>
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<td>KII</td>
<td>Key informant interview</td>
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<td>IKS</td>
<td>Indigenous knowledge system</td>
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<td>LAC</td>
<td>Legal Assistant Center</td>
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<td>LRDC</td>
<td>Law Reform and Development Commission of Namibia</td>
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<td>MGECW</td>
<td>Ministry of Gender Equality and Child Welfare</td>
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<td>MoHSS</td>
<td>Ministry of Health and Social Services</td>
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<td>MoSS</td>
<td>Ministry of Safety and Security</td>
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<tr>
<td>MoU</td>
<td>Memorandum of understanding</td>
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<td>NAMCOL</td>
<td>Namibian College of Open Learning</td>
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<td>NAMPOL</td>
<td>Namibian Police Force</td>
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<td>NDHS</td>
<td>Namibia Demographic Health Survey</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NLN</td>
<td>National Library of Namibia</td>
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<td>N$</td>
<td>Namibian Dollar</td>
</tr>
<tr>
<td>O&amp;G</td>
<td>Obstetrics and gynaecology</td>
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<tr>
<td>OPD</td>
<td>Outpatient department</td>
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<tr>
<td>PEP</td>
<td>Post-exposure prophylaxis</td>
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<td>RSA</td>
<td>Republic of South Africa</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SIAPAC</td>
<td>Social Impact Assessment and Policy Analysis Corporation</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>SV</td>
<td>Sexual violence</td>
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<td>TA</td>
<td>Traditional Authority</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNAM</td>
<td>University of Namibia</td>
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<tr>
<td>UNGA</td>
<td>United Nations General Assembly</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<td>WCPU</td>
<td>Women and Child Protection Unit</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Preface

Gender Based Violence (GBV) affects Namibians across the board. Studies that were conducted by Ministry of Gender Equality and Child Welfare and the Demographic and Health Survey (NDHS) in 2008 respectively highlight the severity of the problem. Forms of GBV vary from physical assaults, such as hitting and or slapping, pushing, kicking and dragging. Sexual assault is also common, were it varies from rape to incest and sexual harassment. Majority of survivors of GBV are women, young girls and aged women. Men also suffer from GBV at the hands of their loved ones. Statistics from Namibia Police shows that majority of people who report cases of GBV are women and children. Men are reluctant to report GBV to the authorities, because they face ridicule from service providers. GBV is different from other forms of violence because it is rooted in the behaviours, norms and attitudes that society assigns to people on the basis of their sex. The underlying basis of gender based violence stems from the unequal power relations between women and men and harmful cultural practices. Other contributing factors are abuse of alcohol and drugs, obsessive jealousy, negative child rearing practices and unemployment.

Namibia is facing the worst form of GBV in the form of intimate partner killing, where a couple that is supposedly in love with each other would kill the partner and in some instances would also commit suicide. The extent of this phenomenon is usually covered in the local media: Witness the following headlines: “Namibia: Passion Killings Spur Calls for Death Penalty Return after Murder of Elizabeth Ekandjo” “Passion killings ‘setting Namibia on fire’” (Informante 03 October 2012); “Namibia: Excessive Materialism Fuels Passion Killings” (New Era, October 4th 2012); “Passion killings: men need help” (Namibian Sun 03 October 2012) and “Passion killings a symptom of patriarchy” (Windhoek observer, 27th September 2012). Intimate partner killing is incorrectly referred to as passion killing. Clearly, there is nothing passionate about lovers killing each other. We therefore urge people to refrain from referring to intimate partner killing as passion killing.

Several organizations are making concerted efforts to address GBV in society. These include Women and Child Protection Units (WCPU), law reform, training of police and traditional leaders on combatting GBV and translation of relevant laws into local languages. Many of these have been put in place by the Namibian Government. Despite these efforts a number of challenges relating to GBV are still there. The challenges with regard to GBV include women withdrawing cases in court and with police (making it difficult for the judiciary to enforce the law), lack of knowledge of GBV laws, inadequate places of safety for GBV victims, inadequate resources (human and material) committed to GBV issues, ineffectiveness of educational campaigns and inadequate training for health workers that deal with GBV.

In 2013/2014 the Multidisciplinary Research Centre and the United Nations Development Fund committed funding to research seven thematic areas on GBV. This included the role of service providers in eradicating Gender Based Violence; property grabbing; cost of GBV; indigenous practices and knowledge on GBV; the social construction of GBV; effectiveness of educational campaigns on GBV and response of healthcare systems to GBV. This study used a multi-thematic approach; bringing together economists, psychologist, gender professionals, health professionals, anthropologists, sociologist, demographers and social historians to research GBV.
Organization of the Report.

This report is organized in seven chapters.

Chapter one aims to gain an understanding of the personal insight into combatting gender based violence from the point of view of the service providers, such as social workers, police officers, traditional leaders and church leaders. In this chapter the report explore the causes and contributing factors in society that fuel gender based violence, as perceived by the service providers. The chapter further highlights opportunities for curbing GBV and challenges that needs redress in order to facilitate a working environment conducting for service providers to tackle the problem.

Chapter two, on Public Health and GBV sheds lights on GBV as a global health issue and calls for an increased action to address GBV. One of the questions that this chapter provides answers to is how far can health providers support women that have experienced gender based violence? The responses to these questions are twofold. On the one hand it is required of the health workers to be sensitive to the needs of the survivors of GBV and should avoid to further perpetuate their vulnerability as they seek health. On the other hand however, to have a more active approach in asking women who show signs of violence to act on their situation with the support of the medical personal. The chapter further aims to answer the following questions: (1) what responsibilities does health care workers have to inform the relevant authorities when they come across cases of GBV in their operations? (2) are the confidentiality and liability ethics deterring health workers to play their roles to end GBV?

Chapter three determines the effectiveness of educational campaigns, aimed at empowering people and educating them on how to prevent and deal with gender-based violence. This chapter highlights the challengers faced in changing society’s perceptions on GBV with educational campaigns. Presently educational campaigns on GBV advice people to report the cases to the police, get Protection Orders, or leave the abusive relationships. Various modes of campaigns have been running, varying from radio programmes in various languages, televised advertisement, posters and cartoon books. It further sheds light on limited availability of GBV educational campaigns and the ignorance and limited knowledge of the targeted people about GBV. Inaccessibility of educational campaigns due to language barriers, disabilities and cultural inhibitions, as in some cultures people do not take messages through art or media seriously.

Chapter four points out traditional attitudes towards women that helps perpetuate GBV. The chapter probes the communities’ response to gender-based violence (GBV) and looks at the socialization patterns among local people based on their social and cultural practices, as well as the effects of these socialization patterns on gender-based violence in the society. The chapter also looks at how women and men construct their gender identities and roles in the selected three regions, how they understand gender-based violence, and what they believe about the links between gender relations and gender-based violence in their respective societies. In this regard, the study attempts to establish the emerging factors that are predictive of abuse at different levels of the social ecology. As such, the chapter provides a different lens to gain insight into what gender-based violence is from a socio-cultural perspective. The chapter summarises that GBV is deeply rooted in the way society is set up: - cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance.
Chapter five focused on intergenerational accounts of the use of IKS in sexual and reproductive health care and the influence of IKS on gender based violence. The chapter investigates lifestyles, attitudes, beliefs and traditional practices that form the basis of a community’s perception of health and sexuality as effective ways to intervene in matters related to sexual and reproductive health (SRH). The study probed the understandings of marriage and relationship in rural communities and thus attempts to answer the following questions; to what extent are the thinking and practices of men and women with regard to gender-based violence different and how does indigenous practices influence them?

Chapter six argues that property grabbing should be considered as a form of GBV. This is so because some scholars define GBV as violence which is inflicted on survivors only on the basis of their gender for example, issues around inheritance, property rights and grabbing are usually not categorised as GBV. Despite this oversight, inheritance and property rights and grabbing are known factors that reinforce unequal gender relations and enhances GBV and as such are an important aspect to understand GBV in Namibia. Property grabbing occurs in many different forms and affects women disproportionately and therefore represent a form of gender-based violence which goes beyond physical to psychological and affects the survivors’ self-esteem. This violence has been a result of ‘cultural and traditional practices that reinforce gender inequality and discrimination which often leave women (and to a small extent men) destitute as extended families grab property for themselves.

Chapter seven briefly outlines the economic costs of GBV in the following quote from Kerr & McLean 1996, p. 5 in Liang 2001: “Male violence against women is enormously costly – to the women who experience violence directly, to women generally whose lives are constrained by the fear of violence, and to governments whose expenditures are swollen by responding to some of the consequences of violence”. These costs are linked to providing treatment for the survivors of GBV, financing shelters, maintaining perpetrators who are incarcerated, supporting families, repairing infrastructure, prosecuting perpetrators, or as a result of lost productivity and investment”.

The costs of GBV are categorized as direct, indirect and opportunity cost. This include the direct costs of psychosocial support, medical to both perpetrators and survivors and their families, financing the policing and legal services, and the indirect costs of loss of earnings and productivity, lost investments in human capital and life insurance costs. An opportunity cost is the cost of the opportunity forgone when the victim’s options are limited by the circumstances in which she finds herself e.g. loss of employment promotion opportunities and reduced quality of life as a result of fear, pain and suffering.

It is our hope that this contribution to the body of knowledge on GBV in Namibia will bring us close to finding an amicable solution to this scourge. The women, men and children whose lives are devastated as a result of GBV hope that studies such as this could be turned into tangible actions that are implemented.
Acknowledgement

This project was hosted in the Multidisciplinary Research Centre (MRC) in the Social Science Division (SSD). It was coordinated through the Gender Training and Research Programme. The following colleagues, who are based in the Social Science Division, each contributed a chapter: Immaculate Mogotsi, Nelago Indongo, Gert van Rooy, Kletus Likuwa and Zack Kazapua. Their team work was highly valued and ensured the completion of the project.

We at the MRC are fortunate to work in a community of scholars who are affected by issues of national concerns and are committed to provide answers to these challengers. Although the MRC is a Research Centre, we cannot do the work alone; hence collaboration is critical in doing this study. Collaborative efforts from the faculty of Economics and Management sciences, Educational psychology and Academic Affairs enriched the efforts of the MRC in completing this project. We will be forever indebted to our colleagues for having toiled over a year and a half and ensured that we completed this project. We especially thank colleagues for their willingness to collaborate and to commit to a project until it’s completed, Omu Kakujaha-Matundu, Michael Shirungu and Cynthy Haïhambo. Their work to advance research on gender based violence is critically important in the ongoing search to stop GBV in Namibia.

We will forever miss the insight of late prof. Pempelani Mufune who was involved in this project from its infancy. His mentoring and wisdom will be forever missed. We are extremely grateful to Mrs. Aniko Mgbangson who came on board and provided detailed comments during the review process. She had painstakingly read every word, comma and punctuation mark. We thank her for coming on board and taking this project on. Her suggestions were extremely helpful in completing this project. We also appreciate her patient with us; despite the urgency that we wanted the project to be completed especially since the delays with the passing on of Prof Pempelani Mufune.

Special thanks to the research Assistants and the transcriber of the GBV interviews, who worked behind the scene making sure that the field work, was a success and the interviews were transcribed on time. Their inputs into this research fast tracked the process.

Various community members, as well as health professionals, police officers, social workers, Traditional leaders, church leaders put time aside and responded to our questions during field work. We can only say thank you very much for the trust you bestowed upon us to open your homes and shared with us your knowledge, opinions and perspective. Similarly to every office bearer, who despite their busy schedules received us well and answered our questions. Thank you very much; the University of Namibia, Multidisciplinary Research Centre appreciates the collegial relations.

Finally, we would like to thank the United Nations Development Fund and the Ministry of Gender Equality and Child Welfare for co-funding the research and publication of this project. Thank you very much for your generous support. We cherish our continued collaboration.

University of Namibia
Multidisciplinary Research Centre
Social Science Division/Gender Training and Research Programme
Obituary: Professor Pempelani Mufune

9 August 1957 - 7 March 2015

Professor Mufune, was a professor of Sociology in the Faculty of Humanities and Social Sciences at the University of Namibia.

His untimely death robbed many of us from an academic mentor, supervisor, role model and a dear friend. For over 15 years, Prof Mufune groomed scholars, intellectuals, critics, researchers. May his legacy life on through those he mentored.

May His Soul Rest in Eternal Peace!
Chapter 1: 
Gender-Based Violence: Systems Response versus Personal Agency

By Immaculate Mogotsi

1. INTRODUCTION

Gender-based violence (GBV) remains a national concern in Namibia despite the existence of legislative frameworks such as the Combating of Domestic Violence Act of 2003 and the Combating of Rape Act of 2000. Social factors and causes that contributes to GBV remains rife and varies from gender inequality, to women's economic dependence, alcohol and drug abuse and cultural practices that condone GBV (Office of the Prime Minister, 2014).

The World Health Organization (WHO) (2005) established that the overwhelming majority of GBV cases occur among intimate partners. A study that was conducted by the Social Impact Assessment and Policy Analysis Corporation (SIAPAC) and the Ministry of Gender Equality and Child Welfare (MGECW) (2008) reveals that both men and women are victims of GBV, but women and children are abused significantly more often than men (WHO, 2005). The mistreatment could vary from pushing to intimate partner murder. Some survivors of GBV were forced have sex against their will; others were abused whilst pregnant. The Namibia Demographic Health Survey (NDHS) (2013) showed that a significant percentage of men and women still agrees that a husband is justified to beat his wife for reasons like burning the food, arguing, going out without the husband's permission, neglecting the children or refusing sexual intercourse.

Several stakeholders, including the police, social workers, church and traditional leaders have put concerted efforts in addressing GBV in the Namibian society. Irrespective of the outcry to end GBV and the concerted efforts of the government, there is no indication that GBV incidences are decreasing in Namibia. Gender-based violence signals that “women are not free to leave their partners without being faced with serious consequences. These threats also extend to the women’s family and children, because threats against family are common” (Chikuhwa, 2011). Unfortunately the threats more and more often become reality: intimate partner killing is on the rise in Namibia (Chikuhwa, 2011).

Gender-based violence is a type of violence that is fueled by unequal gender relations. Gender-based violence is “any act of violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, men and children, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations General Assembly [UNGA], 1993).

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

Various organisations introduced various approaches to combat GBV by in Namibia. Their actions included law reform, training of the police and traditional leaders on combatting GBV, translating relevant laws and awareness raising material into local languages, establishing the Namibian Police Force Women and Child
Protection Units (WCPU), recently renamed Gender-Based Violence Investigation Units, and many others. A number of these interventions have been put in place by the Namibian Government and the politicians have also publicly condemned GBV in society. Despite all the efforts, a number of challenges relating to GBV are still remaining:

- the withdrawal of cases makes it difficult for the judiciary to enforce the law,
- the lack of knowledge of GBV laws among the general population,
- the inadequate places of safety for GBV survivors,
- the inadequate human and material resources committed to combat GBV,
- the silence and apathy in the general population to speak out against GBV,
- the lack of programmes and strategies on part of organisations that play a critical role in combating GBV (churches and traditional authorities),
- and the high number of unchanged societal factors that perpetuate GBV, such as women's economic dependency on men, poverty, mushrooming alcohol outlets in residential areas and male control over females.

To provide the closest possible details to the scope of studies appreciating the work in the prevention and alleviation related to GBV, this report focuses on the special perception of the police, social workers, traditional leaders and church leaders.

3. OBJECTIVES OF THE STUDY

To gain a deeper understanding of the personal insight into combatting gender based violence from the point of view of the service providers, the study intends to realise the following objectives:

- To explore the causes and certain factors in society that fuel gender based violence, as perceived by the service providers, in particular the social workers, police, WACPU staff, as well as church and traditional leaders.
- To examine the challenges faced by police, social workers, traditional and church leaders in responding to GBV.

4. LIMITATIONS OF THE STUDY

The study was conducted in Omaheke, Karas and Oshana Regions. The choice was made because NDHS (2013) has shown that the attitudes towards domestic violence in these three regions were worrisome. Due to this purposive selection, the findings cannot be generalised to all the 14 regions of Namibia.

The research team's efforts were unsuccessful to interview the magistrates in all the three regions. In Ondangwa (Oshana Region) a magistrate and in Omaheke a legal clerk were available for interview but the data collected was omitted due to incomplete questionnaire.
5. METHODOLOGY OF THE STUDY

This study used a qualitative research design. In-depth interviews conducted to collect the respondents' perspectives and experiences on GBV. Open-ended questions were asked and probes were used to encourage the respondents to elaborate their answers. The respondents were preselected based on their experiences and insight into the research topic as well as on the research questions and objectives.

The research sites were in Omaheke, Karas and Oshana Regions both in urban areas, (Gobabis, Keetmanshoop and Ondangwa) and rural settings (Aminuis, Blouwes and Vaalgras, and in Oniipa).

Key informant interviews (KIIs) were conducted with six pastors, eleven police officers; two WCPU center managers; five traditional leaders; and five social workers. The pastors interviewed (one female and five males) were from the Evangelical Lutheran Church in Namibia (ELCIN) in Oshana Region, two from Pentecostal Churches in both Omaheke Region and Oshana Region, one pastor from African Methodist Episcopal (AME) Church in Karas Region and a Catholic priest in Omaheke and a Lutheran pastor in Karas Region respectively. The police officers interviewed were from various ranks within the Namibian Police Force (NAMPOL). Five of them (four females and one male) were constables from Oshana and Omaheke Regions. Two (males) were station commanders from Karas and Omaheke Regions. The remaining were a male inspector from Oshana Region, a male unit commander for criminal investigations from Karas Region, a male investigating officer from Karas Region and a female charge officer from Omaheke Region.

Efforts were made to interview heads of Women and Child Protection Units. The shelters for GBV survivors in Keetmanshoop and in Gobabis are headed by females and they responded positively to the request for interviews. Oshana Region has no shelter. Among the Traditional Authority Councilors that were interviewed (all senior male councilors), two were from Aminuis, two from Ondangwa and Oniipa, and two from Blouwes and Vaalgras respectively. In total five social workers (four females and one male) were interviewed from Oshana, Karas, and Omaheke Regions.

The data analyses followed a qualitative design. The categories of the topics emerged from the responses of the participants. The collected data was systematically examined and statements discussing the given topics were selected from the transcript and interpreted. The rigorous scrutiny showed the many similarities and some differences in the findings. The use of multiple analyses was strategic in assessing the reliability of coding of the major themes.

6. RESULTS AND DISCUSSIONS OF THE STUDY

Various scholars point out that traditional attitude towards women around the world helps perpetuate the gender-based violence (Becker, 1995). The stereotypical roles in which women are seen as subordinate to men constrain women's ability to exercise choices that would enable them to end the abuse. Bitangora (1999)
concluded that poverty is a contributing factor to GBV. Similarly, financial insecurity is another cause of gender-based violence; as Njenga (1999) remarks, that if a man cannot establish his authority intellectually or economically, he would tend to do so physically. Furthermore, women’s economic dependency on men can increase their vulnerability to GBV. Another cause is the gender stereotypes, which portray a man as strong, educated, creative, and clever, while a woman is depicted as weak, passive, submissive and shy. It is proven that socialising children into the above described roles perpetuates GBV later in their lives. Becker (1995) argues that gender stereotypes have been largely internalized by both genders; women and men act to conform to the stereotypes.

6.1 GBV as a Concern

Police officers, social workers, traditional and church leaders all deal with cases of GBV in their respective lines of operations. Cases that are brought to the attention of the police are reported to the charge office. Severe GBV cases that fall under the Combating of Domestic Violence Act, such as rape, murder, or threatening with a firearm, are referred to the investigation unit within the police station. Cases of common assault, defamation of character, illegal abortion, malicious damage to property, kidnapping, violation of protection orders and other domestic violence related cases are referred to the Women and Child Protection Unit (WCPU), where the services of social workers are also available. The police emphasised the point that they operate in a collaborative system with medical personnel, in particular, pertaining to the filling in the J-88 forms (the official forms designed to facilitate the recording of the findings of a medical examination for use in court).

The police and the social workers noted that the majority of people who report GBV are women; men and children rarely come to the police after being abused. Men’s keeping away from reporting maltreatment could be connected to the socio-cultural belief that if a man reports that he is abused by a woman, he is weak. Children underreport the abuse they suffer either because they do not know that they are going through abuse, or they do not know whom to tell about it.

The police and WCPU Centre managers shared that not every survivor of GBV who report a case wants the perpetrator to be arrested. In most cases they request the police and the social workers to reprimand the perpetrators and hope that it will change the violent behaviors. The station commander in Gobabis warned, however, that there were too many repeat offenders who were not deterred by the police warning.

The police raised the issue of case withdrawals by the survivors of GBV as a challenge in all three regions, because it prevents the law to prosecute the perpetrators. According to the police, it is the prerogative of the victim to report and withdraw cases. Given the high incidences of GBV in the country, the police was instructed not to adhere to requests for GBV case withdrawals. The inspector in Ondangwa alluded to a rumor according to which the police did not want to assist survivors of GBV who withdrew cases on more than one occasion. She reassured that the public can have full confidence in the police, because the police never ignore a call for help as their role is to protect lives.
The police inspector in Ondangwa raised concerns about families and in-laws who persuade the survivors not to report a case, saying that the matter should be dealt with in the family. Under such circumstances the police point out the seriousness of the matter to both the survivor and the family members, but ultimately, the decision to open a police case or not, can be only taken by the survivor of GBV. In the northern part of Namibia there is still a lot of shame associated with reporting GBV incidences to the police. It is actually considered a taboo. The inspector further mentioned that in most cases when the survivor reports the violence to her or his parents or in-laws, she or he is likely to be reprimanded and advised to change the behavior that agitated the partner. In most cases the survivors are likely to be sent back to their partners. This usually leads to more gender-based violence, results in survivors suffering in silence or intimate partner killings. The police officers were concerned about the general silence around issues of GBV in the families. The inspector stated that in most cases the neighbors report the domestic violence incidences of their neighbors, whilst those who are directly involved shy away from reporting the matter.

The roles of social workers greatly vary in Namibia. The social workers at the MGECW mainly deal with foster care, adoptions, and children’s grants cases and attend to cases involving children under the age of 18 years. Those social workers at the Women and Child Protection Units deal with GBV cases. There is a strong referral linkage between the social workers at the MGECW, and those that are working at WCPU and the police. When the social workers at the MGECW come across cases of GBV, they refer them to the WCPU or the police. Where there is no WCPU around, as in Ondangwa, the MGECW social workers help the survivors of GBV with general counselling. They assess the cycle of violence the survivor went through, they explain the survivors that abuse is not normal, and provide them with advice on how to deal with it.

The social workers in the three regions deal with cases of rape, financial neglect, particularly when children are involved, emotional abuse, physical abuse and child trafficking. The clients often report cases of GBV directly to the social workers, to avoid opening a police cases against the perpetrators. If the GBV case is severe, such as rape, assaults and murder, it is referred to the police.

The social workers indicated that in some cases the survivors approach them with very specific requests. “Please come, speak to my husband and counsel him to make him see that what he is doing is wrong”. Such pleas indicate that the survivors of GBV do not always want to lay charges against the perpetrators, and do not want them to be arrested.

Due to the lack of Women and Child Protection Units in Oshana Region, social workers request the relatives of the GBV survivor to provide a place of safety to remove the survivor from imminent danger. According to the police, the social workers operating in Ondangwa mentioned that family members are not always eager to avail their homes to victims of GBV, to avoid what the family perceives as interfering in other people's private matters.

GBV cases are also brought to the attention of the pastors, mainly with the purpose of counseling and restoring
marriages. Most cases that are reported to the pastors are brought by couples who do not want to divorce and do not want the involvement of the police. The community members trust in the church. A pastor in Gobabis believed that the majority of the violence we read about in the newspapers concern young, unmarried couples, because such cases are never brought to the church, as the church has clear rules concerning cohabitation and fornication. All the pastors lamented about the apparent moral degeneration. They declared that the younger generations do not listen even to their own parents, so it is doubtful that they would listen to the pastors.

The distance to the nearest police station or social workers’ services is a challenge. Traditional leaders in the three regions mentioned that since traditional authorities are based in rural areas, cases related to physical abuse, quarrelling and threats are reported to them. Severe cases of GBV, such as rape and murder are reported to the police. The traditional leaders in Blouwes in Karas region raised the concern that there is now a habit of survivors, mainly women, to withdraw cases of GBV. Some of the reasons for the case withdrawals are the travelling expenses and other efforts that the survivors must incur. Among the other reasons for case withdrawal is the survivors’ reconciliation with the perpetrator (Walker, 1979). It cannot be over-emphasised that repeated case withdrawal could expose the survivors to a vicious circle of GBV and intimate partner killings.

6.2 Perceptions of GBV: the root causes and contributors

The respondents provided factors they believe to contribute to GBV in the Namibian society. The traditional and church leaders in the three regions highlighted moral decay, which is assumed to have worsened with the removal of Bible Studies from the schools’ curricula. The pastors were convinced that the existing moral vacuum leads to the escalation of GBV cases.

An ELCIN pastor in the north of the country warned that when a society neglects Bible instructions, they make room for evil teaching in their communities. The results are visible in the high number of GBV cases, in the children haunted by demonic spirits in schools, and youth who sodomise others.

Pentecostal churches in Ondangwa and Gobabis viewed GBV as a demonic spirit that needed to be prayed for. The pastors also reminded about the effects of an abused childhood on both the perpetrators and the survivors of GBV: a person who was abused as a child is likely to abuse others in adulthood, or is likely to condone abuse as a grown-up.

A Lutheran pastor also lamented the absenteeism of men in churches. He felt that when he teaches about relationships and conflict resolution, he speaks to the converted, because men who are in need of the lessons are not present.

A Catholic priest in Keetmanshoop added his observations about the entitlement mentality, issues of freedom, democracy and human rights. He witnessed that communities claim no responsibilities but want only the benefits that come with the liberties. He mentioned the powerlessness experienced by parents, their inability
to discipline their children and to guide them to churches where the young could learn moral values. The parents no longer have authority and the children act at will. According to the priest, the situation is further exaggerated when the parents are unemployed and unable to provide for their family. If a man does not fulfill his traditional gender role as a provider, the situation may lead to a point whereby the wife and the children disrespect him as the head of the house, contributing to the disorder in the homes.

A Pentecostal pastor in Ondangwa suggested that the Bible teaches that men are the head of the house, the decision-makers and women must submit themselves to their husbands. Women who go against these teachings are perceived to want to “wear the trousers” at home.

Contradictions between biblical and customary teachings on gender equality were raised by the ELCIN pastor who cautioned against some African customs and traditions that do not respect women and treats them as children. The ELCIN pastor highlighted some customary practices that are harmful to females, “for example in the Ovambo traditions parents chose a husband for their daughter. In this practice young girls could get married to old men.” He stated that in most cases the young brides are unable to assert themselves against their older husbands. In the traditional practices there is no support for abused wives, because when a woman is wedded she is no longer a part of her biological family, so she cannot seek help from them when she is abused. In fact, any person she approaches for help turns her away, telling her to go back home, and that it is bad of her to tell people about her problems. She is told to find a way to “accommodate the violence”. This perpetuates the culture of suffering in silence, causing psychological and ultimately physiological problems.

Because of the cultural inferiority of a woman and equating her status with that of a child in society, the desires of women and children do not matter to men. The pastor warned that some people quote the Bible out of context, using religion to sustain their acts of abuse. “They twist the Word of God to cover up their sin,” he said. The ELCIN pastor, however, did not elaborate on the position of his church concerning female subordination and male dominance.

The traditional leaders in the three regions raised the aspect of corporal punishment. The Ondangwa senior headman remarked that in the past, the headmen could instill discipline in the kingdom by flogging culprits or charging compensation from them, but now such disciplinary methods are deemed to be human right violations. The headman said there is definitely a clash between cultural practices and upholding human rights. He warned that not all the people change their behavior when they are spoken to.

A traditional leader in the south blamed the escalating GBV on the women’s empowerment ideology that is promoted in Namibia. He said that women abandoned their traditional female roles and try to emulate men. “When a woman is trying to be a man whilst there is already a man in the house, there is bound to be conflict, there can be no two bulls in a kraal [enclosure for livestock]”. The chief from Blouwes asserted that men are the heads of their families, and despite the efforts of the government to promote gender equality amongst men and women, it is difficult for men to accept it, and most men revolt against the legal provisions that are against
traditions and religious norms. His position was shared by a pastor from Gobabis who said that on the one hand the government teaches women that they can be heads of households, whilst the church teaches that the men are the heads of households. This, he claimed, brings conflict in most households.

Respondents, in particular the police and some pastors, warned against the misinterpretation of the Bible about the submission if women and men heading the household. Men, who are not even God-fearing, select Bible texts and impose their own interpretation on their wives and children, whilst they themselves are not adhering to what God says, that “men should love their wives as they love themselves” the pastor from Keetmanshoop pointed out. Furthermore, the Bible also requires of men to provide for and protect their families, but if a man is not providing for his family, the wife cannot complain, because if she does she might get abused by her husband.

Respondents in all three regions identified the mushrooming of liquor and gambling outlets as a major contributor to GBV. A headman in Karas Region was convinced that if the community members were not under the influence of alcohol or drugs they would not perpetrate all these devastating crimes of GBV that we hear about in Namibia. Regrettably, the alcohol outlets are located in residential areas, making alcohol easily accessible. A general concern was raised about alcohol outlets that operate illegally. The police blamed the community members for not notifying the police illegal liquor outlets. At the same time the traditional leaders blamed the government for issuing liquor licenses without assessing the number of liquor licenses already licensed in an area, and they blamed the police too for not advising the government on issuing the licenses. The traditional leaders in Karas Region complained that the police never checks which liquor outlets are licensed and which are not. In addition, the operation of liquor outlets is not well regulated. The WCPU manager in Keetmanshoop proposed to curb the alcohol consumption by closing the alcohol outlets 10:00pm.

The participants mentioned yet another phenomenon contributing to GBV: jealousy. Jealousy could be construed as the desire to control a partner’s life. Several cases of intimate partner killing took place because of one partner’s refusal to accept that the other partner has ended the relationship. The head of WCPU in Gobabis narrated a case in which a jealous ex-boyfriend has continued threatening his ex-girlfriend until she requested the police to issue a Protection Order against her ex-boyfriend. During the process of issuing the Protection Order he killed the woman and himself. The officer assumed that the Protection Order only has value to citizens who are law-abiding. If a person disregards his or her own life as well as the lives of others, and does not respect the Protection Order that the police issued, it becomes extremely difficult for the police to enforce the Protection Order.

Infidelity was also identified as a factor that fuels GBV. In all three regions if a woman is caught having an affair she is shunned by the community and her partner may use that to justify abuse, to divorce or even to kill her. Conversely, when a man is caught cheating, the community has a degree of tolerance towards the man’s unfaithfulness. The constable in Omaheke revealed that adulterous men would rarely experience abuse or divorce and he would not be killed; instead, the arguments and abuse that follow his unfaithfulness would
further victimise the woman.

Police officers from various ranks in Karas Region differed on what provokes GBV in their region. Some of the officers attributed the prevalence of GBV in their region to widespread poverty, whilst others thought that the lack of trust between partners, the distorted understanding of relationships, low self-esteem among men, particularly unemployed men or among men who earn less that their spouses were all contributing factors to GBV. A female police officer raised concern about the misconceptions women were socialized with, that enduring hardship and honouring marriage at all costs irrespective of the circumstances is a female virtue, therefore women remain in a relationship even when they are abused.

A pastor in Ondangwa mentioned that the northern regions experienced a bitter war during the liberation struggle. Most of the people who had been part of this experience have not yet gone through the process of forgiving and healing. This, he said, can subconsciously torment individuals or groups of people. He reminded that after independence Namibia as a nation did not collectively address the psychological scars of war, therefore he advocated that Namibia should take time to heal itself from its past. The ELCIN pastor further related to the Namibian violent history, and to the level at which Namibians are still armed with fire arms and pangas, and that in most cases of intimate partner killing either a fire arm or a panga has been used in the north. He suggested that to disarm all Namibians and to review the issuing of fire arm licenses.

The pastor also highlighted the increase of poverty. He alleged that “women target wealthy men without loving each other. When the men get bankrupt, the women would want to end the relationship. This angers the men and they want to kill the women.” The pastor found it very disturbing that women have to rely on men for their economic survival. Female economic dependency was further elaborated on by a social worker in Gobabis who declared that female insecurity and female economic dependency on male partners perpetuates GBV in Omaheke Region. Women treat men as automated teller machines (ATMs), she said. When the men demand sex in exchange for their money and they are refused, the men feel exploited by women, and it infuriates them. A social worker in Gobabis added that women's economic dependency originates in the traditional ideals that portray women as housekeepers and men as breadwinners. Dependence, however, makes women vulnerable to financial, emotional and physical abuse.

All the participants were worried about the extent of tolerance toward GBV in society. The silence worsens the abuse because the perpetrators continue harming the survivors who cannot be helped when no one speaks up against the cruelty. The community members should stop condoning the abuse and learn how to support the survivors. In turn, the survivors need to learn to stand up for themselves and ask for help.

### 6.3 Actions taken at stopping GBV

In order to effectively combat GBV, there is a need to change the attitudes and behaviors of individuals. Several programmes and activities are already in place that are conducted by the police, social workers, traditional and church leaders.
Social workers, Police and WCPU Centre managers in Omaheke, Karas and Oshana Regions indicated various activities to mitigate GBV. These activities are community outreach programmes in which they invite community members for information dissemination (Kelly, 2004). They also visit schools to educate learners about the wrongs of GBV. The encounters also entail questions and answer sessions whereby the community members are given a chance to voice their opinions about GBV. They discuss, for example, how to identify certain signs of GBV, what to do when one is abused, and how to stop GBV. The communities are also informed that GBV is a human rights violation and that abusive couples are prone to end up killing their partner. They also touch on issues of parenting. The community members are advised to refrain from using drugs and alcohol, which fuel GBV. Baby dumping is also confronted, particularly by advising young females to avoid unprotected sex and avoid sex whilst under the influence of alcohol.

The community engagements also involve traditional and church leaders, regional counsellors and political leaders. There are women and men network groups to tackle GBV in the communities. In Karas and Oshana Regions the police shared information about their cooperation with Youth against Crime groups. In Karas Region social workers run radio campaigns that coincide with the 16 Days of Activism Campaign against GBV to ensure the effective rolling out of the programmes. The Social workers in Keetmanshoop mentioned that they tried to broadcast TV programmes as well, however, given that their equipment is currently hired, it is too costly. In the long run they want to buy their own TV equipment to eliminate hiring costs. Traditional authorities in all the regions visited do not have programmes in place on how to respond to GBV in their communities. They, however, try to incorporate GBV educational activities through their community engagements. Under the jurisdiction of the Ondonga Traditional Authority a fine of five hundred Namibian Dollars (N$500.00) is imposed on perpetrators of GBV. Ironically, the fine benefits the traditional authorities and not the victim. The senior headman indicated that given the rate at which GBV escalates, he believes that the fines do not deter the perpetrators from committing GBV.

Despite the outcry from President Pohamba in 2013, and calling for the day of National Prayer against GBV, none of the churches in the research had a specific programme or strategy on how to combat GBV. The emphasis of the religious institutions is on instilling Biblical principles among the church members. When cases are brought to their attention, all the churches mentioned praying and counselling as strategies or, occasionally, conducting community engagement sessions called community forums, that is meetings, where issues affecting the communities are discussed. The pastors could not confirm whether any of these efforts have yielded any effect on GBV in their congregations.

A pastor in Ondangwa noticed that it is difficult to make an impact when the numbers of those who attend church are small. The pastor lamented the general disengagement of the community members from their church leaders. “There are people, who refrain from doing bad when they see church leaders, but others don’t stop, they don’t care, they show no respect towards their church leaders”. The lack of respect for church authorities is comparable to the lack of respect for the laws. A Catholic Priest mentioned that when he preaches about GBV during their sermons he speaks to the converted because the people who would need to be targeted are the men
and women who remain outside the church. A Lutheran pastor maintained that the authority of the pastors is insufficient to deter GBV in community; he hoped he could make an impact at least among his congregation. A Universal Church pastor complained “my authority is limited by the perpetrators’ human rights. If I know of a man who beats up his wife and blatantly refuses to stop beating his wife, there is nothing that I can do except to pray and counsel the couple if they are willing. It gets even trickier if the perpetrator is not a member of the Universal Church. I have no credibility to speak to that man, and because he does not know me he will not even listen to what I have to say”. In cases where there is no remedy, the pastors refer the case to the social workers or police with the hope that these services will help the affected couples.

In Keetmanshoop the pastors made reference to the “Break the silence against gender violence and abuse” campaign, which is conducted once a year. This public awareness campaign is jointly organized with the police, during which the pastors plead with their community members to speak up against GBV. They walk with banners on the streets and they also distribute educational materials on GBV.

The pastor in Keetmanshoop said that the position of the churches on confronting GBV should be guided by the needs expressed in the community. People join churches because they want their lives to be impacted positively, therefore, the must make determined efforts to deal with GBV not to fail its communities. He said that in his experience, conducting GBV campaigns in the churches brings in people for counselling for a variety of reasons. The pastor shared the testimony of a young woman who was raped by her uncle four or five times. The trauma caused her to use drugs and to live on the street. After joining the church she helped out during the “Break the silence against gender violence and abuse” campaign for two years and her participation assisted her to open up and get the help she herself needed.

The pastors in all three regions raised concern about the high alcohol consumption among their church members. Despite that it is a major problem; there is no programme in place to stop the rapidly increasing number of alcohol outlets in the residential areas where the churches are also operating.

6.4 Systems challengers hampering GBV response

The respondents highlighted the challenges that are impeding implementation of the GBV prevention programmes.

Social workers and church leaders underscored the low community attendance when organizing outreach programmes. As a social worker said, “It is discouraging when the community does not participate”. One young pastor in Gobabis remarked that these campaigns are organised to inform women about GBV, but women do not participate thinking that the campaigns are only for abused women.

An investigating officer in Ondangwa narrated the latest criticisms concerning the safety for victims. On account of the lack of places of safety, so sometimes the only place to keep a GBV survivor safe is in a police
holding cell. When the survivor is with children or nursing a child, the police cell is no more a solution as by law minors must not be kept in police holding cells. "What are we to do in regions where there are neither shelters nor social workers at the time when the incidence happens?" he asked.

The referral system between the police and the social workers is crucial, as there are cases that the police have no skills of dealing with. Even though police training entails a component of counselling, it is not sufficient. The police therefore needs a trained social worker in the police service.

The perceived lack of authority to reprimand perpetrators was brought up by social workers in Ondangwa, saying, that even if they are aware of repeat offenders, they have no authority to imprison them, so some perpetrators do not respect the social workers. The absence of power to deter GBV perpetrators was also put forward by young female constables in Omaheke region. People who lay charges want their cases to be taken care of by officers of higher ranks, even if it is a task that constables are qualified to do. In addition, a petit female constable from Omaheke made a reference to the difficulties they experience from male civilians: "As a female police officer sometimes male civilians do not take me seriously. In some cases men even beat their wives right in front of me and at that point there isn't much I can do as a woman". The apparent nonexistence of control on part of the authorities further perpetuates GBV and contributes to perpetrators undermining those authorities.

Interventions targeting GBV perpetrators seem insufficient because other than speaking with them there are no other actions taken aiming at the perpetrators of GBV. The social workers can refer the young perpetrators to the Ministry of Youth, National Service, Sport and Culture to do community service in the juvenile programmes. If a perpetrator happens to be an addict, the person is referred to the Ministry of Health and Social Services to attend the substance abuse rehabilitation programme. In the event where a perpetrator committed a serious crime, such as rape, the case is referred to the police where a criminal case is opened and the law takes its course. The prison offers rehabilitation programmes to perpetrators incarcerated for GBV. For perpetrators who are not incarcerated there is no rehabilitation strategy in place, neither can they be compelled to attend counselling or anger management training.

The police was concerned about the lenient sentencing of the courts, which works against the attempts of the police to fight GBV. A police officer in Ondangwa said that the courts now and again decide to give the minimum sentence for a murder case. He claimed that the courts are often responsible for the withdrawal of cases too; some low bail fines result in perpetrators getting out of holding cells and continue terrorizing the community members with the same types of offences. The frustrated police officer said "It's challenging, perpetrators are arrested but get out on bail no matter the seriousness of the matter before the courts, which encourages others to commit the same crimes because precedence has been set". There appears to be a gap between the police in arresting perpetrators and the justice system issuing bail.

Issuing of a Protection Order is a challenge. To be validated the Protection Order must be issued to the perpetrators as well. The police in Ondangwa complained that the perpetrators do not cooperate. Sometimes
the perpetrators refuse to sign the document by being unavailable, thus deny that they were served a Protection Order, or they deny knowledge on the partner’s request for a Protection Order.

The acting head of Keetmanshoop WCPU observed that the majority of people requesting for Protection Orders are women; men rarely request for it. Men revolt against the Protection Order because by law they are obliged to leave the common house, which sometimes is owned by them. This angers lots of men and is problematic for the police to remove the perpetrator from his home. If the man is innocent and is expelled from his own house it can grieve him, and this can actually incite violence amongst couples, the manager stated.

Understaffing as well as the lack of funds, shelters, and transport were seen by the police, social workers and WCPU centre managers to hinder their operations. For example, a female constable in Gobabis raised concern about the insufficient number of police officers on duty, particularly during the month ends, when incidences of GBV and crimes usually increase. The issue of understaffing was also mentioned by police officers in Ondangwa. There was a general unease in all the three regions, saying that the number of police cases is too many for the current staff to handle despite the fact that an entire unit, i.e. WCPU takes on the GBV cases. The police officers also stated that it is difficult to refer any survivor of GBV to a social worker after 5:00pm, or during the weekends and long weekends, even though those are the times when the need is the highest for the services of social workers. Unfortunately, the working hours of the social workers are on weekdays only, from 8:00am to 5:00pm.

Due to the persistent deficiency in shelters it is often necessary to find alternative places of safety amongst the family members. This task is very difficult, either because the survivors do not want to involve the family in what they perceive as a private matter, or they fear that while seeking shelter they would be coerced to reconcile with the perpetrator, or to withdraw the case. Hence, the need for shelters to be homes away from homes, to allow the survivors of GBV to recuperate from the trauma they have endured.

The social workers and the police in Keetmanshoop raised the problem of insufficient funds for community outreach programmes. Because of the lack of money programmes are not followed through. A social worker narrated, that “by the time we have to implement the programmes we are informed that there are no funds”. These demoralises the staff members. The churches expressed similar concern over the lack of their internal funding to conduct GBV prevention campaigns. They recognised the huge need, but they cannot provide assistance to all.

Probably the biggest challenge that inhibits the work of social workers, police and WCPU centre managers is the lack of transportation to reach out to clients in rural areas. The lack of police vans in the regions, such as in Karas where the distances are vast, forced the police to use the same police van for the perpetrators and the survivors to transport them to the nearest police stations and medical facilities. A police officer in Karas expresses disapproval about this practice as it could be traumatising to the victims.

The Social Workers in the three regions alluded to the absence of any Monitoring and Evaluation System to
measure the results of the GBV programmes. None of the respondents could give information on whether their interventions have reduced the number of GBV cases or not. Nevertheless, the participants asserted that after community awareness sessions the number of people coming into their offices requesting help to deal with incidences of GBV has increased.

6.5 Knowledge of legal framework concerning GBV

The operations of police, social workers and WCPU Centre managers are guided by the Namibian Constitution, the Combating of Domestic Violence Act, the Combating of Rape Act, the Criminal Procedures Act, the Children’s Status Act and the Police Act. Knowledge of these legal instruments could be critical in responding to GBV. Therefore, it is of utmost importance to build acquaintance and standardise all procedures across the disciplines supporting GBV survivors. Cognizance about the policies and laws guiding the work of the service providers varies. For example, the constables in all three regions disclosed that their knowledge about the laws governing the combatting of GBV is limited. In addition, all the interviewed church leaders said that there are no church-specific policies, programme circulars, directives or laws guiding their GBV interventions.

7. RECOMMENDATIONS

Respondents across the various disciplines, such as social workers, police officers, WCPU centre managers, traditional leaders and religious leaders all agreed that there is a need to reintroduce religious education in schools to teach social morals and respect for human life. At the same time, there was unease about some of the cultural and religious practices, which, if taken out of context, perpetuate female subordination and GBV.

There is a conflict of interpretation on issues of gender equality between civil laws, customary laws and Christian teachings. Customary laws and Christians teachings state that men are the heads of households, whilst the Married Persons Equality Act stipulates that men are not automatically considered as heads of households. Traditional and church leaders warned that when such contradictions undermine male powers granted by African traditions and Christian teachings, this can lead to violence. There were clear indications that traditional and religious leaders must be educated on legal instruments that advocate for gender equality.

In Namibia the social workers are employed by the Ministry of Gender Equality and Child Welfare, the Ministry of Labour and Social Welfare, the Ministry of Health and Social Services, and they have different functions in each ministry. Currently, when a survivor of GBV brings her or his case to a social worker employed, for instance, in the Ministry of Labor and Social Welfare, the social worker has to refer the survivor to another ministry’s social worker. As it is cumbersome to discern which social worker does what, the continuous referrals frequently result in not reporting cases of GBV. To bridge this gap, the functions of social workers must be consolidated across the ministries.

It was shown that not every region had a WCPU and not every WCPU had a social worker. For example, there
was no WCPU in Oshana Region, therefore their cases were referred to Oshikoto Region. Similarly, there was no social worker in the Gobabis WCPU office, so it was a police officer who did both counselling and police investigation. The only solution for this dilemma is that every region must have a WCPU and every WCPU must recruit a social worker.

WCPU should avail social worker services 24 hours a day, 7 days a week, as the services are most needed after hours and during the weekend when the incidences of GBV are the highest.

The Ministry of Gender Equality and Child Welfare and the Ministry of Safety and Security must avoid placing nursing survivors of GBV or those with young children in police holding cells. Alternative safe facilities must be created, where GBV survivors can nurse and care for their children.

Some traditional authorities deal with GBV cases and fine the perpetrator, but the fine is paid to the traditional authority. For a fairer adjudication 80% of the compensation must be paid to the survivors for personal use, e.g. to seek medical and psychological care.

The police in all three regions were frustrated that not every survivor of GBV wants to launch a case against the perpetrator. Often the survivor calls the police just to warn the perpetrator. The law also makes provision for the survivors of GBV to withdraw a reported case, but this provision creates repeat offenders. Therefore, if the police know that a survivor has a history of case withdrawal, the police must be given the power to refuse the withdrawal of the case.

Withdrawal of GBV cases is also a result of distances to police stations and courts. Some survivors do not attend court hearings due to the distance to the nearest court. The postponements of court hearings due to court backlog further discourage the survivors to attend court hearings as it is too costly to travel and find accommodation in the towns and cities. It is therefore recommended that a special court should be established to deal with GBV cases, to speed up the process of case hearings, and to reduce case backlog.

Community mobilization against GBV should be intensified. There are still perpetrators who believe that it is the prerogative of the male partner to “discipline” his female partner through physical assault. Furthermore, the survivors of GBV must be encouraged and supported to speak out about GBV.

The government must regulate the number and the working hours of alcohol outlets in the residential areas to curb alcohol consumption. Liquor outlets in the residential areas should operate from 14:00pm daily and must close by 10:00pm during the week and 12:00pm during the weekends. Unlicensed liquor and gambling outlets must be closed down.

The police must disarm the members of the population who still have firearms and pangas in their possession. The issuing of firearms must be reviewed.
Some survivors of GBV do not report the perpetrators because they do not want them to be incarcerated. This means that the rehabilitation programmes for perpetrators must be intensified and violent perpetrators must be compelled to attend anger management counselling.

Collaboration between all the stakeholders addressing GBV (WCPUs, police, social workers, traditional and church leaders) must be strengthened.

There must be an adequate monitoring and evaluation of the GBV prevention programmes conducted by the various service sectors (police, WCPUs, social workers, traditional and church leaders).

8. CONCLUSIONS

The findings show that GBV is a major concern in all the research sites. Various social factors cause and fuel GBV. Interpretations of customs, religious teachings and female economic dependence on male partners perpetuate unequal gender relations in society. In addition, the high alcohol consumption and lack of regard for human life further increases the occurrence of GBV.

Despite the efforts of the respondents in addressing GBV in their line of operations, they could not actually state whether their efforts deter or alleviate GBV. This is a great concern, as funds are invested into GBV programmes, but the impacts are not monitored and not measured.

The collaboration between various service providers, such as the police, social workers, and traditional, church and political leaders must be clearly spelled out and strengthened as they all work to eliminate GBV in the society.

The collaboration between the police, social workers and the magistrate needs further research, because the issue of sentencing GBV perpetrators needs more the attention. The participants believed that the sentencing of GBV perpetrators is lenient and that there are no punitive measures in place for GBV survivors who dishonor Protection Orders.

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Chapter 2
Health, Safety and Security sectors responses to GBV
By Gert Van Rooy

1. INTRODUCTION

This study, with its primary focus on the views of health care providers and agents in the police force, adopts the 2012 definition of gender-based violence by the Southern African Development Community (SADC), that is “Gender Based Violence (GBV) means all acts perpetuated against women, men, boys and girls on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict.”

It should be understood that GBV is different from other forms of violence because it is rooted in socially assigned behaviours, norms and attitudes. Gender based violence stems from the unequal power relations between women and men. While gender based violence is mainly committed against women and children, men also experience gendered violence, for example when a man does not conform to the socially accepted ideals of masculinity.

Gender Based Violence (GBV) is rife in the Namibian communities. The Ministry of Gender Equality and Child Welfare (MGECW) commissioned a study that confirmed high prevalence of GBV (Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd (SIAPAC & MGECW, 2008). SIAPAC and MGECW (2008) found that more than a third (34.6%) of female respondents and 16.4% of male respondents had been hit or slapped by their partners. Similarly, a World Health Organisation (WHO, 2005) study established that 36% of individuals in a long-term relationship had been subjected to physical or sexual violence. SIAPAC and MGECW (2008) also reports that close to a third (30.3%) of female and 16.3% of male respondents had been pushed by partners; over 24.3% of females had been hit with fists, kicked or dragged, and 17.9% of female respondents had been hurt while pregnant. A fifth (20.2%) of females in the sample was forced to have sex against their will (SIAPAC & MGECW 2008). On the whole females were more likely than males to report GBV. It is in the context described above that concerted efforts are underway by the Namibian Government, civil societies and multilateral organizations to address the issue of GBV.

As the Head of the Public Relations Division of the Namibian Police Force (NAMPOL), Deputy Commissioner Edwin Kanguatjivi revealed in an exclusive interview with New E (2013), about 542 cases of domestic violence have been reported to NAMPOL countrywide in a one year period, between February 2012 and February 2013. All the cases involved assault with intent to cause grievous bodily harm. In the same period NAMPOL recorded 30 cases of attempted murder and 24 cases of murder, all related to domestic violence. According to the article, the root causes are drug and alcohol abuse.
GBV is a human rights issue as well. Given the fact that human rights are rights that are inherent to every human being, GBV is one of the most widespread types of human rights violations. GBV does not have respect for the right to life, freedom from torture, freedom of movement, freedom from slavery, freedom of speech, freedom of thought, conscience and religion, does not grant sexual and reproductive rights etc.. GBV, apart from destroying human lives, relationships; abuses both the mental, physical and economic wellbeing of the survivor as well as affects her or his safety and security.

The World Health Organisation (WHO) conducted a multi-country study in 2005 on women's health and domestic violence (WHO, 2005). According to the results, women were more likely to report poor general health if they were physically or sexually abused by their partner. Those suffering physical or sexual abuse had more frequent health complaints, such as severe pain, inability to carry out usual activities, dizziness and vaginal discharge. Women were also more likely to have contemplated suicide after going through physical or sexual abuse by their partner, as oppose to women who were never abused. The study threw light on the help-seeking behaviour as well; 21% of physically abused women had not disclosed their experience to anyone, while 35% confided in their parents, 33% in friends and 26% in siblings; fewer contacted the police (10%), medical staff (4%), or any other formal service or authority. Up to 62% of physically abused women had never asked any formal agency for help. About 21% of women went to the police, while 22% visited medical facilities. The main reasons for seeking help were that the abused women could no longer endure the violence because they were badly injured or the partner had threatened or tried to kill them.

The ongoing debate about the extent to which it is feasible for healthcare providers to identify and support women who were violated is mostly a debate about limited resources (Watts & Mayhew, 2004, p. 208). The most important duty of the health care providers is not to enhance the trauma and victimise the survivors. As argued by Watts and Mayhem, (2004; p. 209), service providers in all aspect should confront their own biases to ensure that women are not victimised any further during the consultations. Whatever approach is followed, women should be confident that they are not judged in any circumstances and for any reason (Watts & Mayhew, 2004, p. 209).

Isaac and Enos (2001) reported that the first things clinicians and healthcare workers need to know that what a victim of domestic violence must have, is medical attention. Furthermore, the medical staff must know that they have to inform the police when suspecting domestic violence. This can only happen if women, who seek healthcare because of domestic violence and or any other form of intimate partner violence, are not discriminated against.

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

Gender-based violence is driven by the existing power inequalities in society, therefore it is important for all the service providers to be prepared to deal with GBV. Confidentiality and privacy are paramount concerns when service providers deal with gender-based violence. Attention must be paid to invest sufficient time.
Both healthcare providers and safety and security staff should be in a position to be able to spend enough time
with the survivors while they narrate the violence perpetrated against them, because they expect to receive
a comprehensive response. As Watts and Mayhew (2004) advised that a systematic approach to gather the
medical documents could be critical if a GBV survivor intends to press charges against her perpetrator. In
addition, Isaac and Enos (2001) reminded that all the documentation should be well articulated and strong
enough to be admissible in the court of law. Accordingly, an efficient compilation of medical records and police
statements could be considered as a cornerstone for the legal process of gender-based violence to take place.
At the same time, employees of the health and the safety and security sectors staff have a double responsibility
to provide their services with an unfailing positive attitude to support the survivor. All the undertakings and
requirements of the service providers are not yet well-known to the general public. This study was undertaken
to collect and present some personal insights into the successes and challenges of the sectors that provide first-
hand response to gender-based violence.

3. OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Bring into the light the perceptions of the service providers from the health and the safety and security
  sectors about the causes of gender-based violence.
- To provide insight about dealing with gender-based violence from the point of view of the personnel of
  the safety and security sector.
- To give account of the individual insight of the healthcare professionals alleviating the physical effects
  of gender-based violence.
- To make recommendations on the services and work conditions of the service providers of the sectors
  that provide first-hand response to gender-based violence

4. METHODOLOGY

This research used the qualitative approach. The target population of the study included healthcare providers,
safety and security personnel, social workers, and community members.

The data collection techniques utilised in this study were focus group discussions and key informant interviews.
Focus group discussions were conducted with community representatives, and social workers from the Ministry
of Health and Social Services (MoHSS) and Ministry of Gender Equality and Child Welfare MGECW). The
data collection tools included semi-structured questionnaires, which were administered to those operating
within the health facilities, and in the safety and security sector.

The interviews took place in health facilities, police offices, and community centres in Khomas, Oshana
and Zambezi Regions. In each health facility the interviews were conducted with a medical doctor (MD), a
registered nurse and a social worker attached to the health facility. In the safety and security sector discussions
were held with the principal investigator and some investigators at the Women and Child Protection Units (WCPUs), renamed in 2015 as the Namibian Police Gender Based Violence Investigation Units (GBVIUs). With regard to the police in the sampled regions, the regional commanders, the station commanders, and some police officers were interviewed.

One focus group discussion was held with survivors of GBV in the Zambezi Region. In both Zambezi and Oshana Regions social workers from the Ministry of Health and Social Services and from the Ministry of Gender Equality and Child Welfare were interviewed. A consultation also took place with the traditional authority in Zambezi Region.

The interviews were recorded, transcribed, and if they were conducted in the local vernacular, translated to English. During the analysis of the results themes were constructed from the answers of the participants. The study analysed the collected data by identifying and constructing themes based on the answers of the respondents.

5. LIMITATIONS OF THE STUDY

The research would have been more rounded if the data collection could extend to include the healthcare professionals dealing with the mental effects of GBV. Time and financial constraints also limited the study to three of the 14 regions of the country, but the regions were selected based on the fact that during the formulation of the study these regions showed high levels of reported gender-based violence cases. The interviews were conducted in the local vernaculars and translated by translators. During this translation process minor but important details may have been lost unbeknown to the researcher.

6. RESULTS AND DISCUSSION OF THE FINDINGS

6.1 CAUSES OF GENDER-BASED VIOLENCE AS PERCEIVED BY THE PARTICIPANTS

According to the respondents from the Ministry of Safety and Security, the most widespread type of gender-based violence is domestic violence (DV). This is the type of violence that affects most of the relationships in Namibia. It occurs between men and women who are either married or they are in a relationship. It often involves children too, especially if they live in one household with the abuser. In the vast majority of cases it is men who violate the rights of women.

“The way I understand it [domestic violence], when there is a woman and a man is involved in the violence, and children or any other person that you are staying together in the family.” (Police officer)

The medical staff appeared not to dwell on defining gender-based violence. Even when they recognise the signs of GBV, they concentrate on treating the patient.
“We hardly focus on bruises or lesions, we have to save lives so we are providing health care to each and every one [who] enters the casualty or seeking our services regardless of the injuries.” (Medical doctor)

Searching for the causes of gender-based violence, the participants responded with clear awareness of the underlying factors.

“If you look at gender itself, it is defined by the roles and responsibilities of men and women, assigned by the society itself, which is the meaning of gender according to my personal understanding. Now these roles [of women and men], how do you understand them, individual person, family or at a community level and the society. If so, tradition and development, how are they related. Now, violence and threat to violence can be attributed to different factors, such as economic, whereby a wife sees that the husband cannot give her a chance to decide on her financial decision herself. In some instances he doesn’t want the wife to work and have her own income. Perhaps during that time something might come up for the wife, the husband will, say, stay at home and she will say I want to go and work. So how do we make the husband to understand the wife’s need to work and have an income? GBV might be also physical, let’s say you are having a sexual harassment, it can happen to many people, men or women, but women are more prone to it, sometime you submit because of fears according to how people relate to us.” (Commander of NAMPOL)

Thomas (2007) argued that the notion of rights and equality are often posited on an individual’s ability to act free from cultural and institutional constraints.

“Although there are laws, which prohibit GBV, to a certain extent we are still with that culture [sic], especially to our people who don’t know how to read and write, we need to educate these people, that is why I am saying we should get the problem from down” (Commander of NAMPOL).

It is vital to acknowledge that in reality people’s choices are influenced by socio-cultural obligations, which define their relationships with others and enable or constrain their access to key resource assets (Thomas, 2007, p. 3). This view was also expressed by a respondent, bringing into the conversation the culturally accepted physical abuse in certain communities that some still refuse to consider being gender-based violence.

“The Silozi culture, there was discipline, now if the Silozi marry Oshiwambo, there are two different cultures, in Silozi, you are allowed to slap your wife” (Traditional Authority, Interview, 2014).

It was also evident that cultural laws and norms often create a fertile ground for gender based violence, and the same time undermine gender equality through upholding the patriarchal system.

“The issue of violence in the Silozi culture is attributed to personality, because your unique character as an individual is very difficult to change, whether you are a Silozi or an Oshiwambo; if you have a good character, you can have a good relationship. When you look at various African cultures, they are more or less the same. … The
Silozi and others, they all have polygamous families, African culture. Then I read somewhere, in a country in Asia, and recently happened in Kenya, where a lady is married to two husbands and both agreed to carry on. Those are the things that will not take us back, we just have to face and deal with the situation, but we need to find out what is the real cause of people refusing to embrace new ideas and change.” (Police Officer, Interview, 2014)

The respondents stated that in most cases, gender-based violence stems from arguments, for example when the boyfriend or the girlfriend did not sleep at home. Arguments quickly escalate into physical violence. Furthermore, there were types of GBV mentioned that constitute serious crimes and happens in the communities, such as rape, murder, baby dumping. The participants were well aware of economic violence that occurs in the community, for instance, the breadwinner refuses to support the family. It was obvious, that emotional violence is also present in the communities, and an example given was when a person insults his or her partner using vulgar language, which causes a lot of emotional grief to the abused. Everyone was aware that gender-based violence is even more harmful when it happens in front of the children, affecting the next generation of the community.

Alcohol was admittedly a big part of the problem and it was said to play a big role in GBV typically at the end of the month.

“I come home with no money, spend all at the bars, and I even want some food.” (Women’s focus group, Discussion, 2014)

There was an extensive debate about the indiscipline of the children. Many of the participants lamented that nowadays a parent cannot discipline a child as before, but a number of them put blame on those who forfeit their parental duties.

“Children have got more rights. To me, I look at it at a different angle as a mother. We are claiming that children's have got more rights, but parents have neglected their responsibilities, and that is what is causing the children to misbehave.” (Women’s focus group, Interview, 2014)

The participants discussed quite a number of examples for gender-based violence committed against children by their parents.

“We parents were brought up by our parents. We should go back and try to investigate about how our parents brought us up. Were they leaving us in the house the whole day, seven to seven? On the other hand, when I went to school and came back, what did I find in the house? It was my mother or food. Now it is vice versa: you sleep, the child goes to school and before she goes to school she should prepare breakfast for you. Why? Is this child happy? If she is not happy, what do you expect from her? It is the same manner you treat her that she will apply when she grows up and becomes a mother?” (Deputy Regional Commander, Interview, 2014).
The stories told by the participants were retelling incidents of mothers abusing their children. Notably, there was no mention of where the fathers were during the time these incidents happened, or what their role was in keeping their children safe from further abuse.

“In olden days, we had justice, but now we have the killing of children. There are too many shocking stories from 1992 to 1999. I followed these things because when we started our work on combating GBV in 1992. I was somewhere in Oshikoto Region. A two-year-old child living with a stepmother… When she cooked she gave that kid hot food, and took hot water and poured it in the anus of the kid, what is that? Is that disciplining a child? I think for us to move well, the change should start with adults, because children are learning from us. Maybe children are misbehaving but we are the cause of their misbehaviour.” (Police Officer, Interview, 2014)

The difficulties women face in accessing assets were considered to be the main reasons to take the decision and seek relationships that offered return and support, that is to enter into affairs with ‘sugar daddies’.

“You find that girls in our community, some go to school and some do not go to school, but even though some go to school, they are still having some extra activities, which they are doing, which does not suit their age, even.” (Women’s focus group, Interview, 2014)

Remarkably, amongst the traditional authorities and many older men and women, looking for financial reward in a relationship was thought to relate not only to economic and social pressures but also with the equal rights accorded to women since Independence.

There was also evidence found about survivors of gender-based violence feeling empowered after refusing to give in to the socially enforced patriarchy.

“Like me I did, I opened a case with the child and women abuse [WCPU] because that time I was pregnant when I opened a case. Normally he did start [the abuse] long time, but when I laid charges against him [after] about 1 year of our marriage, he beats me then I run to the police station at Ngoma. The officer there says to me that it is a family problem, they did not want me to open a case, they said I should just go back home and solve the issue. Then when we came home, the thing just continued continuously, just like that. The time when I was six months pregnant he beat me and I went to the women and child protection unit, I told them that this man is abusing me, and then I laid the charges there. I said he must just be given two weeks in prison, his behaviours will come back. He came home and continued again, I reported him again, and he was arrested, because we were legally married. In addition, I used to report cases. He was charged guilty and he started with another emotional behaviour of not giving me money and everything. From there I told myself that not anymore I will be suffering because of you, whatever you are going to say and it does not favour me, I will not do it and I will never be intimidated by you.” (Woman, Focus group discussion, 2014)
6.2 DEALING WITH GENDER-BASED VIOLENCE FROM THE POINT OF VIEW OF THE PERSONNEL OF SAFETY AND SECURITY

Cases of gender-based violence are reported at the police station. The police register the case and the survivor is issued with a J88 form. The J-88 form is a medico-legal document, an official form designed to facilitate the recording of the findings of a medical examination for specific use as evidence in court. The Current police policy is for all rape cases to be investigated by a Woman and Child Protection Unit.

“Concerning reporting a case of GBV to the police, the decision lies with the victim [sic] firstly, and with the police. In case of rape the case it becomes a police case immediately, especially if a minor is involved” (Health practitioner, 2014).

At the Police station where the GBV case was reported first, the officers do not investigate it but refer all GBV cases to the nearest Women and Child Protection Unit (WCPU), now GBVIU. WCPU (GBVIU) documents the same case number for their record and investigation purposes. Giving a case number helps the survivor of GBV to follow-up the reported case, since the case number is registered both at the Charge Office and at the WCPU.

The WCPU investigation officer is responsible to accompany the survivor of GBV to the nearest health facility. The WCPU officer has to ensure that the survivor is in possession of the J88 form, which is a required document to be completed in cases of GBV.

“The victim [sic] will come to the charge officer of the unit and we give the J88 and [the survivor] goes to the doctor and after completion the victim [sic] will bring it [the form] to the unit, then we commission it, then we file it in the docket, and a person has opened a case.” (WCPU officer, Interview, 2014)

In case of sexual violence the officer is also tasked to make sure that both the J88 and the rape kit (normally kept by WCPU) are completed by a health practitioner. Rape kit is an official package for the collection of medical evidence in rape cases.

“The patients makes the decision [on reporting GBV cases] as they usually come with the form. It seems like they use it as ammunition. I am really not sure.” (Health practitioner, Interview, 2014)

The Police deals with an overwhelming number of case withdrawals.

“For instance, if a woman came to report to us about her husband abusing her, then we go and arrest the person. The next day that same woman will come and say she wants to withdraw the case. Those are the challenges.” (Station Commander, Interview, 2014)
Behind the withdrawal of a gender-based violence case there is often social pressure.

“A person [GBV survivor] will just come, open a case today, and you ask her if she wants the suspect to be in prison or to get bail. Then she will say he must be in jail, because she is scared that when he comes from jail he will come to kill her and all many reasons. Then you put that statement in the docket and you go and arrest the suspect. When you take the docket to the court you will see her crying, saying that the family members are saying what if their person dies in prison, and all those complaints. ‘He must get out, my friends are even laughing at me that I took my husband to prison’. These cases do not really go to court, if they were 52, only three or two will reach the court.” (WCPU officer, Interview, 2014)

Many times the perpetrator convinces the survivor to withdraw a case.

“The only reason why cases are withdrawn could be because of domestic issues. After they have discussed the case at home the woman will come to say ‘I have forgiven my husband and I want to withdraw the case’, but currently our prosecutors are refusing to withdraw GBV cases even on domestic issues, and the rape cases they do not ever allow to withdraw. As a unit we cannot withdraw a rape case unless we are instructed by the court due to insufficient evidence or because the witness cannot be located” (WCPU officer, Interview, 2014)

6.3 MITIGATING THE EFFECTS OF GENDER-BASED VIOLENCE FROM THE POINT OF VIEW OF THE HEALTHCARE PROVIDERS

The doctors were asked about what happens when a survivor of GBV visits a Health Centre and has signs or bruises indicative of GBV; how the person responds when the doctor enquires about the injuries. The doctors responded that, as medical professionals, they were not to question the person but they are there to provide healthcare to anyone who comes through the door. If a person is a walk-in patient with any bruises or lesions, the healthcare provider must provide medical services. Under no circumstances can the healthcare provider question the patient about the nature of the injuries, or refuse to provide healthcare unless those questions are answered. When enquiring if the facility treats survivors of GBV, it was repeated that the healthcare practitioners provide a service in any case of injury or illness whether those wounds or ailments are related to GBV or not. The only time they were sure of any form of physical or sexual violence was when the patience arrived with a police officer, and the medical practitioner was compelled to complete the J88 form. This is the only form used in GBV cases and stamped by the Police.

“The J88 form is lengthy and as medical doctors we always look for shortcuts in completing the form due to the nature of the department [casualty] we are operating from. At most, we do not know what the purpose of the form is because of the fact that we are not called to court at all to give evidence. We provide treatment, and of course the J88 form, which is time consuming since you spend approximately five minutes to complete it, and it is repetitive. Five more minutes in the casualty unit means a lot. You will notice on the form that the same question is repeated in several sections.” (Health practitioner, Interview, 2014)
Even though the J88 form is filled in by medical professionals, there is a need for specific cooperation between the healthcare providers and the Police to understand and support each other’s work on behalf of the GBV survivor.

“I am not sure about the purpose of the form Nonetheless I notice that the terminology used needs to be explained to the users in training e.g. alleged assault or rape. You are required to complete [the sections for] external injuries and observations, and if the problem is alcohol-related, but as you have not tested the patient [for blood alcohol content] it is flawed. [In case of] sexual assault you complete the sketches and describe the injuries. The first healthcare provider is loaded [with work] and under pressure to complete the form. It is time consuming to complete the forms as I complete about 20[pieces of] J88 forms daily, and I do not know how it is used. The patients may use it as a bargaining tool to show their partners how serious they are [about pressing charges]. Whether they [the patients] indeed lay a complaint or not, I would not know. Alternatively, whether they use it as evidence [in court]. But I need to point out that MDs are in actual fact, well, familiar with the content of the J88 and do not find it very difficult to complete it during examination.” (Health practitioner, Interview, 2014)

The healthcare practitioner also revealed that sometimes the patient has so many injuries that a summarised version is written by the Medical Doctor, instead of the usual detailed explanations. As no pictures are taken the multiple injuries could be described subjectively and defence lawyers of the accused may question the validity of the information in court.

The medical personnel assured the research team that in rape cases post-exposure prophylaxis (PEP) is provided for the survivor by the healthcare facilities to avoid HIV infection. In most cases they administer a full course of PEP on the condition that the person gave consent and is not HIV positive. In most cases the consent is given verbally. In a case the GBV survivor is a minor or a child the person accompanying the survivor gives consent to PEP. Although the process seems straightforward the medical personnel was not sure if what they do is useful or even acceptable. Healthcare providers felt the need for more training and cooperation to assist their patients in a way and help the fight against GBV.

“Personally, I have not received any training and I am not aware of any of my colleagues receiving formal training on administering PEP or completing the J88 form, for example, or on routine procedures for GBV or sexual assault cases for the casualty unit. Thus, there is no standardisation on the services we ought to provide. In the regional districts, as a medical officer, you deal with all types of GBV and sexual assault cases. The training you receive is on the job experience. Trainings are therefore needed from the source of the service, for example J88 form is from the Police; otherwise it is left to self-interpretation. We have completed many forms and we do not know if it is completed correctly since no feedback is received. Depending on the purpose of the form, if it is for court evidence in a case, standardisation is required to preserve evidence. Healthcare providers only receive training on PEP in the context of HIV and AIDS training.” (Health practitioner, Interview, 2014)

During the examination of the rape survivor pregnancy-related services are also offered. After a blood test for
any type of sexually transmitted infections (STIs) if the test comes back positive, the survivor is offered STI treatment as well.

“For the rape cases we assist over the weekend, as a minimum [measure] we keep shock medication and the first doses of PEP are administered around the clock in the department. Full treatment is provided on Monday after the weekend of the incident” (Health practitioner, Interview, 2014).

The healthcare providers are of the opinion that the collection of evidence in cases of physical violence the process is not particularly challenging.

“As an emergency [department], if we establish that the victim might be pregnant, we first stabilise the patient and then refer her to Obstetrics and Gynaecology (O&G). But if there is severe bleeding, we would stabilise her and request for a sonar [examination] before the referral. Usually WCPU personnel, such as the police and social workers are involved, and they know the procedure that is followed. We have a good link with WCPU and O&G, and hardly have trouble. WCPU has its own arrangements and know who is responsible for which procedure with regard to pregnancy related victims.”(Health practitioner, Interview, 2014)

On the other hand, evidence collection in cases of sexual violence is more demanding because in these cases evidence is collected in accordance with the instructions of the ‘rape kit’, so the medical staff have to follow the instructions systematically to collect evidence properly. As it was pointed out by the healthcare providers, if the staff did not receive proper training in using the ‘rape kit’, they have to spend a considerable amount of time reading the instructions on the kit to be able to collect the evidence correctly. The healthcare provider could spend up to three hours just with one patient collecting evidence. Time is a pressing issue, as other patients are also waiting to be attended to, especially if the staff provider is working in either Outpatient Department (OPD) or in the casualty wards.

The healthcare provider has to be very skilful and sympathetic while collecting evidence from a minor or child, especially when the patient was sexually assaulted. Every medical personnel tries to protect the safety of the child, and report the results of the examination to the parents, or legal guardians, and to the police. The consent to collect evidence from a minor or a child is given by the guardian or parent of the minor or the child, or the person who brought the minor or the child to the health facility.

Records of GBV patients are kept in the healthcare facilities.

“We keep manual records of all type of cases including GBV cases seen and is therefore mixed. We record the names, sex and age (sometimes we just record adult or minor) of patient and brief description of diagnoses.” (Health practitioner, Interview, 2014)

“The recording is done in a book on a daily basis. I am not sure about the archiving of the book. But it is kept in
the Dr’s room and the matrons would request for the book so that they filter the data for reporting and statistical purposes.” (Health practitioner, Interview, 2014)

The survivors of GBV cases must often wait for their turn in the health facilities, as emergency cases take precedence. A senior nurse does a preliminary screening and takes the decision on the urgency of the gender-based violence case.

Rape survivors receive preferential treatment in most cases; they are attended to immediately, on arrival to the healthcare facility. The only time they may have to wait is when the healthcare provider is already busy with another consultation. The healthcare providers also stated that it is very important to treat a rape case as high-priority, for two reasons: the urgent collection of evidence is vital and from a psychological point of view time can be crucial as well, because the longer the survivors of GBV have to wait, the more likely that they become emotionally unstable and abandon the examination.

According to the healthcare providers rape does not leave obvious signs of injuries in adults; injuries from rape mostly occur when a minor or a child is violated. Healthcare providers collectively agreed that if a person has not given consent to sexual intercourse it was rape, even if the person was already sexually active at the time of rape. Rape hurts the survivors physically but the emotional scars are often even longer lasting, but emergency counselling for GBV survivors is not yet introduced in the healthcare facilities.

“Brief counselling is given in terms of the benefits of the treatment, and the patients give verbal consent. The Centre for Disease Control and Prevention (CDC) is responsible for testing and the O&G is familiar with the procedure of counselling.

It is not practical to bring services to the emergency department. The type of clients we see are more interested in getting their treatment and go home or being admitted, because they have spent long hours waiting for assistance. The volume of patients does not allow us to focus on other services. Space limitation is another problem whilst counselling service takes time to provide. I do not see the real benefit of bringing counselling service to the department because counselling is a lengthy process. Patients who are referred to and actually go to seek professional counselling service are the ones who really appreciate it. Others are referred but because they have to wait, they do not go to the offices.

Layman counselling is given; since I am not trained professionally it is therefore weak. After the weekend it is expected that the patient visits the social work offices to receive professional assistance.” (Health practitioner, Interview, 2014)

Healthcare providers also felt a bit powerless in face of returning victims, especially when they were accompanied by the perpetrator both or multiple times.
7. RECOMMENDATIONS

Combating gender-based violence should be more prominent in the service sectors.

Healthcare providers are tasked to provide healthcare in general terms, irrespective of whether a health situation is connected to GBV. In the health sector, currently there is no separate register to record GBV cases. Strict record keeping of GBV cases must be ensured and a separate register for GBV cases introduced. The person’s health passport should contain the J88 reports and any follow-up actions.

The health sector is constrained as the staff dealing with GBV cases also have to provide healthcare to the community. The health care units must have enough trained staff to concentrate only on GBV cases when the need arises.

The only instruction the medical staff have received on GBV was during their medical training and it is not sufficient to treat GBV patients. Healthcare providers must be provided with up-to-date guidance on GBV. Healthcare providers should receive a thorough training, especially on the sexual violence component, of the J88 form.

Sodomy cases are prevalent among young boys who were raped. Boys and girls should be educated that sodomy is a type of rape and it is a criminal act. Healthcare providers dealing with GBV believe that only a few survivors of sodomy have had the courage to seek help in the healthcare facilities. No police investigations of sodomy cases were known to the healthcare provider.

GBV cases were reported at the desk in the charge offices until the end of this research. At the charge offices there should be a special room or place established where GBV cases can be reported. There should be well trained officers at the charge office to register the survivor’s first report of GBV and issue a J88 form case. Social Workers must receive more printed material on combating GBV to disseminate it in the regions. Service Providers should go on more outreach programmes as a unit (health, police, etc.) to speak with a unified voice when addressing the evils of GBV.

Doctors should be provided with a platform were they can brainstorm about the difficulties in collecting evidence when a victim is sexually violated.

GBV should be constantly discussed in all the languages and on all possible platforms. Each and everybody must understand the meaning and implications of GBV in her or his own language.

The people should have opportunities created for them to exchange their views about GBV in view of the role of culture in cross-cultural marriages, the role of power from the community’s perspective, and so on.
The withdrawal of GBV cases were a major concern for investigating officers. There must be more education provided to prevent the withdrawal of cases, as presently only sexual violence cases involving a minor become state cases and cannot be withdrawn.

The investigating officers were distressed that in most culture there are tendencies of not getting involved in others’ GBV cases. Those, who are aware of GBV cases are reluctant to give a statement and especially in rural areas and at village level, people always tend to be ignorant if approach by an investigating officer.

Neighbours, communities and volunteers should learn how they can get safely involved in preventing and reporting GBV cases and support the survivor of GBV.

All stakeholders in combating GBV must address intergenerational sex.

Children must be educated that their rights come with responsibilities. The parents, schools and other adults should teach them that their perceived freedom, if misused, may come with a heavy price tag.

8. CONCLUSIONS

The police records gender-based violence cases, and when a docket is opened at the police station with a case number a J88 form is issued. Then the GBV survivor is referred to WCPU (now GBVIU), the investigating arm of NAMPOL for GBV cases. WCPU is responsible to make sure that the survivor of GBV receives medical care and that the doctor who attended to the case completes the J88 form. In most cases an officer from WCPU accompanies the survivor to the health facility. In SV cases the WCPU issues the rape kit, and the healthcare provider must complete the documents accompany this kit in full.

The social workers felt that they should be more equipped with printed information and other materials combating GBV. Social workers from the MGECW counsel everyone, while social workers from the MoHSS are counselling the survivors of GBV of 16 years and above. This separation often makes the work, the continuity and cooperation of the social workers difficult.

Nurses felt that they should receive special trainings to be more equipped to handle GBV cases, especially that they are the first to meet the survivors of GBV in the health sector.

Healthcare providers in most cases felt constrained. The completion of a J88 form with regard to SV can take up to three hours and in most cases the medical staff did not receive proper training on the J88 form. They read the instructions as they go on with the examination, to make sure that everything is covered in the form. Healthcare providers thought that the length of time that elapses while waiting for feedback from the Forensic Unit could lead to the withdrawal of cases. Some of the cases handled were still with the Forensic Unit after three years without receiving any feedback. At the same time the medical personnel is still expected to give
evidence in court after such a long time.

The healthcare providers did not receive any training on giving evidence in court. In court, they only have to explain that they recorded in the J88 form. Some healthcare providers were concerned that their evidence could be undermined if a perpetrator had a good defence lawyer.

The health facilities in most places were understaffed. Despite the lack of trained personnel SV cases should be attended to immediately to collect the required evidence. While the medical staff is busy with a SV case the other patients queue in the consultancy room. The waiting patients, at times become very vocal about the time they had to spend waiting for the healthcare providers to attend to them.

The healthcare providers felt powerless in the face of returning GBV survivor patients accompanied by their partners, the likely perpetrators. The medical staff cannot deny treatment and call the police, they can only recommend to the couple to go to the police station for investigation.

Previously, members of the Traditional Authority could deal with a perpetrator of GBV in accordance with their traditional laws, which were respected by the community. Now the TA felt that their powers were eroded in their community because of the introduction of police investigations, especially in DV cases. They advocated for a more prominent role for the TAs in fighting GBV, especially DV cases.

During the focus group discussions, the women expressed that they still feel oppressed by men and that men could not accept that women are equal to them. Some women in the focus group still did not understand the term GBV despite their advanced age; if they were violated, they took it as the way of life. Traditionally the grandmothers taught the girls from an early age that women should be obedient to men and not to question them, so if a woman was violated, she had to accepted it. Some women suggested that in the fight against GBV the responsibility of the grandmothers should be brought to light and the role of the grandparents should be reassessed in the community.

Various persons from the service sector involved called for a multi-sectorial approach to address the challenges of combating GBV to minimise the negative impact on society.

9. REFERENCES


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Chapter 3
Gender-Based Violence and Educational Campaigns
By C. K. Haihambo, Z. Kazapua and E. J. Louis

1. INTRODUCTION

Gender-based violence (GBV) has been an issue in the world for a long time. The Beijing Declaration and Platform for Action identified the elimination of gender-based violence as one of its key goals (United Nations, 2001). Gender-based violence remains a matter of serious concern at all levels of the Namibian society. The perpetual occurrence of gender-based violence specifically targeting women has raised many questions about what is being informally described as signs of a “sick society”.


The existing persistence of GBV seems to suggest that neither the legal provisions made a notable impact on combating gender-based violence, nor the educational, cultural, nor religious, campaigns yielded meaningful results. As part of the University of Namibia and Ministry of Gender Equality and Child Welfare’s research project (Gender-Based Violence: A Sector-Based Response), this sub-section specifically investigated society's perceptions with regard to educational campaigns on gender-based violence, the opinions on current educational campaigns and collected suggestions on how educational campaigns must be strengthened to help eradicate gender-based violence.
The impacts of gender-based violence on the national development are self-explanatory and cannot be over-emphasized. Gender-based violence is not only a women, or human rights issue; it is also a developmental issue. Gender-based violence in Namibia can be said to have reached epidemic proportions. During the month of February 2014 alone, seven women were killed by their partners in what is mistakenly termed as ‘passion killings’. GBV literature refers to these as femicides, meaning the killings of women, or with another term it is called intimate partner murder. In response to this plague of femicides, the President of Namibia initiated various interventions to address the scourge:

- a National Day of Prayers, held on 6 March 2014;
- intensive researches;
- amendment of the Criminal Procedures Act of 1977 to tighten the requirements for bail in cases of gender-based violence;
- amendment of the Correctional Services Act of 2012 to deny parole to persons who are accused and convicted of gender-based violence;
- legislation aimed at imposing longer prison terms to persons who are convicted of gender-based violence offences;
- curricula of educational institutions to include expected learning outcomes targeting children and youth’s education with specific focus on avoiding, preventing and discouraging gender-based violence;
- campaign against gender-based violence to involve government leaders, members of parliament, religious leaders, civic organizations, regional councils, local authority councils and the business community;
- speedy investigations and trials of gender-based violence cases;
- mandatory counseling to all perpetrators of GBV, to survivors of GBV and their families;
- a second National Conference on Gender-Based Violence to be convened as soon as possible under the leadership of the Office of the Prime Minister;
- the government and all leaders to speak out against GBV;
- witness-protection programme to be put in place to protect witnesses who testify in GBV cases;
- effective measures to be adopted by the government to combat the abuse of drugs and alcohol in the country (Namibian, 2014).

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

The fact that gender-based violence continues unabated despite various efforts to achieve gender equality, including constant educational campaigns to raise awareness, is a matter of national concern and prompted the development this research project. The Ministry of Gender Equality and Child Welfare (MGECW), as the custodian of the well-being of men and women in Namibia, and its partners, such as the Legal Assistance Center (LAC), the Ministry of Justice (MoJ), United Nations Children’s Fund (UNICEF) and many other development partners and stakeholders have invested financial and infrastructural resources into the mitigation of gender-
based violence, for example running educational campaigns through both print and audio media. The country, however, is still struggling with endemic violence, mainly against women and children. It is therefore important to research the actual impacts and possible gaps of educational campaigns on gender-based violence.

3. OBJECTIVES OF THE STUDY

The current research aimed:

- To determine how communities’ and society’s perceptions, understandings and experiences of gender-based violence determine the effectiveness of educational campaigns, aimed at empowering people and educating them on how to prevent and deal with gender-based violence.
- To explore whether current mass media educational campaigns, on gender-based violence respond to the gender-based violence phenomenon's mitigation agenda.
- To explore the perceptions of various target groups with regard to the relevance, effectiveness and degree to which the educational campaigns appeal to them and to solicit recommendations on how best gender-based violence can be addressed.

4. LIMITATIONS OF THE STUDY

The study was conducted between December 2013 and February 2014 during six weeks, which included the festive season. As a result, the depth and variety of the study data was limited to the available respondents within the time frame.

Given the high prevalence of gender-based violence, many of the respondents were in need of intensive psycho-social support, which the researchers did not prepare for or have the tools to deal with. Although this did not affect the validity or the reliability of the study, such situation often left the researchers and the respondents unfulfilled and raised some ethical concerns.

Most of the data collection took place immediately after the 16 Days of Activism against Gender-Based Violence in December 2013; therefore the researchers were not able to determine whether the high awareness of GBV could be attributed to successful national educational campaigns in general or to the timing of data collection.

5. METHODOLOGY OF THE STUDY

The research mainly used a qualitative research design (Creswell, 2014). The researchers relied on focus group discussions and key informant interviews as well as observations to explore the aspects of gender-based violence, to extract, and re-construct knowledge from participants across the wide sample (O’Hanlon, 2003). The various respondent groups included elderly people to trace the origin of GBV; youth in educational institutions; out of school youths; education professionals; social workers, organised male groups, organised female groups, men in their communities, women in their communities and other information-rich participants.
Purposive sampling technique was used to identify regions that have reported a high number and serious cases of gender-based violence (Creswell, 2014), especially the killing of a woman or man by her or his partner, as well as child neglect and abuse cases reported in the weeks prior to the commencement of the data collection process. Snowball sampling technique was applied for the selection of respondents to reach information-rich respondents.

The team visited the following regions:

1. //Karas Region (36 respondents)
2. Erongo Region (53 respondents)
3. Kavango East and Kavango West Regions (51 respondents)
4. Oshana Region (24 respondents)

The data collection included both expert and lay men’s views on gender-based violence and educational campaigns. Expert opinions were solicited from professionals and para-professionals who work on a day-to-day basis with gender-based violence survivors, whereas laymen’s opinions were sourced from individuals identified as information-rich on the topic of educational campaigns. The study sample consisted of social workers, members of the police force in various capacities, men and women groups and youth groups respectively.

Key-informant interviews were employed to tap into the expert opinions of respondents holding office either in the government, non-governmental organizations (NGOs), faith-based organizations (FBOs) or parastatals. Focus-group discussions on the other hand sought to gauge the community groups’ understandings, perceptions and or opinions regarding educational campaigns. Most of the key informant and focus group interviews were conducted in the respondents’ mother tongue, or a lingua franca was used with which the majority of the respondents were conversant. The help of translators was utilized where it was necessary. All the ethical procedures applicable to research with human participants were observed.

6. RESULTS AND DISCUSSIONS OF FINDINGS

The research team deemed it necessary to explore communities’ experiences of gender-based violence, its perceived causes and impacts before collecting data on their views regarding educational campaigns as well as their proposed solutions to the phenomenon. Presently educational campaigns advice people to report their case to the police, get Protection Orders, or leave the abusive relationships. Without considering the realities of GBV survivors and their worries, it is feared that educational campaigns remain inefficient.

6.1 Causes of gender-based violence

Respondents attributed the high rate of gender-based violence to three main factors:

1. Alcohol and drug abuse,
2. cultural perceptions and expectations of men and women,
3. poverty and unemployment.

All respondent groups in the //Karas Region mentioned alcohol and drug abuse as the number one cause of gender-based violence. A group of women (between 30 and 65 years) in Tses described other contributing factors to gender-based violence, such as low levels of education and poverty.

“Fighting in families is common. They drink and use drugs, and when they are under the influence, they start fighting. Substance abuse and aggressive behavior are fueled by unemployment. Many people do not have full-time employment and depend only on piece work. They spend the little they earn on alcohol and drugs. “Tombo [home-brewed alcoholic drink] is cheaper than maize meal! If they would have had have roper jobs they would have felt worthy and would have rather spent their income on self-development”. (Female participant, Tses, 2013)

An elderly woman drew a powerful parallel between her and her daughters’ lives.

“I have two daughters. It pains me to see both of them going through exactly the same hell I have gone through. Being treated like nothing, beaten up, running home, coming back, same process. I feel like telling them to leave and start their lives separately from their abusive husbands, but my hands are cut off.” [Researcher:] “By whom?” [Respondents, in a choir:]”Tradition.” [Elderly respondent continues:] “This is what will kill me. One of them, I know, this man will kill her. Every time I get a call from her or one of her friends, I start to shiver.” (65-year-old woman, Tses 2013).

Another woman in this group narrated that she was in an abusive relationship for thirty years. The church, community, and the family advised her to talk to her husband to stop the violent behavior. They all talked to him too but it did not help. Yet, when she decided that enough was enough, she was criticized for abandoning her marriage. But she is happy she did it.

“I am now a free and happy person!” (Female participant, Tses 2013).

It was apparent from the discussions that the abuse of women is prevalent in every setting. Equally notable was the observation that many women have lost hope and tolerated whatever was happening to them without doing anything to reverse the situation.

Respondents from the Ministry of Safety and Security (MoSS) and Ministry of Gender Equality and Child Welfare revealed that cases of domestic violence are reported in large numbers, almost on a daily basis by intoxicated persons, but many are withdrawn the next day or just after a few hours, when both survivor and perpetrator became sober. The subject of withdrawals of gender-based violence cases was discussed at length with all groups of respondents.
“After they report the case, the perpetrator pays compensation in the form of money or goods and promises never to mistreat his girlfriend or wife again” (Official of the Woman and Child Protection Unit, Keetmanshoop, 2013).

The discussions confirmed the power relations typical of patriarchy and the cultural norms and social expectations that force women to sacrifice their feelings and satisfaction to please men.

“Making a case against your partner is unacceptable in the traditional view. It is something you do to a stranger because you are not connected to each other in any way and won't have to see each other again. Yet men never stop. They beat their wives and children grow up watching this. We have a Grade 10 learner who finished her exams in prison because she took a knife and stabbed her mother's boyfriend. She had lived with him abusing her mother for years and she could not take it anymore. Women do see the posters and are aware of the law and their rights to report, but many say: 'Where do you go to after reporting him to the police? What will your children eat? At least he buys the Top Score [maize meal] that you and your children eat.’” (Participant form Project Women Group, Keetmanshoop, 2013).

The helplessness that survivors of GBV experience in the absence of support structures that would address their economic and cultural needs is noted with concern, as current educational campaigns do not take cognizance of these realities.

“My boyfriend knocked my teeth out with a cooking pan, poured hot porridge on my body, and humiliated me in the presence of his friends and family members.” (“What did you do when all these happened?”) [The respondent lifts up her shoulders.] “What can I do?” [Others in the group suggested reporting it to the police or his parents]. “After reporting, where do I go to?” (Female respondent, 2013)

Patriarchy as an institution and the use of alcohol and drugs were identified as major drivers of gender-based violence. Even those who were using alcohol on a day-to-day basis acknowledged that alcohol is the prime mover of gender-based violence.

“Violence happens because both men and women drink. When under the influence of alcohol, everyone is strong. Women can be very provocative once they have taken alcohol. And as a man, when provoked, you respond. You feel bad about what you have done, but when it happens again, you do it again.” [When you do this, don't you remember what you’ve learnt from the radio, posters, and other sources?] “That time, it is dark in front of you. You don't think about those”(Male respondent, 2013).

Alcohol was mentioned by all groups across the sample of the Kavango Regions as the number one cause of gender-based violence.

“Alcohol is more available than food in this region. It is consumed at a high level by the unemployed youths, school-going children, and, unfortunately, even the elderly that were supposed to guide the youth” (Focus Group
The students were quite familiar and rather critical of the role and effects of alcohol in the life of their community and in GBV.

“If people drink they start arguments and fights in the family. Over there, there is a couple that fights every day. We do not even go [to] look anymore. What can we do? A group of adults in the community went to talk to them and advised the lady to just take her children and go back to her parents’ village. But she does not want to go. She says what will her children eat when she goes back? So, they will fight like that until he kills her. When that uncle is not drunk, he even helps us with accounting homework” (Group of students, Kehemu, 2013).

“Men come from shebeens [informal drinking parlours] and trick girls into sex. When you fall pregnant, you are on your own. They do not even seem to remember that they were with you. When they pass you they look on the ground as if you don’t exist” (17-year-old girl, Girls’ focus group, Kehemu, 2013).

With regard to the cultural perceptions and expectations of men and women, respondents, mostly professionals, spoke at length about the vulnerability of women created by their traditions. These customs prescribe that women should not question the orders given by men, whether it comes from their fathers, brothers or husbands. The result of this directive is that women internalise the position of inferiority and tolerate the abuse. Such cultural positioning of women greatly affects women’s decision-making power.

On one hand, the data pointed to a number of traditional practices that condone violence or even encourage perpetrating violence under a pretext, for example ‘disciplining’ the partner. On other hand, the elderly respondents attributed the current level of gender-based violence to the misinterpretation of and the disregard for cultural practices that in their view built respectable relationships.

“In the past, a woman would not just meet a man in the streets or bars, and go live with him. Relationships between unmarried people were always there, but they served as a test period. As soon as young people are old enough, their parents would watch their behavior and if a young man wants to marry a girl, his family would approach her family. Families would know each other. When these young people decide to marry, it will not be their agreement as such. It will be an agreement between the two families. In such cases, as soon as signs of violence were detected, the family of the one who is abusing the other or causing trouble in the marriage will be alerted and actions will be taken.

Now we do not know whom our daughters are living with. You just hear that Kasiku was killed by Jonas. It is the first time for you to hear about Jonas! You did not even know that Kasiku, who went to school when she left the village, is now married to Jonas who is already married [to someone else]” (Focus group discussion, Elderly women, 2014).

The women advised to “return to our cultures” to create meaningful and regularized relationships.
“Get the girls out of the men's houses if they are not married. Why do they not stay in their fathers' houses?” (Focus Group Discussion, Elderly women, 2014).

Most of the middle-aged and elderly respondents maintained that communities should revert to the old roles of the elders to educate, help, and teach community values to the younger generations.

Regarding the modern relationships women and men engage in, the youth appeared to have a materialistic standpoint that is a cause for concern. At the same time this sort of perspective also gives an indication about the direction educational campaigns must evolve.

“Women should stop taking things from men and then deciding to leave them for another man. I will also not allow it.” (What things do men give these women?) “You buy them airtime, clothes, sometimes they ask you for money to buy food, and stuff. And you give and give. Then you are told: 'I don't love you anymore!'” (Young man, 2014).

The data confirmed that men lack the strategies to resolve relationship crises, such as betrayal and end of a love relationship. This reality confirms that educational campaigns should specifically target men's empowerment in this particular respect.

While women opt to stay in violent relationships for the sake of providing for the basic needs of their children, the psycho-social needs of children are barely considered, and the impact of violence on children remains totally unassessed and unrecognized. Our society cannot escape the negative consequences of gender-based violence on our children. Although this research did not target the impact of GBV on children, it came across a grade two pupil who drew pictures depicting violence in one of her school books.

The researchers’ discovery of these drawings provided unanticipated proof of the impacts of gender-based violence on children. Gender-based violence does not only leave children destitute, but it also creates a sense of insecurity with emotional pains that likely to affect their emotional, physical and academic progress (Vergnani, Frank, Haihambo Ya-Otto & Mushaandja, 2010).

Drawings by a Grade 2 learner whom the researcher was engaging while the parents were awaiting their interview. The little girl drew these pictures during her time at school.
All respondents in the Oshana Region expressed dismay at the regular occurrence of gender-based violence not only in Oshana, but overall in the northern regions. In each focus group discussion or individual interview session the respondents narrated cases of gender-based violence that affected them as individuals, family or community members.

The eldest participant in the research, a 96 year old man declared that it was the first time in his entire life that he heard of so many cases of partner violence as over the past few months. He indicated that there have been always conflicts between women and men, and that there have been men known for 'beating women', but the recently widespread murders are deplorable and a shame on the nation; this was sad and a waste of the hard-earned independence of our country. He blamed drug and alcohol abuse by both women and men, young and old, for the current state of affairs.

With regard to the causes of gender-based violence there were no significant differences between the data collected from rural and urban settings. Many respondents accepted the assault by partners as a norm, and only classified the murders of partners as well as baby dumping as gender-based violence. The respondents had a variety of opinions about the causes of what they perceived as gender-based violence. Some of the participants perceived the

“Something has gone wrong with our men. They no longer respect women as their mothers.” (Young women, 2014).

The participants also blamed materialistic mindset and promiscuity for intimate partner murders.

“Women bring this onto themselves. They use men for their enrichment agenda. Girls go through school and university being funded by various men. Our girls have lost all their values. They are after big TV’s, cars and long hair which their parents cannot afford. When one man finds out that he is not the only boyfriend, and sometimes he is even infected with the disease [HIV], all he thinks about is killing” (Middle-aged women, 2014).

The respondents painfully compared the recent and past choices families make when juxtaposing human values and financial advantages.

“The truth is that the extended family and clans have fallen apart. In the past, when a young girl fell pregnant out of wedlock, her parents would send her away but they knew where she would go to. The mother would even pretend to go to look for lost cattle and find out where her daughter is. And she will be with one of the grandparents, an aunt, uncle, namesake, etc. Money was not an issue then. People did not talk of budgets. Nobody counted the number of children in their house and the beans they would need to feed them. Nowadays, when a girl is chased away from her father’s house, she does not know where to go to. (Focus Group Discussion, Mature women, 2014).

Judging from the findings it became apparent that gender-based violence was accepted as a resort for a man
offended by his partner. The data also confirmed that gender-based violence is attributed to a continuum of socio-demographic factors. The culture of submissiveness of women has become a challenge in the face of poverty, unemployment, and HIV and AIDS, all phenomena that were not present in the past when women were expected to submit to the will of men without question.

6.2 Understandings and experiences of gender-based violence as determining factors of the effectiveness of educational campaigns

The majority of respondents spoke with sadness about the increase of gender-based violence and all believed that it negatively impacts the future existence of the nation. The revelation by a journalist validates the inclusion of //Karas Region in the sample selected of regions with high number of occurrence of GBV. The narrative also confirms the role of culture and tradition as drivers of gender-based violence in the region.

“//Karas Region tops the list of gender-based violence. This is because the traditional norms and values are being lost at a speedy rate, even in rural areas. Men do not respect women anymore, and they are still the ones who have opportunities to employment, even if it is simple, unskilled labour – this still puts bread on the table!” (Journalist, //Karas Region, 2013).

The respondents from //Karas Region, including those who used violence against their partners, described gender-based violence as: “hurting”, “demoralizing”, “painful”, “disgusting”, “inhumane” (animal-like) and “non-Christian”. A group of young women described gender-based violence as “the end of a young woman’s dreams, wiping her out from the globe literally or figuratively.” (Young Women Focus Group Discussion, Keetmanshoop, 2013).

Respondents in the Erongo Region, across rural, peri-urban, and urban settlements expressed dismay over gender-based violence; but when engaged at a deeper level, some respondents showed the signs of acceptance of gender-based violence as a tolerable way of relating to one another and resolving family and relationship problems. In one focus group discussion the respondents revealed that they have experienced or witnessed gender-based violence all their lives. Many women living in intimate relationships assumed that it is normal if a husband assaulted his partner if she did cook, if he did not appreciate what she cooked, or if he was in a bad mood. This ‘commonalisation’ of gender-based violence spoke volumes of the unreported cases and the silent suffering people experience in a community where violence is not identified as abuse, thus it is not accorded the urgency it deserves.

All the respondents from the two Kavango Regions, from all groups of age, gender, living conditions, educational or social status, were familiar with the concept of gender-based violence. Many have personally experienced (directly or indirectly), committed (consciously or unconsciously), or observed gender-based violence. An alarming number of respondents in the focus group discussion in Kavango East and Kavango West Regions, with the exception of professional service providers, regarded the “beating the wife because she did not cook”,
“pulling the girlfriend down the street because she follows you”, “engaging in multiple concurrent relationships” or “continuous verbal abuse of the partner” as a standard part of gender socialization and discipline.

In the Kavango and Oshana Regions mainly the men mentioned unwanted pregnancies and the dumping of babies not as a form of gender-based violence, but to argue that women also commit violent acts. It appeared that the men used this issue of national concern only as a tool to get back at, and expose women; therefore it also highlighted their desire to share the blame of gender-based violence.

“When women demonstrate at courts after a woman has been killed, they forget that they have flushed their babies down the toilet pots” (Focus group discussion, Youth, Oshana, 2014).

6.3 Perceptions of the relevance, effectiveness and appeal of educational campaigns.

All respondents revealed that they were aware of educational campaigns combating GBV. Two important indicators for the ineffectiveness of educational campaigns emerged from the collected data:

1) there is a lack of reading culture coupled with low literacy levels;
2) posters are sent to regions without considering the dominant language.

“We see a lot of posters at clinics, hospitals and police stations indicating that violence should be avoided, but some people do not read. Some even tear posters to write cell phone numbers.” (Focus group discussion, Male and female youths, 2013).

The posters would be more likely to be read in a language understood by the majority, and at the same time it would also demonstrate acknowledgement of the culture, thus giving ownership to the people.

“We receive posters that are in other languages, like Oshiwambo. Although you can see the pictures, you cannot really grasp the messages” (Male, Tses, 2013).

Data also revealed that there are individual and community efforts made to deal with the menace of gender-based violence.

“I had a boyfriend who used to beat me almost every second day here, in this street. Then one day we waited for him with my group of friends and we taught him a lesson. We beat him up. He ran away and that was the last time I saw him” (42 year old community activist, Erongo, 2013).

Although violent solutions should not be promoted, this was an example that represented some sort of community action against GBV. This also demonstrated that community members have the potential to stand up for each other and take charge of their lives. Given more effective strategies through educational campaigns in the future, it is believed that communities could be a good starting point for turning the tide.
Survivors who broke the circle of violence could serve as role models in the community and as spokespersons during community-based workshops:

“After I failed Grade 10, my parents were very disappointed. I was in big trouble and could not stay there anymore. I went to look for work in Rundu to pay for Namibian College for Open Learning (NAMCOL). In the process I met this guy who was so good. He helped me with paying for my classes. It was good. Then he started preventing me from talking to other people or meeting with my friends. He started becoming more and more violent. He would come home and shout. Even if I am bathing, or doing something, I have to come out quickly otherwise he wants to know what I was doing. Then he started beating me so much that I had to run and hide every time. Look at all these marks on my body. He burned me with a burning wood; pulled me on my hair; made me cook but not eat for three days, and many other things I cannot even mention. All these people know how I suffered. Everybody was saying he will change. I could not take it anymore. One day he came home and found me gone with my three children. People say he was telling them I will come back as usual. I walked on foot for about twelve kilometers to my family. Until today, I am free and I never went back. He came and begged for me to come back, but I said no” (30 year old woman, 2014).

If women were empowered to leave when a relationship is no longer working, they would not wait until there was nothing left of their self-concept or their lives.

6.4 Perceived roles of educational campaigns on gender-based violence mitigation

Respondents in all the regions pointed to the contradiction between the availability of educational campaigns on GBV, and the ignorance and limited knowledge of the targeted people about GBV. Posters are distributed widely, although some are not accessible to all sectors of the population due to language barriers, disabilities and cultural inhibitions, as in some cultures people do not take messages through art or media seriously.

More female than male respondents said that they have participated in educational campaigns and have internalized some of the lessons learned. Many respondents indicated that they benefited from the educational campaigns that were presented in the form of videos, life shows, radio talks, and dramas. The respondents, who did not participate in educational campaigns combating GBV were less sensitive and less informed about gender-based violence than the respondents who participated in educational campaigns combating GBV. However, it was also found that acquiring information on GBV did not necessarily culminate in behavior change.

The respondents in the rural areas lamented that educational campaigns reach them late as most events start in the bigger towns. Another concern was that the campaigns do not consider the socio-economic realities of the rural populations, and that the posters aimed at multi-ethnic communities do not take cognizance of their needs and their diversity.
A number of Non-Governmental Organizations (NGO's) participated in this study: the Male Engagement Group, the Youth to Youth Group, and the Voluntary Counseling and Testing Groups. All NGO's expressed a two-fold dilemma they are facing: firstly, that their ideas of rolling out effective educational campaigns combating GBV are impaired by financial limitations; and, secondly, that the actual perpetrators and survivors are not easily reached by these educational campaigns as participation in the educational campaigns cannot be enforced. The community members only reach out to the NGOs at their own will and the NGOs do not have the same access to the communities as the government and churches do. This situation leaves a gap between the services NGOs provide and the people who need the resources of the NGOs. Moreover, the people often do not access the services of the NGOs because they are not aware of them or do not trust the motives behind the services offered.

For example, the Youth to Young group, which operates in the Kavango Regions, trains out-of-school youth volunteers in participatory methodologies that allow them to approach commercial sex workers, people in unhealthy relationships, truck drivers, street children, and youths without parental care to present them with better options for their lives. They design posters to directly approach the groups that are at risk of sexual and reproductive health problems. The posters differ from posters or pamphlets pasted on lamp posts or left on tables for self-engagement and self-teaching. Youth to Youth discusses issues affecting the vulnerable people; they engage them and suggest ways to overcome the harm, including gender-based violence, to which these at-risk populations are more often exposed to. The method Youth to Youth uses recorded high success rates, although the implementers reported verbal harassment and abuse by the clients who were defensive about being identified as at-risk groups.

The Namibian Police Force’s Woman and Child Protection Units (now Gender-Based Violence Investigation Units) in all regions had their hands full dealing with the reported cases of abused women and children. This high number of reports could have been an indicator of the awareness if the communities; however, the rate at which the reported cases were withdrawn and not followed through to emanate tangible changes is worrisome. While people were aware of the WCPUs, there must be a transformation of mindsets that WCPUs are used not just as a temporary emergency relief measure. The WCPU staff felt burned out dealing with the same survivors returning to report the same perpetrators over and over.

Correspondingly, the female respondents indicated that they have saved the number of the police on their phones but they would only call in life-threatening situations. Many of the respondents have seen newspaper adverts, posters, television and other media messages about gender-based violence, but they seemed to be far from utilising or internalising the messages.

According to the data, there were no significant differences in the perceptions about GBV neither of the different age groups, nor in the perceptions of the different gender groups in the sampled communities. Both the young and old, male and female accepted that if a man had “invested” in a woman, she should not leave him even if she is unhappy, and when it happens, violence against the woman was considered to be justified. Regrettably,
only men’s “investments” were valued and used as rationalisation for GBV, while women’s emotional, physical, economic, social, etc. “investments” were under-valued or unrecognised.

7 RECOMMENDATIONS

- The rate of gender-based violence in the sampled regions justified the strengthening of clearly defined and culture-specific campaigns combating GBV.
- Men, who are so far seem to be unresponsive to existing campaigns, should target men separately and engage men as facilitators to drive the programs targeting men.
- The educational campaigns should include positive cultural practices, such as caring of each other in the Ubuntu (human kindness) fashion, and inculcating values, which respect women, men and children.
- A support system must be established to mitigate the impact of unemployment, poverty and alcohol abuse on crime in general and on gender-based violence in particular.
- The educational campaigns should provide training on the close link between these substance abuse and gender-based violence.
- The socio-demographic factors contributing to gender-based violence should be unpacked for further analysis and solutions.
- As the radio was rated as the most accessible and affordable to the majority of the population, the radio must be extensively used in combating GBV.
- The ministries and agencies creating educational campaigns against GBV should involve the youth, women and men groups to ensure that the material they develop has an appeal for the targeted groups.
- Interventions and educational campaigns must take into account both the customary and the common law, i.e. both parts of the dual legal system of Namibia.
- Women should be empowered to become financially independent and masters of their own economic and social aspirations.
- The media should be trained on how to report gender-based violence incidences. The current reporting of gender-based violence by the media instead of discouraging gender-based violence often sensationalises it and it is feared that the current media practice may encourage a sort of negative competition among the perpetrators.

8. Conclusions

The approach of starting the discussions from the angle of finding out the causes and perceptions of communities on gender-based violence enabled the researchers to tap into the issue on a practical level through the respondents’ personal experience.

GBV survivors, mostly women, internalise the causes of violence, believing that they deserve the maltreatment they receive from their partners and they have no other alternatives. The feeling of hopelessness is deepened by the difficulties the survivors of GBV go through when they do not find a safe and reliable way out of the abusive
treatment, or they do not know the steps to take toward materializing the other life they have learned about during the educational campaigns.

Regarding the persistent withdrawal of GBV cases, frustration was expressed by the police officers, social workers, health care and other service providers across the country. The withdrawal of GBV cases is rooted in culture; therefore this practice needs to be addressed from that perspective.

Women’s dependency on men promotes gender-based violence, because men mistakenly view their support as “investments” and expect “returns”; regard women as their possessions, women’s bodies, emotions and actions as assets to their own fulfillment. Men, especially former perpetrators must be involved in counselling programs to be able to correctly advice each other on relationship issues and on effective conflict resolution. Educational campaigns should teach men from childhood to respect girls and women as individuals. The campaigns must also provide women empowerment programs and alternative ideas for income-generating opportunities.

Alcohol and drug abuse were identified as major causes of gender-based violence even by those who abuse these behavior-modifying substances. Programs should be developed to effectively tackle alcohol and drug abuse. The external control measures suggested by the respondents (closing down shebeens, increasing alcohol prices, chasing away children from drinking places, etc.) would not be sustainable if intrinsic motivating factors, including a self-expressed need for help and commitment to behavior change are not included.

The participatory method in which posters are developed and used by trained facilitators to explain concepts was shown to be more effective than posters or pamphlet posted on lamp posts or left on tables for self-engagement and self-teaching. Therefore, the participatory method is worth exploring as one of the many approaches for educational campaigns. The conclusion deduced from the data is that the current educational campaigns only target the symptoms of the problem and not the root causes, which are mainly alcohol abuse, misrepresentation and misinterpretation of culture and tradition.

9. REFERENCES


Chapter 4
Community responses to Gender-Based Violence in Namibia: a case study of Erongo, Kunene, and Kavango East regions

By Michael Shirungu

1. INTRODUCTION

This technical report is about the study which was conducted in the three regions of Namibia, Kavango East, Erongo and Kunene Regions respectively. The study probes the communities’ response to gender-based violence (GBV) and looks at the socialization patterns among local people based on their social and cultural practices, as well as the effects of these socialization patterns on gender-based violence in the society. The study also looks at how women and men construct their gender identities and roles in the selected three regions, how they understand gender-based violence, and what they believe about the links between gender relations and gender-based violence in their respective societies. In this regard, the study attempts to establish the emerging factors that are predictive of abuse at different levels of the social ecology. As such, the study provides a different lens to gain insight into what gender-based violence is, and looks at various ways in which the Namibian people respond to gender-based violence at a community level.

In this paper the term gender-based violence will be used as an umbrella term for any harmful act that is perpetrated against a person’s will based on socially-ascribed (gender) differences between males and females (Toolkit, 2012). In the same vein, the broader SADC Protocol definition on gender-based violence will also be taken into account during the discussion, with specific examples from Namibia. In this regard, gender-based violence as per SADC Protocol is viewed as “all acts perpetrated against women, men, girls and boys on the basis of their sex, which cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict” (SADC, 2003). It needs to be noted that the nature and extent of specific types of GBV vary across cultures, countries and regions. As such, the notion of gender-based violence will be loosely used, as a dynamic and fluid matter to fit the local context.

Over the years the Namibian Government responded to cases of gender based violence via the Ministry of Women’s Affairs and Child Welfare, which was established in 2000 and changed to the Ministry of Gender Equality and Child Welfare (MGECW) in the year 2005. The change of the name of the ministry from women’s affairs to gender equality reflects a paradigm shift to focus on gender relations rather than only on women, as the case was before (KAP, 2007). The Ministry of Gender Equality and Child Welfare, therefore, has the major responsibility for policy and programme development in the areas of gender and child welfare. Since its inception MGECW has a robust interest in preventing GBV and responding to cases of gender-based violence country-wide, regardless of the form that gender based violence takes.
2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

In Namibia there is a voluminous body of literature on gender-based violence, approaching the phenomenon from different directions. A wide range of previous studies on gender-based violence in Namibia have already attempted to explain the causes, concepts, frequency and prevention aspects of GBV at a regional and a national level. For example a study conducted by the Legal Assistance Center (LAC) in 1994 looked at the number of domestic violence cases reported to the Namibian Police Force and the response of the police to those cases (Legal Assistance Centre [LAC]-Law Reform and Development Commission of Namibia [LRDC], 1994). Another study was conducted in 1997 to assess the nature and incidence of spousal abuse in the Karas Region (Unknown, 1997). A similar study was undertaken by the Ministry of Health and Social Services (MOHSS) in 2001, which assessed the nature and consequences of intimate male-partner violence in Windhoek (MOHSS, 2004).

Despite the number of researches on issues related to gender-based violence, there are very few in-depth studies that examined the immediate response to GBV at the community level. Therefore there is a paucity of knowledge about local people's immediate response to GBV at the family and the community level. There were a few studies in the past, which attempted to examine various community responses to GBV, such as family counseling, traditional hearing, or therapeutic services provided by community members. However, these studies viewed community response as of secondary importance for their research. One such study is the Social Impact Assessment and Policy Analysis Corporation (SIAPAC) study of 2007, a national survey on gender-based violence in Namibia. The aim of this national survey was to identify the different attitudes towards GBV and practices to eliminate as well as the impact of these attitudes and practices on people's lives, including those of the traditional communities. This study revealed that the behavior of local people, which is largely in conformity with their traditional practices, increases the number of GBV cases in the respective communities (SIAPAC, 2007). However, the KAP study only portrayed the cultural practices that increase GBV in the community and did not show some of the cultural practices that reduce GBV in the community. Another study that looked at community response to GBV is the study which was done by UNAIDS/Namibia in 2013 on Gender-Based Violence (GBV) in Namibia, which assessed and mapped GBV response services in Windhoek. The latter study mainly focused on documenting GBV-focused services offered by Community-Based Organisations, Community Liaison Officers, Civil Society Organisations and Faith Based Organisations in Windhoek. Clearly, up to till now there are no in-depth studies that looked at community response to GBV in the daily life, which does not fit into the organized and formal structure of the police, NGOs, Civil Society Organisations and other entities.

To enhance the government's efforts to combat gender based violence in Namibia the gap in our body of knowledge about community response to GBV needs to be filled. Therefore, the impetus for this report is the scarcity of studies exploring the responses of local people to GBV in their families and communities. Hence, this study investigates the initial response of the local people to GBV before they seek reaction from the
police and healthcare providers. The study also considers the responses to GBV by other supportive bodies, for example by the community and traditional courts. Equally, the study probes the people’s understandings of and responses to GBV at the individual, family and at the community levels.

3. OBJECTIVES OF THE STUDY

This study has three main objectives, namely:

(a) to understand the social and cultural construction of gender-based violence at the grassroots level in the three regions,
(b) to conceptualise gender-based violence as a multifaceted phenomenon grounded in the interplay among personal, situational and sociocultural factors using the ecological approach,
(c) to recognize the various strategies employed by community members to curb gender-based violence.

4. METHODOLOGY OF THE STUDY

This is a qualitative study that employed the following methods were employed in data collection:

(i) Semi-structured questionnaires were administered to 60 participants in the study.
(ii) Formal and informal interviews were held with community activist, community members, and traditional leaders.
(iii) Six focus group discussions were held separately with men and women.

The selection of the participants was done through purposive sampling. All the respondents are very knowledgeable on how GBV is perceived and managed in their respective communities. The respondents were able to provide the social reality on the ground and show how the communities in the three regions deal with GBV on the individual, family and community level.

All interviews were recorded, transcribed and translated to English. The data collected was systematically analysed and the emerging themes were compared with the scholarly work on the epistemological body of knowledge on gender-based violence.

5. LIMITATIONS OF THE STUDY

During the process of the study there were a number of challenges which prevented a comprehensive data collection to achieve all the objectives in the most comprehensive manner possible. Due to limited funds the researcher did not stay long enough in the field to have an opportunity to attend the hearings of the traditional court or the community court. Although the hearings were open to the public, none took place during the short duration of the study. Equally, the data could have been enriched and the study could have been more...
turned had the researcher been allowed to witness a family hearing on gender-based violence. Although there were a number of family hearings on GBV during the data collection period in the field, as these meetings were regarded as family matters and the researcher’s attempts, to attend the hearings and use direct observation as a research technique, were not welcome. Consequently most of the data collection was achieved during formal and informal interviews and focus group discussions. There researcher therefore used these techniques an attempted to collect as much information as it was possible to have sufficient data at hand for analysis.

6. RESULTS AND DISCUSSION OF FINDINGS

6.1. The social and cultural construction of gender-based violence

The links between gender roles and gender-based violence are social and culturally constructed and as such they differ from one community to the next (Strebel, 2006). While the structure of gender-based violence may vary from one society another, all the participants in the study acknowledged that contemporary ideas greatly influenced not only the traditionally accepted gender roles in the communities, but also the way society understands GBV. In this regard the work of the media (both printed, electronic, radio and television), and the advocacy of the civil society, the non-governmental organisations and the Government were viewed as promoters of gender equality. In some cases the work on combating gender-based violence were perceived to be biased, the programmes and policies were supposedly favouring women while putting men in a disadvantaged position.

During the focus group discussion with men from the Kavango East Region it was alleged that “The new laws that advocate for equality between men and women deconstruct manhood in the society and when we try to oppose the laws the majority of us find ourselves behind bars. At the moment we cannot teach our wives good manners, imagine a knock in the head and it can land you behind bars? We are powerless, my son, that is why we have a lot of women drinking beer instead of staying at home and look after the family.” (Focus group discussion with men from Kavango East)
Women on the other side argued that men are ignorant about the legislations and do not know how to get the correct information.

“The new laws especially the one on domestic violence is good since it reduces physical abuse by men. However, it is men’s naivety and pure ignorance of the law that is why they find themselves behind bars. To tell you the truth men do not have time to attend community meeting except if it is a political rally, some of them do not even know the new laws.” (Focus group discussion with women from Kavango East)

Focus group discussion held with women in Kavango East Region

During the study it was apparent that the participants to a certain degree recognised the pervasiveness of the traditional gender roles in communities, which involve that the women stay at home to raise the family and the men go out to work to provide for the family. These roles were very clear to all the respondents with the exception of respondents from Kunene Region. In Kunene the majority of the people do not have a formal employment, and this is especially true among the OvaHimba and OvaZemba. It was also striking to experience that the household activities, such as looking after the children, milking the cows and goats, as well as cooking, which in other cultures may be considered as women’s duties, were also carried out by men and were both socially and culturally acceptable.

OvaHimba men in Kunene Region babysit a six-year-old child
The behaviour, whereby men did what was culturally expected to be women’s job was only observed in Kunene Region. In Kavango and Erongo Regions the household chores were regarded as women’s business.

Another unique cultural practice noted among the OvaHimba and OvaZemba is the custom of the sharing wives with brothers, cousins, as well as among good friends. The practice is referred to as *okujepisa omukazendu* (approximately translated as ‘offering a wife to a guest’), which is believed to take care of jealousy amongst both sexes, and to strengthen relationships and friendship within the clan. The chief of the Otjikaoko Traditional Authority, Uziruapi Tjavara also argued that the practice reduced the cases of violence against women in the OvaHimba and OvaZemba communities in the Kunene Region, especially when one compares the number of violent cases to those of other regions, where cases of intimate partner killings (or as mistakenly called in the communities ‘passion killings’) often occur (Kulunga, 2013).

In contrast to the traditions in the Kunene Region, women in the Kavango and Erongo Regions are expected to be submissive, especially to their husbands, and men are expected to be the decision-makers in their homes. The stereotypical roles instilled in the minds of women are internalized by most of the women, who are convinced that they are physically, emotionally and mentally subordinate to men. This mindset constrains women’s ability to exercise their rights and make the choices that would enable them to stand up against any sort of abuse.

Becker (1993) similarly pointed out that the historically-specific trajectory of the Namibian society under colonialism entailed the promulgation of those gender ideologies that are currently referred to as ‘traditional’ gender ideas. Furthermore, the author showed that in this set of principles a ‘good’ woman was depicted as someone who was weak, shy, passive, did not speak up and had no decision-making power. Becker (1993) also argued that gender stereotyping, spread by prevailing gender ideologies throughout the country, has been largely internalized by both women and men. While notions of ‘traditional gender roles’ still exist in the society, it is important not to treat all the participants as one universal group of people, but rather recognise that gender based-violence is a multifaceted phenomenon grounded in the interplay among personal, situational and sociocultural factors.
6.2. Gender-based violence as a multifaceted phenomenon

There are a number of literatures on GBV that employ an ecological framework to better understand the relationships between the individual, the given circumstances, the community and the traditions as reasons for violence. This report utilises the ecological framework as well, to comprehend the phenomenon of GBV in the three regions and to improve the understanding of the problem within the different cultural contexts. As Heise (1998) explains, “an ecological approach to abuse conceptualizes violence as a multifaceted phenomenon grounded in interplay among personal, situational, and sociocultural factors.” In this framework a general understanding results from the interactions of the examined factors at different levels of the social environment: at the individual level, in a relationship, among the members of the family, within the community level and at the societal level.

In Kavango East Region gender-based violence is generally understood to be some kind of ‘suffering’ between men and women in the homes (makuhepeko/likuhepeko/rukisho) or in a relationship (nkwara). In this regard, the ‘suffering’ comes in different forms, such as sexual abuse, physical abuse, emotional or psychological abuse and economic abuse. Similar notions surrounding gender-based violence were also found in Erongo and Kunene Region.

In Kunene among the OvaHimba and OhaZemba the elder generations believed that gender-based violence happened more often among the youth than in the older generation; as one old man noted:

“…that it’s only the youth that engages in gender-based violence activities due to loss of norms and values, and causing suffering to the partners, which includes beating and shouting at their wives but [among the people of] the older age no one does those kinds of things.” (Focus group discussion with men from Kunene Region)

Likewise, in Erongo Region the participants observed that gender-based violence happens across all age groups but the youth is the one that is highly affected.
The respondents included many different issues in an effort to identify the root causes of gender-based violence in the three regions. The problems in the relationships in the communities were attributed to alcohol abuse, multiple and concurrent partnerships, and even to the use of cellphones. The participants asserted that cellphones frequently cause distrust between spouses, therefore some individuals took a decision and abandoned its usage.

6.3. Emerging factors that are predictive of abuse at the different levels of the social ecology

During all the six focus group discussions which were held separately with men and with women in the three regions it became apparent that gender-based violence occurs in every community involved in the research. Furthermore, GBV was to a certain notch part of the cultural upbringing of women and men, therefore socially tolerable. During one of the focus group discussions held in the Kavango Region a woman pointed out that the people know that the government has a strong stand against GBV, but despite the government’s efforts to combat GBV countrywide, women still experience abuse, including physical abuse at the hands of men. A female participant noted:

“Many women in this community are physically abused; by the way, if a man is beating you do not fight back, as this might increase his anger, resulting in more beating. As a coping mechanism just idle and wait for him to finish”. (Focus group discussion with men from Kavango Region)

Men, on the other hand, also acknowledged that they beat their wives. The excuse men gave for the physical abuse was that this was the method they used to ‘discipline’ their wives. One male participant quoted the idea he learned and believed, that the man is the ‘head’ of the household while the woman is the ‘shoulder’ and the two therefore can never be at the same level, i.e. never be equal in any given context. This participant lamented that the new laws can put a man behind bars even for a ‘normal wife beating’ that takes place within the household. Wife beating, aggressiveness and male domination was not always used for maintaining the ideal of masculinity, but was rather thought of as a way men exercise control over women or ‘discipline’ their wives. The concept of ‘disciplining’ one’s wife with beating turned out to be a widely accepted form of abuse and the participants did not perceive it as a type of physical assault. At the same time the male respondents demonstrated clarity and awareness both the statutory and customary laws that prohibit the beating of women and children. Such attitude compares to the general outlook that can be observed in the country: on paper the Namibian government has a very good national framework on GBV, starting from the Namibian Constitution. In this regard, Article 8(1) states that “The dignity of all persons shall be inviolable.” In addition, Article 8(2) (b) states that “No person shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.” Article 10 stipulates that “All persons shall be equal before the law,” and that “No persons may be discriminated against on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status.” These provisions have been reinforced by specific legislations, including the Combating of Rape Act 8 of 2000 and the Combating of Domestic Violence Act 4 of 2003 (MGECW 2014). While Namibia has a good framework on GBV many men view the policies and laws on GBV as biased against men. When the participants were asked
during the focus group discussion if they knew about organisations dealing with gender-based violence in the community, a male participant narrated:

“The main office that is dealing with gender-based violence is the one in Rundu, that of ‘muntu wamuntu’ [human rights]. In fact, they must change it [the name] to ‘lipopera vakadi’ [women’s protection] although the office also caters for men, as well. That office is anti-men, and I pity men who are residing in the township since they cannot even give a slight beating to their wives, otherwise they will be jailed. In fact, women manipulate and abuse that office, even a light quarrel; they are too quick to report to that office. Another office is at Nyangana Hospital where couples are counseled by the social workers if they have problems in their homes, and of course the police station [also deals with gender-based violence issues].

Both the individual informants and the participants in the focus groups in the three regions actually constructed GBV as a problem and as an unacceptable practice. Nevertheless, there were some voices that tried to rationalising men's behaviour based on traditional norms and cultural practices, in effect legitimising men's violent acts in their minds and debates. They were perfectly comfortable to uphold the stereotypical dominant gender roles, and thereby also implicitly condone the spousal abuse of women.

In all the three regions there was a strong opinion that the abuse of men by women was not taken seriously. One reason given for this was that men were habitually too embarrassed to report such abuse, or they were afraid of being ridiculed if they did report being abused. The other reason, mentioned above already, that men interpret the policies and laws on gender-based violence as supportive of women, and accusations of women abusing the legal apparatus in this respect were commonly voiced.

While rigid gender stereotypes regarding the appropriate masculine and feminine roles prevail in the country, it must be also mentioned, that Kavango women have the right, on matrilineal ground, to speak at public meetings on any issue affecting herself, her family and the community. Under Kavango customary law a woman can legally sue someone in the court in her own right and if she a princess, she may rule her ethnic group. Actually, various ethnic groups have had female rulers’ in the Kavango Region already, for example among the Vashambyu rulers were Mushinga, Kandimba, Maria Mwengere and presently Matumbo Libebe is chief in her own right. Similarly, Mate and Kanuni were female rulers among the Kwangari Kampungu.

Another noteworthy feature of the Kavango culture is that wife battering is seen by them as lack of love in marriage, unlike in some societies where wife beating is regarded as ‘an act of love’. Thus, in the Kavango a woman who has been beaten by her husband or goes through other ill treatment (such as a storm of quarrels), has the right to formally leave her husband, and stay with her family. This practice is known as kuteka. Kuteka literally means “to be broken” and this custom, is thus called probably because the married life is broken by the woman’ departure from the house she shared with her husband. Sometimes kuteka is for good and in other instances kuteka is temporary. The wife can go back to her husband again after the husband appeased her by going to his in laws and ironing the matter out. This is called kutekurisa, which comes from the word kuteka (broken) and with a suffix that means ‘undo’, so the marriage is restored and the status quo is reestablished.
6.4 Community response to GBV

This study showed that there are various responses to gender-based violence in the three regions, which are influenced by the African concept of *Ubuntu* (humanness) at the community level. Ubuntu is a broad concept encompassing both the ‘theory of ethics’ (Matingwini & Kwindingwi, 2013) and ‘mode of being’ (Ramano 2002). *Ubuntu’s* key feature is ‘politics of common good according to which collective pursuit of ends as shared by members of the community is the primary political aim’ (Eze, 2008). Entailed in this concept is the idea that human beings do not exist as bounded, autonomous persons. Instead they are interdependent and share relations of affinity with each other. The African concept of self is generally expressed in the popular adage ‘umuntu ngumuntu ngabantu’ (I am because we are). No one exists meaningfully in isolation from other human beings. Similarly, one’s personal problems cannot be borne by the individual alone. They need to be shared with the relevant people in order to receive help and available support. Ubuntu is more visible in small villages and rural areas because people in these places share similar cultural beliefs and depend on each other for their needs.

The numerous media reports on gender based violence perpetrated by neighbours, family members and close friends are evidence of the lack of *Ubuntu* in some communities. In addition to the National Prayer Day against gender-based violence held on the 6th of March 2014, *Ubuntu* could have been certainly drawn upon to offer an ‘African response’ to the GBV epidemic in these times of high numbers of gender-based violence cases. *Ubuntu* as a response would include caring for the sufferers of GBV. In all the three regions (Kavango, Kunene and Erongo) it became clear that there were always individuals who of their own free will provided counselling services for victims of gender-based violence. The activism of these supporters is located within a broader cultural context characterised by the ethics of care, support and interdependence among community members. This is called *Ubuntu*.

The community courts and the chiefs have the power to fine the perpetrator of gender-based violence. Partly because of this practice, in Kunene Region, the local OhaZemba and OvaHimba people prefer to take gender-based violence cases to the Traditional Authority to receive some financial compensation from the perpetrator. The participants from Kunene Region also cited long distances, high transportation fees as well as long trial periods as some of the reasons why they favour to go to the locally based community courts instead of reporting the GBV cases to the police. In Kavango East, however, community members mentioned the long trial period as the main cause for turning away from community courts. In Erongo Region there are prominent community activists combating GBV, especially in Walvis Bay. GBV-related community activities in Erongo originated mainly from church organisations, sport clubs and among senior community members. These community activists are known by the community members and they are frequently called to deal with light cases of GBV to restore harmony.

According to most of the Headmen interviewed in this study, they no longer have power to fine individuals
as such power now rests with the community courts. Local people are not pleased with the community courts, because they find it limiting. While members of the community are allowed to attend the hearings of the community court, they are not permitted to make any input, to voice their ideas or opinions. Only the complainant, the accused and the witnesses can address the community court. Because of this restriction, some of the community members are reluctant to attend the community court; moreover, in their view the community courts do not bring justice to the community in the spirit of Ubuntu.

In Kavango Region when a couple has trouble in their relationship one of the partners can bring the problem to the attention of the family members to discuss the issue. However, if the problem persists then it will be reported to the community activists, and if no solution is found then the matter is taken to the Headman of the village. It must be noted that the community members do not like to take their problems to the Headman since the introduction of community courts under the Community Courts Act, 2003. Manfred (2014) noted that nobody seems to know the exact number of the traditional courts currently operating in Namibia. Moreover, there are a number of unrecognised traditional communities, which are governed by their customary laws, and also have courts to decide the matters brought before them by the members of the community. What is exactly known, that there are 46 recognized Traditional Authorities in the country and most of them run a traditional court at the level of the chief as the supreme traditional leader of the community. It is also known that the territories of many traditional communities are subdivided into districts under the leadership of senior headmen, who all preside over district Courts. Within the districts there are villages and they adjudicate their cases in the village courts (Manfred, 2014).

The observations of this study could challenge the academic literature on combating gender-based violence, in the sense that the literature generally attributes the successes of gender-based violence activism to the work of the police, social workers, psychologist and multinational organisations, while according to the findings of this study gender-based violence issues are also successfully dealt within the community by a variety of community members who call themselves “GBV activists.” Combating GBV is implemented by rural men and women and does not strictly follow the activist model of the designated organisations; instead, it follows the cultural model associated with Ubuntu. Gender-based violence interventions therefore should also acknowledge the influential role of Ubuntu and utilise its potential to curb gender-based violence.

7. RECOMMENDATIONS

The study noted a dominant code of conduct among community members, the ethics to do good and to do no harm; that is to help each other in times of need including gender-based violence. This communal ethic manifested in the everyday conduct of the community members. Gender-based violence interventions should also acknowledge the influential role of Ubuntu and utilise its potential to curb gender-based violence in Namibia. Simultaneously, there must be more in-depth studies on the achievements of community activists to build on their experiences in combating GBV. Gender-based violence survivors, especially those who reside in villages should be assisted with transportation to get to the court, since some of them decide to withdraw their
cases due to the long distances they need to travel to the courts and choose to request for the intervention of traditional courts.

The report recommends two key issues:

1. The Ministry of Gender Equality and Child Welfare should identify community activist combating gender-based violence at the grassroots level and enhance their counselling skills of Ubuntu via workshops of capacity building.
2. The Ministry of Regional and Local Government, Housing and Rural Development should revisit the proceedings of community courts, specifically considering the possibility of allowing community members to participate, voice their opinions and debate issues based in their cultural belief system during the hearings of Community courts in the community courts to bring justice to the community as a whole.

8. CONCLUSIONS

This study has provided a new lens of looking at gender based violence in Namibia and beyond. It was apparent from the formal and informal interviews, as well as the focus group discussions, that interventions aiming to alleviate gender-based violence need to look at the social and cultural construction of GBV to understand how these factors are articulated within the local contexts. This is extremely important in order to address the lived experience of those for whom the interventions are intended (Strebel, 2006). Survivors of GBV will be more efficiently helped only if the interventions incorporate the already existing community response to gender-based violence at the grassroots level. The introduction of governmental changes, for example the ones involve the community courts, must not treat society as a homogenous body of people, instead, the changes must be linked to the customs of each community since cultural practices vary from one community to the next.

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Chapter 5
Indigenous knowledge on Sexual and Reproductive Health and its influence on Gender Based Violence

by Nelago Indongo & Klemens Mutorwa

1. INTRODUCTION

Indigenous knowledge systems (IKS), as a field of study, has become of immense interest to scientists, state officials and practitioners for a variety of reasons. It is acknowledged, firstly, that IKS holds importance particularly (though not exclusively) amongst rural people, and that these systems have to be better understood for the successful implementation of developmental and interventionist projects. Indigenous knowledge, and the extent to which it shapes people's strategic behaviours and day-to-day decisions, is often argued to be poorly understood, and underestimated.

Development projects and poverty alleviation programmes have frequently been debilitated by a lack of nuanced insight into local dynamics, cultural practices, and people's utilisation of and reliance upon subjective frames of reference passed down through the generations. Authors debating the sociological significance of IKS have focused, to some extent, on the conceptual problematic of IKS, the apparent demise of IKS, the differing ways in which men and women draw on IKS as an 'information base' (Flavier, 1995), the adaptive and versatile nature of IKS, the intergenerational transmission of IKS, and the ways in which people draw upon indigenous knowledge systems as part of their survival strategies.

Indigenous sexual ideologies, Christianity and colonisation are the three major dynamics which have influenced and shaped gender and sexuality in Namibia (LaFont, 2010). It is impossible to describe a specific indigenous gender and sexual ideology due to the differences in gender roles and sexual morés and practices amongst the various ethnic groups in the country. Cross-cultural comparisons are also difficult because until recently data about gender and sexuality was not collected in any systematic way.

Gender-based violence (GBV) is a human rights issue of endemic proportions in Namibia (UNAIDS, 2013). GBV is violence that is targeted against individuals or groups on the basis of their gender. It is a form of discrimination that seriously violates and impairs the enjoyment of all human rights and fundamental freedoms of survivors. GBV is not a series of isolated events, but rather represents a pattern of behaviour that undermines the dignity, autonomy and security of the victims, limits their participation in society and damages their health and well-being. GBV is thus not only a serious public health concern but also hinders the social and economic development of the country, and the achievement of internationally agreed development goals, including the Millennium Development Goals.

Violence has always been a tactic by which the men maintain control over and exploits women's bodies and labour and has been used when a woman does not comply with the perpetrator's wishes or as a means of
displacing a man’s anger (Bisika, 2008). Aside from the more culturally recognized physical and emotional abuse, behaviours such as destruction of properties, threats, harassments and ridicule also constitute violence against women. Researchers reported that there is a complex dynamic interaction between the various beliefs and structures of a culture which is conducive to violence towards women. They identify socio-cultural factors such as poverty, social inequality and inadequate social support as some of the variables that combine to determine the seriousness of the impact of violence against women.

Justifications for violence are frequently based on gender norms – that is social norms about the proper roles and responsibilities of men and women. These cultural and social norms expect males to be aggressive, powerful, unemotional, and controlling and contribute to a social acceptance of men as dominant. Similarly, encouraging females to behave as passive, nurturing, submissive, and emotional individuals also reinforce women’s roles as weak, powerless, and dependent upon men (Pan American Health Organisation, 2003). The socialization of both men and women has resulted in an unequal power relationship between men and women. In different societies and cultures, different values and norms attached to being men and women, and different statuses assign to them as well. Norms and values generally attributed to women and men of colonial and dominant cultures, such as purity and pollution, liability and asset, dependent and breadwinner, have segregated women and men.

According to LaFont (2010), once children have reached puberty, sexual experimentation, which could now lead to pregnancy was strictly forbidden. Some ethnic groups had initiation rites, which included basic information about sex to prepare young people for marriage. Marriages were arranged and girls were often married at a young age, usually shortly after their first menses. Sex and sexuality were rather taboo subjects and, in general, parents in some cultural practices did not discuss sex with their children. In some of the cultures, girls did not learn about menstruation until it occurred, and boys knew nothing of wet dreams until they had them. If young people were told about sex, it was often put in a negative context.

In the Owambo and Kavango cultural practices for instance, where the study was conducted, women used to wed through traditional weddings. In Oshiwambo these weddings were known as eengoma. This was a traditional ceremony regarded as a rite of passage that took place at puberty. Various initiations, including the ensuring that young girls who participate were not pregnant and they were well prepared, took place. Girls’ initiation ceremonies also involved reproductive and sexual education, mainly focusing on sex education, hygiene and the use of traditional gynaecological medicines. The process included that young girls were prohibited from meeting men for a period of time. On the day of ceremony the girls dance and interested men picked some of them. After these initiations the girls were regarded as being married although not necessarily to a specific husband (Iipinge, Phiri, & Njabi, 2000).

Young girls in these traditions were raised to be assisting their mothers in the kitchen. It was during that time that mothers taught them how to take care of their husbands in the future, when they get married. The instruction mainly included the preparation of meals for husbands and bearing as many children as he desired.
Women had no decision making power in fertility preference. In most African societies children are highly valued; women's social and familial positions improve significantly if they bear children (Kinoshita, 2003). To use family planning prior to marriage is “out of the question”, since women are expected to become pregnant within the first three to six months of marriage.

The girls were also taught how to care for women after giving birth. When a woman first gave birth, she was taken back to her parents to care for her and the baby for a certain period of time, usually not longer than a month.

From childhood girls were socialised in a manner that “befitted” womanhood. They were taught to be loyal, obedient and polite. They learnt to do household chores in preparation for responsible womanhood, and to enable them to fend for their families in their future. They were therefore “groomed” for marriage, childbearing and caring for family members, especially male relatives and the husband.

After marriage the women took the responsibility for the raising and training of children. During pregnancy and childbirth women had to ensure that all the ceremonies and taboos necessary for the wellbeing of the child were strictly observed. They had to ensure that their children received the medical care dictated by custom. Women also had to ensure that the children were properly fed and decently clothed.

The mothers instructed their older daughters on womanhood and other related expectations of motherhood. This training involved waking up at dawn to sweep the yard, fetch water, collect firewood, and prepare porridge for the family. The mother was blamed for whatever went wrong with the girls’ behaviour she raised. She was expected to be a role model for younger women in the community. Through all these activities women made a major contribution to the life of their communities.

Son preference is a form of gender-based violence that posed a lot of problems in different countries of the world (Nnadi, 2013). Although son preference is still in existence the world over, traditional preference for son is more prevalent in some communities than in others. More so, female infants, girls and women are discriminated against in the area of nutrition and health care. It is common practice among some cultures that bigger portions of food are given to the male child than to the female child. Boys are usually higher valued from birth. Boys are taught to be in control of their households, provide for their families in terms of food and shelter. It is the responsibilities of the father to talk to his sons about cultural values. A grown man is traditionally viewed as the head, caretaker and breadwinner of his family.

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

In the past three decades, in sub-Saharan Africa, development approaches have been effected in the areas of health, specifically sexual and reproductive health. However, many governments, including the Namibian government, are still faced with a number of challenges relating to reproductive health. In the past, bearing
children out of wedlock as well as teenage pregnancy were rare due to strict cultural norms, despite the fact that health facilities were inadequate and not easily accessible. The prevalence of premarital fertility among teenagers stands at 9.8% (Palamuleni & Adebowale, 2014) an indication that teenage pregnancy is still high. It is therefore important to understand some of the successful practiced reproductive health norms that can be replicated in addition to friendly reproductive health services that are offered at clinics and health centres.

The research will add to a growing body of knowledge on indigenous knowledge systems and practices in southern Africa. In the arena of reproductive health the findings and development of analysis could prove to be extremely significant: it could assist in the construction of comprehensive and better-informed reproductive health education and gender based violence programmes. Indigenous practices could also be integrated into educational curricula for reproductive health education (life skills) or for programme interventions.

3. OBJECTIVES OF THE STUDY

Researchers in other parts of the world have considered new approaches that take into account the lifestyles, attitudes, beliefs and traditional practices that form the basis of a community’s perception of health and sexuality as effective ways to intervene in matters related to sexual and reproductive health (SRH). This study focused on intergenerational accounts of the use of IKS in sexual and reproductive health care in Namibia and the influence of IKS on gender based violence. The study probed the understandings of marriage and relationship in rural communities in Namibia.

The main objectives of the study are threefold:

- To examine local knowledge systems and practices particularly as they relate to reproductive health;
- To compare the thinking and practices of men and women with regard to gender-based violence in Namibia and how indigenous practices influence them; and
- To document indigenous practices which could be integrated into educational curricula for sexuality, gender-based violence prevention campaigns and reproductive health education (life skills), or for programme intervention.

4. METHODOLOGY OF THE STUDY

The study used qualitative approach to answer research questions. The research technique used was in-depth interviews. According to Richie and Lewis (2003, p. 2) qualitative methods have been used to address research questions that require explanation or understanding of social phenomena and their contexts. This is because qualitative methods provide an opportunity to investigate factors that underpin a decision, attitude, behaviour, or other phenomenon. Qualitative research is valuable in studies where the “subject matter under investigation can help define terminology, concepts or subjects for investigation” (Richie, 2003, p. 40). Qualitative research is sometimes described as naturalistic, because it aims to understand and explain behaviour in a natural setting, and because the researcher does not control the research setting (Silverman, 2009, p. 17).
A cross-sectional qualitative study was conducted through key informant interviews with older couples aged 60 years and above, as well as elder community leaders in Oshikoto, Omusati, Oshana Kavango East and Kavango West Regions. The focus was on older couples’ perceptions of reproductive health and gender based violence, as well as learning from their experiences about how GBV was prevented and handled in the olden days. Another selection criterion was to ensure that the selected couples had children of their own as this would enable them to reflect on how they played their roles. The majority of participants were aged 80 years and above. Most of them have been married for more than 50 years, including those whose partners have passed on. All the study participants were purposively selected. The participants were from rural areas, selected with the help of local field guides and community leaders. A total of 11 key informant respondents, seven males and four females were interviewed. This represented a total of four couples and three males whose wives had passed on. All of the participants were encouraged to discuss their opinions openly. Couples were interviewed together as this helped them with memory recall of events.

Open-ended, semi-structured interview question guides were used to explore the perceptions regarding indigenous knowledge and reproductive health in relation to gender-based violence. The average duration of focus group discussions (FGDs) and informant interviews was 60 minutes. The discussions and interviews were conducted in the local language, mainly Rukwangari and Oshiwambo, in the house of respondents. The researcher and the research assistant conducted the interviews: the research assistant took notes and ensured that the voice recorder was working. All the interviews were recorded and transcribed.

After validating the transcripts, the typed narratives were translated into English and verified for accuracy. No personal information in the form of names or other identifying data was obtained. The participants were assured of the anonymity and confidentiality of the information collected from them. The analysis of the data included several iterative steps. Six key themes were identified and are presented in the results section. Direct quotations from couples and community leader key informants are presented in italics to highlight key findings.

5. LIMITATIONS OF THE STUDY

Conducting research on sexuality is notoriously difficult and involves issues of honesty, compliance and confidence. This study was designed to minimise data pollution by guaranteeing anonymity and confidentiality. However, as in most human subject research, it is virtually impossible to guarantee that all of our respondents were truthful. Our research was further complicated by the fact that many of the respondents did not speak English and the tape recorded interviews had to be translated and transcribed, and possibly losing some telling data in the process. As the research was designed to understand the personal insights of the participants about the various topics, the findings from this research cannot be generalised with certainty to the national level.
6. RESULTS AND DISCUSSION OF FINDINGS

6.1 Parent-Child Communication

Communication within the family appears to be particularly important during the adolescent years, especially discussion concerning reproductive health issues. Family dialogue affects the identity formation and role-taking ability of the adolescent (Nundwe, 2012). Nundwe (2012) suggested that those adolescents who experience the support of their families may feel freer to explore identity issues. Nundwe (2012) also reported that discussions between parents and children significantly facilitated the development of moral reasoning on a higher level in adolescents. Although conversation between parents and children was found to have great benefits, most parents found it difficult to approach their children to discuss issues on sexual and reproductive health.

Gender is one of the barriers to effective communication between parents and their children concerning reproductive health issues (Nundwe, 2012). Parents fail to communicate with their children of the opposite sex on issues of sexuality, like physical development, STIs, puberty or condom use. This is a problem for all parents of both sexes as gender their roles are likely to be the barriers of parent-adolescent communication concerning issues of reproductive health. It was observed in most cases that discussions about reproductive health were gender based; parents preferred to speak to or discuss with children of the same gender. Mothers chose to talk with their daughters and fathers favoured to talk with their sons. If there was communication about sexual and reproductive issues between parents and children of the opposite sex, then this communication took place in the context of shame and fear; the parents did not want that their children think that they wanted to have an affair with their children.

Most of the elderly respondents indicated that it was the responsibility of the fathers to caution their sons on how to sustain their marriage in the future and on how take good care of their future wives and children. These issues were normally discussed in the evening at oshinyanga (the fire place where men would usually gather in the evening) while waiting for dinner to be served. It was at such platforms that fathers advised their sons to be brave, and to always ensure that there was food for the family in the house. The fathers warned the boys against beating their future wives as wife beating was regarded as an abuse that could result in a divorce. The sons were cautioned against abusive marriages and abusive behaviour before they got married. They were taught to always protect girls. They were also advised against returning home late. Some of the comments made by parents include:

“No woman would want you to be her husband if you are a coward”. Or “a woman would not want to be in a house where there is hunger” (Older men).

One of the participants reflected:
“In the olden days, as a man, the first thing to do when you start working is to build your own hut in your father’s or guardian’s house. We were not allowed to sleep out or around with friends and so on. Nowadays children do not listen to us when we advise them to build their sleeping huts. They sleep anywhere, even at shebeens, when
they come home for holidays. What kind of husband would you expect such a person to be [come]?” (Older men, traditional leader, Omusati Region)

Girls were raised to always assist their mothers in the kitchen. When they were preparing food, the mothers watched and corrected their daughters referring to the time when the daughters would have their own kitchens and would be expected to prepare meals for their families. This was the right time for mothers to advise their daughters on issues of marriage and to teach them good-humouredly how men should be taken care of. Some of the comments made by mothers included:

“Is this how you are going to prepare your husband’s meal” or “if this is how you will cook for your husband, you will bring shame to me as people will think I have not raised you properly” (Older woman).

Shinyanga (the fire place where families usually gathered before going to bed) was mentioned by the elderly in the Kavango Regions. The training of boys and girls happened at the shinyanga. These preparations for adulthood included the explanation of responsibilities that girls and boys were to carry out when they would be ready to get married and start their own families. These family gatherings are no longer available for such trainings.

“The recent generation suffers from alcohol abuse because there is no time for family gathering at shinyanga, like in the past. Nowadays children do not want to listen to their parents; they do not want to obey their parents’ instructions or rules like they did in the past. As a parent, you may assume that young people in your house are actually in their bedrooms resting, while they are actually out clubbing and enjoying themselves until late hours or the early hours of the next day” (Headman, Kavango West).

“Actually, our parents taught us to respect each other in marriage when we got married; they encouraged us to listen and understand each other and if there were misunderstandings, they taught us to seek guidance from the elders. They discouraged us from divorce because it was believed to cause hatred between families and bad luck for the family” (Elderly man and woman, Oshikoto Region).

6.2 Starting Relationships

All of the respondents agreed that in the past love relationships were discussed together with the parents. The lovers had to inform their parents about their intentions and it was the responsibility of parents on the boy’s side to approach the parents on the girl’s side to formalise the relationship. It was customary that before the formalisation the lovers were prohibited to exchange valuable gifts. After engagement, the male partner gave gifts to his fiancée and these gifts were made known to the parents.

Traditionally, the initiative to find a fiancé had to come from the man’s side. A man expressed his plans about finding a fiancé to his father first. Then the father discussed his son’s plans with his wife (the mother). When
the two parents agreed, the father gave his son several options. He pointed his son to certain girls the son could approach. The father selected the girls whose parents or families were known to him. If the man found the girl he loved from the selection given by his father, he informed his father who arranged for a formal approach of the girl’s parents. From there the relationship between the two was made known to others and plans for marriage could start. This practice intended to bring stability to marriages. In most cases the parents of the girl and the boy already knew each other, and the young couple was warned not to bring shame to their parents. This method also worked out well because the couple came from the same cultural background with identical ideals and beliefs; in the past it was rare for ethnic groups to mix in cross ethnic marriages. The elders, who participated in the research, believed that it is still the best process for the young people to inform their elders of their intentions to start a relationship so that the rules respecting both sides could be followed and the expected procedures carried out.

The participants were convinced that a number of traditions were beneficial. They shared their opinions sometimes in a humorous, sometimes in a serious manner:

“It was unfortunate that during our time movements were limited and as a man you could only meet girls in your surrounding i.e. village or nearby village, and because of this it was not easy for a man to have more than one girlfriend because everyone in your village will know than you belong to who; unlike nowadays whereby young men and women have more than one partners, and this contributes to the violence we are seeing and hearing” (Older man, Omusati Region).

“During our time, girls were not supposed to accept gifts without informing their parents and also it was very rare for a man to give valuable gifts to a woman when the relationship is not known by parents. Every gift had to be made known to the parents. In case the girl changed her mind about her relationship with the boy, he could peacefully ask for the refund of his gifts given to the girl. This was not looked upon as a bad thing as it was done in good faith” (Older woman, Omusati Region).

“We are not against cross cultural or cross ethnic marriages, but we prefer to be informed for us to have opportunity to ask relevant question where required and to ensure that correct procedures are followed” (Headman, Omusati Region).

6.3 Out-of-wedlock pregnancy

The norms regarding premarital sexual activity in African societies vary from society to society. In the past women often married at a very young age, therefore most teenage childbearing occurred within marriage. In some societies virginity is considered important. Among the Shonas in Zimbabwe, girls who lost their virginity before marriage were required to confess and the men responsible were forced to marry the girls. Today, however, the man is only required to pay a damage payment to her parents (Meekers, 1993).
Out-of-wedlock pregnancy among the Owambos and Kavangos, where the study was conducted, was highly condemned. In most cases both the girl and the boy were isolated from their friends and excluded from social gatherings. It was regarded as an embarrassing thing for the girl, her parents and the entire matrilineal family of the girl. Some girls’ names were sung during social gatherings to shame them and this way they were excluded from communicating with their friends. Some of the peers were afraid that that interacting with the pregnant girls would give them bad luck to fall in the same situation. The punishments were meant to be severe to frighten away other girls from becoming sexually active. Because of the shame the out of wedlock pregnancy entailed, the girls of that time were encouraged to look after themselves to avoid the shame. In some cultures pregnant girls were burned to death while the boys responsible for the pregnancy were relocated to other areas, very far from their families. It was a humiliating thing for the boy as well to impregnate a girl out of wedlock. He lost respect among his peers and no one among his friends wished to be associated with him. It is, however, clear, that the punishment for girls was more severe than for boys.

“In the past, child bearing outside marriage was not common. People who would risk such act were severely punished; burned with grass and fire in the presence of the community, so that other young people would be discouraged to attempt bearing any child out of wedlock” (Elderly man, Omusati Region).

“Bearing a child out of wedlock was not common due to the shame and fear of sharing such news of pregnancy with the parents and society. The uncle [of the pregnant girl] took the girl to the household of the boy for them to take care of her while pregnant. After child bearing, the girl was returned to the parents and no celebration or joyful noise was heard from such a homestead. The family of the boy met with the girls’ family and a beef liver was prepared on fire. The greeting of the two families was accompanied by the eating of the beef liver by the two families. If such acts were conducted successfully, then the girl was considered lucky and she was accepted by the society” (Elderly woman, Kavango Region).

“If the pregnant girl did not bring a man [to take responsibility of the pregnancy] to the house of her parents, then she was burned with grass to avoid such shame brought to the family as well as to discourage other girls from such acts” (Elderly woman, Kavango Region).

It was noted that some of the strict instructions and punishments have been introduced to keep order in the society and avoid the destruction of the relationship between the affected families. Such retributions were expected to urge the members of the community to be responsible and take care of themselves.

6.4 Marriage and GBV

The interviewed elderly people indicated that parents had a major role to play in their children's marriages in the past. It was the custom that boys talked to their fathers while girls talked to their mothers on relationship issues. When a male child expressed his intention of settling down to his father and the father discussed this with his wife (the mother); the two parents took on the responsibility of guiding their son to find a wife. Their
selection was based on searching for a girl in the families who were well known to the parents. It was important to be familiar with the behaviour of the parents in the families the young were coming from. The stability of the relationship between the parents was also evaluated; as well as how hardworking the family was because it was believed that these traits were passed to the children as well. Once an agreement was reached between all the parents and their children, then the marriage was constituted. Marriage, both civil and customary was generally honoured and respected. During customary wedding a certain type of ointment was applied on the girl together with rukura (traditional powder) and from there on the girl was considered to be a married woman. To seal the deal, the groom was expected to pay bride price to the bride's parents. In some culture this could be a bull.

Divorce was not common. Misunderstandings were the main cause for divorce, but it was the responsibility of elders to counsel the couples. The marital problems were discussed and most of the time a solution could be reached. If the intervention of the parents was not successful, the marriage was dissolved. The party responsible for the divorce was required to pay reparation with a valuable item, such as a cow, to the other party. The interviewed elders narrated as follows:

“In the past abuse didn’t really occur frequently. The homes were there for mothers to attend to household chores such as the making of traditional baskets. Further, the issue of alcohol abuse was not really as problematic as it is these days. It was a peaceful era for marriages” (Elderly woman, Kavango Region).

“If the couple abused each other, for example they fought at night; they were left by themselves until the next day. The elders intervened by consulting with the couple only in the morning. The father figure in the homestead acted as the headman and peace maker between the couple and he took the decision on how to solve their problems. He often instructed the guilty party to pay to the innocent or gave a stern warning so that wrong practices should not continue” (Headman, Kavango Region).

“In the past the nturaghumbo [head of the homestead] had a major responsibility over the various households that resided within his homestead. Such a person acted as intermediary between the couple, addressed and resolved most of the misunderstandings or issues within his homestead. He also had the authority to charge the guilty party within a dispute. In the event that neither party of the marriage was heeding the guidance of the head of the homestead, and they did not want to remain in the relationship; the marriage was dissolved by the head of the homestead and payment was required from the guilty party, for example a cow” (Headman, Kavango Region).

Beatings and violence in marriages were very rare, and if they occurred, the abuses were discussed with the parents. If any sort of violence took place, the wife had to inform the husband's family and the husband was called to be cautioned by his family.

“Nowadays cultural values are not respected. You find a lot of irresponsible heads of households not taking care of their families [wife and children]. They are overspending; their income goes for alcohol and extramarital affairs.
These people do not value their marriage and have no respect for each other. This, in my opinion, also contributes to violence, because there is no peace in the house” (Headman, Kavango & Omusati Regions).

6.5 Reproductive Health

International family planning programs were essentially about women’s health. Involving men in reproductive health matters has been a prominent part of the shift from family planning to the broader reproductive health agenda (Green, et al.). Men obviously make up a significant new clientele for programs. They constitute an important asset in the efforts to improve women’s health. A major aim of men’s involvement in women’s health programmes is to transform unequal gender relations, promote gender equity, and contribute to a broader development and rights agenda. The reproductive health program, as it has now been formulated, goes beyond health to incorporate broader development issues.

Large families have been the norm in most African societies. Children were mainly associated with having help in agricultural production (Kalule-Sabiti, Palamuleni, Makiwane, & Amoateng, 2007) and both men and women aimed to have children as long as they could. The use of contraception was not generally supported in the olden days. The older men interviewed declared that when the women fell pregnant, they received special treatment. During pregnancy women were exempted from carrying out heavy duties; they had to have enough rest and the people around them, including their husbands, were expected to avoid upsetting them. The participants recalled that the exceptional treatment of the expectant mother lasted until childbirth. According to the respondents maternal deaths were rarely experienced.

The elders had an important role of the life of the young generation; they used to advise the couples when the woman was expecting on how to keep their baby safe. Stillbirths and miscarriages were regarded as taboo and were mainly blamed on the husband, accusing him of misbehaving. The elders assumed that when a woman was pregnant she was at risk of nduka, meaning that the husband could become unfaithful and have multiple sexual partners. Therefore couples were cautioned to be faithful to each other because promiscuity was believed to affect the growth of the baby. The elders also “treated” the pregnant woman prior to delivery to ensure that she was immune to nduka. After delivery the woman was called mwalikadi, and she had a distinct diet, company and care.

The husband had several responsibilities to his wife after delivery as well. Amongst others, he was expected to ensure that there was enough food in the house and for the people who were taking care of his wife and especially for his wife, ensuring that the mother had sufficient milk for the little one. Food security in the home was encouraged as a way of showing love to the wife.

“In the past pregnant women were treated with care. During such period the husband was expected to avoid any argument or violent behaviour. There were few cases of pregnant women being beaten by their partners. All efforts were made to ensure that no death of a pregnant woman or unborn baby had occurred as that would be regarded
as bad luck for the family of the husband” (Elderly woman, Oshikoto Region).

As it was mentioned earlier, even if a woman fell pregnant out of wedlock, the man's family had to ensure that the pregnant woman was well looked after and delivered a healthy baby. As the elders believed, the arrangements of high respect, care and responsible behaviour prevented issues of what is currently called “baby dumping”.

6.6 Benefits of tradition and customs in discipline

The elders believed that certain traditions should continue to have the benefit of discipline among children and the youth. In the past it was every parent's responsibility to discipline the children in the community, without necessarily involving the biological parents of the children to do so. This was done to ensure that the members of the future generation were prepared for the future. The children were taught to obey their parents' guidance and not differ with them; it was believed that parents would always advise them correctly. The participants observed that nowadays there are no specific platforms for parents to advice their children. Very few households have the custom of oshinyanga, for example. It was feared that now the children grow up learning things from other sources, or from making mistakes.

One elderly woman narrated:
“The current reaction to the parents' teachings differs from the one in the past. I listened to my parents, but the current generation does not [listen]. They may hear what you are saying, but may not act accordingly. They use the concept of “independence” as an excuse to act free, rather than the way our generation acted” (Elderly woman, Oshikoto Region).

“Some of the cultural rules were merely introduced in the past to enforce order in the societies. You are taught that something is not to be done, for example a man is never to be insulted, or a woman is never to be beaten up, and you are expected to pass this advice on to generation after generation. This was just to enforce peace in marriages” (Elderly woman, Oshikoto Region).

With regard to relationships, young people were advised to keep their parents informed about their intention of marrying, and it was customary for parents to advise and guide their children and prepare them well for adult life. Elders narrated that tradition and custom helped them to develop and mould their attitudes and characters to be productive and useful in their communities, and to have purposeful and progressive lives. As the traditional processes are no more followed, it is believed that the modern, unchecked upbringing contributes to violence in marriages and in relationships.

7. RECOMMENDATIONS

• The parents must be empowered to communicate effectively with their children, especially about issues related to sexual and reproductive health; and marriage.
• Parental control should be encouraged and discussed on various platforms.
• Parents should take responsibility to introduce and emphasise good cultural norms to their children, to avoid the influence of malevolent external forces.
• The youth must be offered meaningful after school activities.
• Beneficial cultural norms should be presented in the school curriculum of Life Skills to promote selfless behaviour, respect and discipline among young men and women.

8. CONCLUSIONS

From the perspective of elder community members the teachings they have acquired from their parents contributed to the success of their consequent relationships. The punishments they received were regarded to be just, mindful about the order in the community and prevented people growing wild and uncontrolled. It was also noted that punishments were more severe for a girl-child than for a boy-child. The customary teachings instilled respect and discipline among the youth of their time. Early on in their life they were all informed by their parents of their responsibilities and throughout their lives their parents played the role of advisors.

The study also revealed that in the opinion of the participants, although people consumed alcohol in the olden days, it was more under control unlike in recent times. The current irresponsible behaviour that fans gender-based violence was attributed to the high level of alcohol consumption. The study noted that spending too much time at the drinking places robs parents the opportunity to engage with their children in a meaningful way, to impart knowledge on crucial community matters relating to acting responsibly and to living harmoniously with the future partners.

Though communication between parents and children is not always easy, it is one is one of the most important parts of parenting. It was found to be difficult for both parents to discuss about reproductive health with their children. Despite the increasing number of single parents, both of the parents need to be prepared to be involved in talking with their children about sexual and reproductive health. The elders felt that similar discussions to the ones that took place at the oshinyanga should be revived and strengthened, and parents must initiate communication on issues relating to sexual and reproductive health as well as marriage with their children.

The participants conveyed the need to introduce advisory programmes targeting parents to discuss their issues with communication and the upbringing of their children. The elders suggested a number of aspects included in the school curriculum related to sexual and reproductive health, such as teaching to honour the elders, to exercise self-discipline, as well as to respect the partner within relationships to be.
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Chapter 6
Gender Based Violence through Inheritance and Property Grabbing In The Kavango, Erongo And Kunene Regions of Namibia

By Kletus Likuwa

1. INTRODUCTION

Originally, this project set out to study the narratives of survivors of gender-based violence (GBV) through inheritance and property grabbing in the northern part of Namibia, in the Kavango East and Kavango West Regions. The Kavango Regions recorded a high rate of GBV cases (MGECW, 2009), it was therefore necessary to revisit the region to explore what has changed. It was hoped that it would be possible to find both survivors and perpetrators of GBV to narrate their experiences. Following suggestions the delimitation study area was modified and the representation of the research sample diversified. Accordingly, the study eventually expanded to include Erongo and Kunene Regions as well.

Various definitions of GBV exist. According to the Social Impact Assessment and Policy Analysis Corporation (SIAPAC) report “GBV is a physical, sexual, or psychological abuse inflicted on the basis of a person’s gender” (Ministry of Gender Equality and Child Welfare [MGECW], 2009). In Namibia, just as in other parts of the world, there are more GBV survivors among women and children than men. GBV is transgenerational in the sense that those who grew up in an abusive environment are more likely to get abused or abuse others. According to the statistics the majority of perpetrators are men, but women also commit acts of GBV. The form of GBV that is most often experienced by the survivors in Namibia is emotional violence is (MGECW, 2009). GBV also happens in the form of economic and socio-cultural abuse, for example GBV through inheritance.

There are indications that survivors of GBV are more aware of their rights and know more about how to protect themselves from these human rights abuses than before, because of the campaigns conducted by the NGOs to combat GBV, and also because of the legal instruments initiated and implemented by the government with the aim to redress past injustices (MGECW, 2004). Some of the legislation aims to redress past injustices as well, for example, the Communal Land Reform Act of 2002, which promotes and protects women’s access to land. This Act officially acknowledges the property dispossession, which increased the vulnerability of widows in Namibia in the past. (Thomas, 2008). In 2006 a conference on Women’s Land, Property Rights and Livelihoods raised awareness about harmful inheritance practices and recognised the need to sensitize traditional leaders so that they protect women from property grabbing (Thomas, 2008).

Property grabbing as a form of GBV has been contested by those, who believe that GBV is not an issue connected to inheritance, or property rights, but simply a form of violence that is inflicted on the survivors on the basis of their gender (Thomas, 2008). Inheritance and property grabbing practices impose economic and socio-cultural hardship on the survivors, reinforce unequal gender relations and increase GBV; therefore, these are
important aspects in the understanding of GBV in Namibia. Inheritance and property grabbing occur in many
different forms and disproportionately affect women. They represent a form of gender-based violence that not
only inflicts economic and socio-cultural adversity, but also affects the survivors’ self-esteem (Izumi, 2007).

Gender-based violence through inheritance and property grabbing is often associated with the HIV/AIDS epidemic, because with the increased death rates family disputes and property grabbing also increased (LAC, 2001). This type of violence is a result of “cultural and traditional practices that reinforce gender inequality and discrimination, which often leave women [and to a small extend men] destitute as extended families inherit and grab properties” (LAC, 2001).

Customary practices in some African countries, for example in Uganda, caused approximately one quarter
of all widows to fall victims to property grabbing. This problem continues despite the provisions in the
Constitution and the statutory inheritance laws concerning succession (Caruso & Cope, 2006). In Namibia, an
ever-increasing tendency of inheritance and property grabbing was noted, whereby the deceased’s extended
family members divide all of the property of the deceased among themselves, leaving out the stricken children
to be cared for by relatives (LeBeau, Lipinge, Conteh, Reimers, Hubbard, Spence & Zimba, 2004). Cultural
and economic factors play a great role in property grabbing by the extended families and the practice exists
since time immemorial. Kampungu (1965), for example, indicated how cultural practices of inheritance have
contributed to property grabbing by the matrilineal family members among the Kavango people. “Among the
Kavango people inheritance of everything is practiced on the mother’s side and only those who are related
on their mother’s side may inherit one another’s property. In the case of material inheritance the mother’s
brother usually inherits only if a deceased nephew did not have brothers or sisters. In practice, however, this
will usually depend on the benevolence of the mother’s brother. Very often the latter inserts his authority and
carries off everything he can lay his hand on. Inheritance in the past involved fights between relatives: brothers
and brothers and between mothers’ brothers and sisters’ sons” (Kampungu, 1965, pp. 420-421).

With the introduction of the Communal Land Reform Act of 2002 women’s rights and access to land are
legally secured; granting women equal rights to have access to land, just as men were given rights prior to the
enactment of this act (Likuwa, 2013). The differences between the traditional definition and the legal definition
of the word ‘inheritance’, as well as the changing inheritance practices cause major conflicts and GBV in the
three regions visited by this study. Despite clarifying the definitions and explaining the change in inheritance
practices, whereby instead of the members of the extended family of the deceased (mother, maternal uncles,
aunts, nephews and nieces) the members of the nuclear family (widow or widower and children) inherit; the
local communities and the traditional courts prefer a 50/50 distribution of inheritance benefits between the
nuclear and extended families of the deceased. In recent times physical violence over inheritance and property
distribution reduced, as the laws were strengthened through arrests and jail terms. The reduction of physical
violence because of inheritance claims, however, is not a sign of the end of GBV through inheritance and
property grabbing, as there are new and sophisticated ways developed, which are referred to as a “mafia style”
inheritance grabbing. Since the perpetrators of GBV through inheritance and property grabbing change their
tactics, there is a need for all the stakeholders to find innovative methods to identify this type of GBV and curb this practice.

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

A number of scholars have explored instances of GBV through inheritance and property grabbing, generally portraying the survivors as passive victims. While many focused on the impacts of GBV on the survivors, little is known about the subjective experiences and the individual ways of coping. There is a need, therefore to explore how survivors persist after experiencing GBV. Furthermore, the previous findings of the SIAPAC report on GBV indicated that the challenges to reduce GBV were the greatest in the Kavango Regions, where the social cohesion was weak (MGECW, 2009). Since the previous report is already six years old, this study presents a new opportunity to reassess GBV through on inheritance and property grabbing.

3. OBJECTIVES OF THE STUDY

Originally the objectives of the study were to explore

- what qualifies inheritance and property grabbing as a form of gender based violence (GBV),
- How do survivors of GBV through inheritance and property grabbing speak about their experience; and
- What meanings do they attach to the question of agency (that is: who has the power to act).

As the study progressed new ways of understanding GBV through inheritance and property grabbing emerged. This necessitated a reform of the study’s objectives to also

- Explain the causes of GBV through inheritance and property grabbing,
- Explore the past and present inheritance and property grabbing practices, and
- Describe the socio-economic impacts of inheritance and property grabbing on the participants.

4. METHODOLOGY OF THE STUDY

This study used the qualitative method. The research commenced by perusing the National Library of Namibia (NLN) and the Library of the University of Namibia (UNAM) for written sources. Oral interviews were conducted in Erongo, Kunene and Kavango Regions to collect first-hand experiences and views on inheritance and property grabbing. The selection of interviewees followed a purposeful sampling method in which the interviewer located and chose interviewees through referrals from the local people. The research was not limited to a particular sample size but tried to speak to as many people as it was possible. Individual interviews were conducted in the Kavango Regions, and round table discussions were used for data collection in the Erongo and Kunene Regions. In total about 20 respondents participated in the project, ranging from five people in the Kavangos, to eight in Erongo, and seven in Kunene Regions. Gender was not a criterion in the selection of interviewees; overall more males than females participated in the interviews and discussions.
5. LIMITATIONS OF THE STUDY

It became clear during the interview process that interviewees were willing to talk about the experiences of others generally, but unwilling to speak about their personal experiences. This presented a challenge to the original plan to speak to former survivors and perpetrators of gender-based violence through inheritance and property grabbing about their personal experiences.

6. RESULTS AND DISCUSSIONS OF FINDINGS

6.1. Past inheritance practices and property grabbing in the Kavango, Erongo and Kunene regions

Inheritance in the Kavango was practiced only matrilineally, which meant that someone could inherit only the mother's property or that of the mother's family. This means that when someone's husband died in the Kavango, the heirs of the properties of this man were his kins on his mother's side, i.e. his mother, brothers and sisters, nephews and nieces. Equally, the heirs of the properties of a wife were her mother, brothers and sisters, nephews and nieces, and her children.

Because of the close kinship ties between the members of the maternal family, the maternal uncle was central to the lives of his nephews and nieces just as equally, as was a mother to her children. Nephews and nieces generally lived with their maternal uncle and at the same time they were the caretakers of their uncle's wealth. Actually, a father lived with and raised his children only if his children have not been taken to live with their maternal uncles. This meant that in the past the children were raised mainly by their maternal uncles and to a small extent by their parents. This explains the traditional logic of inheritance: as the nieces and nephews helped their uncles to accumulate his wealth, so do they inherited his wealth when he died. A Kavango man worked, together with his maternal family (his mother, brothers and sisters, nephews and nieces) and his wife and children, if they were not living with their maternal uncles. One of the duties of a father was to give a share of his accumulated wealth to his children. For this purpose the father invited the maternal uncles of his children to collect and take care of the wealth he kept for his children. This practice was in place to make sure that the father's children will not lose out and inherit from him. When a man died, his nephew or niece became the central figure during the mourning period. For example, the nephew or the niece decided the cow to be slaughtered for their uncle's funeral, the rituals to perform on their deceased uncle, and the way these were to be done. The nephews or nieces were also the sole representatives of the late uncle's spoken will and wishes. This meant that after a one month period of kukukuyura maruntjodi (drying up one's mourning tears) has passed, the nephew or niece distributed the late uncle's estates or properties.

During his lifetime an uncle usually allowed other maternal family members to invest in his properties. When the uncle died the nephew or niece made sure that all the properties other people invested into the late uncle's properties were separated from his estate. The nephews or nieces further ensured that properties, which the
late uncle has granted to his children and wife during his lifetime, were given to them. After that the rest of the inheritance was distributed to the deceased's matrilineal family.

Among the Kavango, in the past, when a woman got married she was taken from her parents’ or a maternal uncle's village and settled for marriage in the village or homestead of her husband or her husband's parents. She was called *mukadikwara* (a woman for marriage). It was believed that in case her marriage came to an end due to the death of her husband or any other reasons, she always had her parents’ or maternal uncle's village to return to. A woman's inheritance rights were also connected to her maternal uncle's village or her mother's home and not in to her marital home.

In case a wife died, her bereaved husband and his matrilineal family (his mother, siblings, uncles and aunts) were culturally expected to pay a black cow to the deceased wife's bereaved family and to allow the wife's bereaved family to inherit the wealth and properties of the deceased. If a husband died his widow had to stay for a one month mourning period at her matrimonial homestead. The nieces or nephews of the deceased man decided if the bereaved wife and children continue to live in the matrimonial homestead or to be escorted back to the wife's matrilineal family. The widow and the children could be allowed to stay in the matrimonial house or homestead only if she had good relationship with her in-laws. It was highly unlikely that a wife continued to live in her matrimonial homestead if she has had a bad relationship with her late husband's family. The husband's family was also convinced that if a wife repeatedly broke her marriage vows [locally known as *kuteketa-teketa*] and frequently had to be begged to return to her matrimonial home during the lifetime of her husband, she was unlikely to remain with her late husband's family, as such a wife never changed for the better.

If the decision was to escort the widow and the children to their matrilineal family or village, the widow was given a black cow as a token of appreciation from the late husband's family. If the widow remained in her matrimonial homestead, then one of the late husband's nephews could marry her. In general the tradition among the Kavango is that “he or she who could inherit the estate of another can also inherit his wife or her husband and the ruling power” (Kampungu, 1965). This was done to ensure that the children of the deceased are brought up under the deceased parent's family's care. It was believed that if the children of the deceased were left with their surviving parent they would suffer once the widow or widower remarries (Anonymous, 2013). Wife inheritance, therefore, was seen by the community as a gesture of sympathy towards the children of the deceased to ensure a good upbringing. Alternatively, the widow was allowed by her late husband's parents to marry any man of her choice, provided she continued to respect and care for them during her new marriage. The participants could not recall instances when these traditional rules brought misunderstandings, quarrels or violence between the families of the deceased and the widow.

Among the Himba people in Kunene Region, similarly to the Kavango tradition, only the people sharing kinship of the same female line can inherit each other’s wealth. As an interviewee asserted:

“We never inherit our fathers' properties, they have their nephews and these are the ones to inherit our fathers’
In the past it was easy for nephews to inherit their uncles' wealth as they lived with their uncles, helped their uncles to raise wealth, and looked after it. When an uncle died the nephews became the chief beneficiaries of the inheritance and at times they even chased away the children of their uncle. Traditionally only the male children of the deceased received a little share of their father's property, and daughters of the deceased inherited only if the deceased did not have male children. Inheritance among the Himba people in Kunene Region was male centred, a tradition still practiced. A Himba interviewee clarified the right of inheritance following his death:

“When it comes to my roots, I belong to the Ovakwendata [lineage of his mother's ancestry], so only the Ovakwendata will inherit each other's wealth as family. There is no child of mine that will inherit my wealth; only one son of mine will be given some little things. My whole wealth is only for my nephews and my younger brothers, they are my family. My son is an Omukweyuva [lineage of his son's mother's ancestry]; my wealth won't go to an Omukweyuva and leave my nieces and nephews with nothing behind.

Up to now we still use the olden way of inheritance. We came to hear about the culture [i.e. laws] that was introduced by the government that says the child inherits his father's wealth, an idea which we did not welcome up to now. What we do for our children is that after birth he or she is assigned a cow, goat or sheep only, and that is what will belong to him or her only".
While a woman can inherit her children's property because they are from one matrilineal clan, the father can never inherit from his children, as he is traditionally regarded as a non-family member. A male interviewee explained the logic behind not being entitled to inherit from his children:

“I cannot inherit from my child because a child is only mine because I am married to her mother but the child is still not mine because I did not give birth to that child”.

So, since a child belongs strictly to the clan that bore that child from a clan member’s womb, a Himba man can never make any traditional claims over his biological child and that child's wealth.

6.1.2 Present inheritance practices and property grabbing in the Kavango, Erongo and Kunene regions

In the Kavango Regions there are contrasting understandings on what counts as inheritance. For example, many people in the rural areas view Government Institutions Pension Fund (GIPF) claims as part of one's inheritance despite GIPF officials’ explanations that the entitlements received by the family does not count as inheritance, but as money kept in a trust fund for the employee. Family members fight over GIPF money, not accepting that the main beneficiaries of GIPF money are the deceased’s legally wedded spouse and children. The family members, whom the law considers as secondary dependents, such as the deceased’s parents or other dependents, may be considered for GIPF pay-outs depending on the investigations and recommendations by the GIPF social worker. In case where there is a will, up to 50% of the joint estate can be shared among those who are mentioned in the will.

Presently people, especially in rural Kavango, are surprised that inheritance laws favour the spouse and the children of the deceased, traditionally not considered as family members. According to the Namibian laws, spouses can inherit each other's wealth and children are the primary heirs of their parents’ wealth and possessions.

The Married Persons Equality Act of 1996 allows marriage in community or out of community of property as long as the marriage adheres to the legal requirements for marriages. Under the current legal provisions most of the spouses marry in community of property, although it is also possible to marry out of community of property. The Married Persons Equality Act of 1996 aims to equalise the power relations within the marriage; to establish the new rules for marriages in community of property and out of community of property; to provide guidance about the domicile of married persons as well as about the guardianship of children, and to regulate the minimum age for marriage .

Among the Kavango residents marriage means to be married by a marriage officer at a church or a Magistrate’s Court, and to have a Marriage Certificate. Customary marriages are legally recognised also under the Marriage Persons Equality Act. Currently many women prefer to be married at a Magistrate's Court or at a church, because
women regard traditional marriages as patriarchal and try to avoid them. Women in the urban areas want to have a Marriage Certificate to have an improved sense of security and equal marital power over their marriages and future inheritance. Lately in the rural areas women who married in customary weddings also ask for proof of their customary marriage from the traditional authorities. Marriage Certificates play an important role in inheritance cases because when a spouse dies, the living spouse needs the Marriage Certificate alongside other documents (e.g. insurance certificate) to launch the claim for the joint estate. In the past the customary process of inheritance and wealth distribution began after a month of mourning, nowadays it can start immediately after the burial of the deceased.

An interviewee stated that only few men launch their claim to inherit the wealth of their deceased wives. Some of the respondents believed that the marginal number of widowers claiming inheritance could be attributed to the masculine pride, i.e. men are ashamed to demand the inheritance of the properties of their late wives; or possibly old traditional practices are at work, whereby inheritance was accepted only from the family’s matrilineal side, e.g. one’s maternal uncle, i.e. men may feel uneasy to inherit from their deceased wives who were not considered as family members. A male interviewee suggested another, rather controversial reason, but his thinking may reflect the patriarchal way of thinking of many others:

“God created men not to be materialistic. It is for this reason that one sees a widowed husband willing to distribute his wife’s clothing and other goods to his late wife’s family members after the burial”.

According to the law, if an inheritance case was heard and settled in a traditional court, the case cannot get a second hearing in the civil court. In the past, the extended family of the deceased could threaten to take a share from the inheritance, now the deceased’s spouse and children can report such threats to the police to jail the threatening party, a situation many people fear.

Women supposed to be benefiting from the modern inheritance practices, but the inheritance and property grabbers have changed their tactics too. One new strategy is to show extreme kindness to the widow and pretend to help her claim her husband’s estate by taking her around the offices. Con men earn her trust and grab her inheritance. The other way to grab the widow’s inheritance for members of the late husband’s extended family is to introduce “private consultants” to the widow under the pretence of helping her to speed up the process of claiming her inheritance. These “private consultants” use cruel methods to get hold of the widow’s money. For example, the “private consultant” deposits N$20 into the widow’s account just to ensure that it is operational and once the inheritance is paid into the account, the “consultant” withdraws an exorbitant amount of money as “payment for his services”. The money snatched from the widow’s account is shared with those members of the extended family who connected “the consultant” to the widow.

In the past the extended family of the deceased man could inherit all his wealth and send his widow and children packing to face destitution. The modern inheritance practices protect the widow and the children of the deceased, and the laws are believed to reduce provocations from the extended family and bring order in
the community. The current statutory legal system with its strong legal framework is said to remedy property grabbing from the widows, but at the same time the extended family members of the deceased can no longer inherit what they culturally believe is rightfully theirs. If the deceased was the breadwinner to his parents, brothers and sisters, when these dependants do not inherit, their economic and social hardship increase, and many become destitute. From a traditional point of view therefore the current inheritance practice negatively impacts on the deceased man's extended family while favouring the widow and the children. Another complaint is that the nuclear family is not ready to share their inheritance like the extended family members did in a traditional setting in the past. Conflict, hatred, and violence between the extended and the nuclear families of the deceased erupt, creating an eternal unhealthy relationship between the two families.

Arguments about inheritance are common in the Erongo Region. There is a tendency among the extended families to take all the property and wealth away from the widow and the children without considering their future. Nowadays the extended families do no longer take the responsibility for the upbringing of the children of their deceased family member as it was in the past. They expect the children to be taken care of by the mother’s family.

In the urban area of Erongo Region there were cases recalled in which the widow and the children of the deceased were chased out of their home and the house was sold by the deceased man's extended family. The extended family’s excuse for snatching the house is that the wife and the children are not able to afford the maintenance of the house. It is relatively easy to chase a widow from her matrimonial home while she does not have grown up children to stop the process.

The participants revealed that nowadays a man hardly informs his extended family about what belongs to him alone, instead he speaks to show that he owns everything in union with his wife. This way the husband wants to close all paths of his extended family to claim inheritance in case of his death. This behaviour, nevertheless, often causes conflict, because members of the husband's extended family still believe that they have a right to inherit from the estate of their deceased family member and they worry that the wife would claim her late husband's share as her own. It is difficult, however, for the extended family to claim inheritance if the couple married in church or at the magistrate court, because the heir can use the proper documents to report inheritance grabbers to the police.

A Himba homestead in the Kunene Region of Opuwo area, 2013, photo by K.M. Likuwa
6.3 Causes of GBV through inheritance and property grabbing

The traditional concept of a Kavango man's family included his mother, matrilineal brothers and sisters, nephews and nieces, who had the right to inherit from the man. The participants felt that if a man's estate was given to his wife and children, this meant that his estate was given to strangers instead of his family members. This is why the distribution of inheritance according to the statutory law instead of the customary law often results in conflict and fight.

In the past, after a man died and the relationship between the widow and her in-laws has been good, she remained in the late husband's homestead; his brother inherited his children and at times married his widow to take care of the bereaved family. In those days the children stayed with their mother and hardly knew the members of the homestead their mother came from. Then it was common to see a woman ageing in a particular village, which was not her village of birth but a village of her late husband's family. The participants believed that the main cause for conflict over current inheritance practices is the focus on inheriting material wealth in contrast to the focus on 'inheriting' people, i.e. inheriting responsibility for the family members, as was the case in the past. The participants commented that because of the changed inheritance practices conflicts are rife as materials, properties and livestock are inherited instead of people and the widow, the children and the matrilineal family of the deceased fight over the cars or the house.

It was believed that in the past the widows were complacent and respectful to their in-laws while the children were respectful to their late father's family, and for these reasons inheritance issues were also easy to settle. While "good-hearted" children are still willing to share the estate of their late father's with the extended family members (paternal grandmother, nephews and nieces) this is no more a common trend in the Kavango. These children want to respect the expectation and give their late father's family a share of the estate they inherited form their father.

(It is that child who should say, oh no, our father's family should not lose out on the wealth of our father, we should also give them). “Ogho mona ndje arenko ngoli ashi A-aa, vakashetu kapishi vakutundirepo paviwekwa vya shetu. Nkwandi vakashetu navo tuvapeko”.

(The elders who have shepherded and raised the deceased cannot lose out; at least they should also get a small share). “Nakukutundiraposhi vakurona vatakamito nakurera nakufa, nkwandi vaghupeko navo kantjontjo”.

The children who share their father's estate are praised for their traditional ways. But if the children do not share, it is still believed that the bereaved extended family members can bewitch the heirs or that the ancestors may become displeased and put a curse on the inheritance and on the children so that they would not live long. In some cases, to avoid the curses and bad luck, maternal uncles urge their nephews and nieces to include the extended family in the inheritance.
There is an apparent lack of understanding of the modern concept of inheritance enshrined in the statutory laws. The statutory laws in Namibia support the children to inherit their parent’s estates and the spouses to inherit each other’s wealth. Many believe that the civil marriage in churches or Magistrate’s Courts gives the rights of inheritance to the spouse and the children, so they hold the practice of civil marriages responsible for all the ills over inheritance. On the other hand, the customary laws, the community and the belief system encourage sharing the estate of the deceased with extended family members to avoid conflicts, and to promote peace.

Currently the new generation took on a competitive spirit to inherit and many use inheritance to take revenge on the spouse of the deceased. They accuse her to enjoy all the wealth of the deceased at the expense of the other family members. Recently it became common to hear that the widow is accused of bewitching her husband to inherit his wealth.

In the past a husband and a wife could accumulate their wealth separately, nowadays many married couples join their money to acquire properties together with the hope that their children would inherit them. These plans render a man’s extended family’s struggles to seize the inheritance from his wife or his children especially wrong, as that was never the intention of the deceased.

Writing a will was considered important to reduce conflict and violence over inheritance. Some people do write a will in the hope that it will be adhered to, still, the extended and nuclear families often continue to quarrel over inheritance shares. It was suggested that many extended family members are lazy but the same time are highly expectant to own property. They view inheritance distribution as a quick way to fulfil their dreams but their hopes make them to become violent.

Conflicts over inheritance are also part of a generational struggle as the younger generation is not willing to practice the traditional ways of inheritance. In a traditional setting, good social relations were built between a man’s wife, children, and his extended family, which was to continue even upon a husband’s demise. Recent cultural changes brought new ways of life whereby the couples and their children live independently without the extended families around. Some husbands do household activities such as cooking or caring for the children, and when the extended family members visit and find some husbands doing household chores which they consider to be a woman’s job, the extended family members become confused and angry with the wife. Sometimes the extended family members feel unwelcome when they pay a visit to the married couple.

As a result of the difference in the lifestyle of the immediate and the extended families, some extended family members live with grudges, which they may unleash on the surviving spouse and the bereaved children during the mourning period, the burial and during inheritance sharing. Many cases of conflict over inheritance occur in the urban areas as in this space the population is easily exposed to and perceptive to new ideas. Conflict and violence over inheritance erupts and the extended family of the deceased accuses the widow of not showing the love and respect to her late husband’s parents to the degree is culturally expected of her.
Furthermore, during the mourning period some widows are accused of not showing respect to their late husbands by not attending the mourning feast held at the late husband's parents' house, or by missing the funeral of the husband. These acts may infuriate the in-laws resulting in conflict and violence against the widow.

As the respondents revealed, it brings pain to an extended family when a widowed spouse does not observe the traditionally the required time to mourn his or her late spouse but quickly re-marries; and it adds insult to injury when the bereaved spouse continues to live in the same house with a new partner, 'enjoying' the inherited wealth, while the extended family of the deceased continues to subsist in economic and social hardship.

“What happened here was one case, which occurred about inheritance. A husband died and a wife inherited everything. The family of the deceased man got nothing. But it did not take two or three years that widow got another man and remarried. You see, it is good to inherit but sometimes it causes great pain to the deceased man's family. In the past, four years would even pass before a widow remarried. The past practice was that even after your husband's death, his family could still continue to visit and stay in your house and continue the good relation they had with you during your late husband's lifetime”.

Instead of continuing good social relations with the extended family members of the late spouse, such as visiting each other, a widow may sell off the house she inherited and buy another house elsewhere, where the in-laws from the previous marriage are barred from visiting. This may fuel the extended family’s anger.

Hatred, deceit, conflict or violence over inheritance or property grabbing does not only occur between the spouse of the deceased and the extended family of the deceased but also among the children. According to the participants this can occur, for example, when Government Institutions Pension Fund (GIPF) pays out unequal amounts of money to the children of the deceased. The beneficiaries may not understand the differences and may subsequently victimise the sibling who gets more.

According to the participants, the expected benefits of inheritance and a possible transformation of one's social and economic status were feared to incite some youths to kill their parents to inherit their wealth, as they are aware that they are the lawful heirs of their parents’ estates. It was mentioned during the interviews, that the youth want to become “Mr Cash” in the community and live a lavish life they admired from their peers whose parents passed away.

Sometimes rivalry over inheritance arises because of some controversial behaviour during the lifetime of the deceased. For example, there was a case recalled in which a man married in the church but after bearing children he separated from his spouse without legally divorcing from her. Later he cohabitated with another woman and bore children with her too. After his death his legally wedded wife and children fought over the inheritance with his second partner and his children born out of wedlock, as well as with the extended family members of the deceased.
6.4 The perceived socio-economic impacts of modern inheritance laws on the participants

The respondents were convinced that the authorities have realised the flaw of the modern laws and recognised the implications of community disintegration as a consequence of the statutory legal system that grants the inheritance to the spouse and the children of the deceased. This practice is lamented by the community as they find it distributing that a deceased man’s heirs are “non-family” members.

“Oh, no, it is bringing about arguments. Even the owners of the new practice over inheritance are now tired too”.

Nowadays many uncles still live with their nephews, nieces and children. Since these uncles found out that their children may suffer when their father dies, the uncles started to indicate during their lifetime what belongs to their nephews, nieces and their children. Although the state laws allocate the inheritance to children of the deceased, the general view is that children and nephews should be treated equally in inheritance allocation. According to the participants the way forward should be not to limit the inheritance of the deceased person’s estate to the spouse and the children but extend it to the culturally accepted group of heirs, the parents, brothers, sisters, nephews and nieces. In some places there is a 50/50 inheritance distribution between the deceased's nuclear family and other family members has been said to have been introduced for the sake of peace and tranquillity within the community. An interviewee explained the reasoning behind the 50/50 sharing:

“Yes, the government and the traditional authorities have now come to observe, and realised that the inheritance practices are bringing about disarrays and hatred among the people. Yes, say, when I die, it should not be necessary for my children and my family [the parents, brothers, sisters, nephews and nieces of the deceased] to hate each other simply because of inheritance conflict. To avoid all that, the inheritance practices have been reversed that we should now look at it very carefully so that when a person dies, his family should also receive something and so should his wife and children also receive their share”.

The challenges in dealing with inheritance issues are the low level of education of the majority of the people, especially in the rural areas of Kavango Region, and the lack of infrastructures (offices, road networks) to deal with the cases easily and speedily. It is necessary that those who are tasked to speak to community members engulfed in inheritance conflicts should use a diplomatic and skilful approach to soothe the conflict and harmonise the volatile situation. Headmen help the government to reduce inheritance and property grabbing cases in their communities.

Admittedly, cases of property and inheritance are very difficult for the police to handle; therefore these cases are usually referred to the Magistrate’s office to be settled. According to the police in Kunene, many cases of clashes over inheritance are reported by the community to their offices.

We dealt with one case. There was a case early this year of a woman. Her husband died and there were probably
a lot of issues that happened before the husband died. The husband was a teacher. A few months before he died he became mentally ill. I don't know what triggered the mental illness but then what happened is that the husband went to his mother where he eventually died, while his wife remained here. The family of that man then came to grab the documents. They took all the documents of the man and those of his wife which were in one file and went away with the documents. The woman struggled until she got the documents back.

In the story above the extended family members took all the documents from the widow to deny the marriage and claim the inheritance with the Death Certificate of their relative. The narrative also illustrates the tendency to turn to the extended family for help, support, love, and care when an ailing person feels neglected by the spouse. The relatives of a critically ill person then believe that their in-law is uncaring and after the death of the ill relative the surviving spouse if often accused of causing the death of their family member causing a complete breakdown in the relationship between the extended family and the spouse of the deceased.

7. RECOMMENDATIONS

- Stakeholders or institutions should promote civil marriages and obtaining Marriage Certificates to secure inheritance for the surviving spouse and the children.
- There is lack of understanding and respect for the statutory laws regarding inheritance, as well as for the legal institutions. Organised platforms should continue to educate community members about the laws of inheritance and the serious implications of ignoring these laws.
- Marginal numbers of men claim inheritance. This is attributed to the masculine pride and fear of public embarrassment connected to the traditional belief that a man cannot inherit from a woman. Stakeholders should include men’s rightful inheritance in their educational campaigns to diffuse outdated traditional beliefs, and to encourage men to regard inheritance from their wives as their legal right.
- The line ministries should establish strong working links between the financial institutions, the law enforcement units and community structures to expose and punish culprits who set up bereaved families and take hold of their inheritance.
- The Ministry of Safety and Security and the Ministry of Justice must increase the capacity of the statutory legal system and establish a strong legal framework to ensure that spouses of customary marriages and their children are not denied their rightful inheritance by the extended family members.
- Since in many cases family ties break down due to inheritance claims, stakeholders should create counselling services to mend family relations.
- The Ministry of Justice must ensure that the dual legal system, i.e. the customary and statutory laws work hand in hand to prevent conflicts over inheritances.

8. CONCLUSIONS

There has been a shift in the inheritance practices in the Erongo, Kunene and Kavango Regions. In the traditional context of the Namibian communities under study family and heirs were one’s matrilineal relatives,
including one’s mother, maternal uncles, brothers, sisters, maternal nephews and nieces. Under the current legal framework a family consists of a husband and wife and their children who are heirs of each other’s wealth. The difference between the traditional and modern concepts of family and heirs cause conflicts, violence, and property grabbing in the regions the research visited.

Despite the change in inheritance rights from the extended matrilineal family to the spouse and children of the deceased, the communities and the traditional courts in the rural areas support a 50/50 inheritance distribution between the immediate and the extended families. Otherwise the children of the deceased are expected to show “a good heart” by sharing part of their inheritance with the maternal family of the deceased, especially the parents of the deceased, as an appreciation for raising the deceased.

The high prevalence of GBV through inheritance and property grabbing somewhat reduced in recent times due to the strengthening of the implementation of the laws, whereby those who seize properties from the rightful heirs are arrested and jailed. The reduced number of cases of physical violence over inheritance claims, however, should not be seen as a sign of the end of GBV through inheritance and property grabbing. The people have developed new, more deceptive ploys than physical violence to snatch inheritance from the rightful heirs. The participants referred to one type fraudulent method used as “mafia style”, whereby the perpetrators deceive the victims to win their trust and rob them of their inheritance by the end of the process. Another trick is to use so-called “private consultants” who steal a large portion of the inheritance and share it with the members of the extended family who introduced the “private consultants” to the rightful heir. Since GBV through inheritance and property grabbing has changed practice, there is a need to find new and refined tools to tackle the unlawful practices and to find long-lasting redress to the latest atrocities of GBV.

9. REFERENCES


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Chapter 7
Towards Identifying and Estimating Public Expenditure on Gender-Based Violence in Namibia

By Omu Kakujaha-Matundua

1. INTRODUCTION

The Southern African Development Community (SADC) homepage defines gender-based violence (GBV) as “all acts perpetuated against women, men, boys and girls on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict” (Southern African Development Community, 2012).

Gender-based violence includes physical, sexual, economic, emotional and psychological violence such as domestic violence; sexual abuse, including defilement and incest; forced pregnancy; sexual slavery; traditional practices harmful to women, such as honor killings, maiming, female genital mutilation, early marriage, infanticide and/or neglect, denial of education, and confinement, gender-based violence in armed conflict, such as murder and rape; and emotional abuse, such as coercion and abusive language, as well as socio-economic violence, such as discrimination and/or denial of services and opportunities, social exclusion based on sexual orientation and obstructive legal practices. Trafficking of persons for prostitution, forced marriage, sexual harassment and intimidation are additional examples of gender-based violence.

While GBV causes physical, psychological and financial losses to the victims, it also puts strain on public resources, which are spent on interventions. Apart from the costs of educational campaigns, including human resources, materials, transportation and so on; there are large public sums spent on treating, protecting and rehabilitating the victims. Additionally, funds are paid to apprehend, try, punish, and rehabilitate the perpetrators. To fully understand the real impact of GBV on our society it is necessary to collate all the costs of GBV and highlight the magnitude of public expenditure on mitigating the effects of GBV.

Attempts were already made to put a figure on the public expenditure on gender-based violence in a number of countries. According to IGIHE (2013), the “economic loss as a result of GBV is estimated to be 7% of Fiji GDP and equal to $1.2 billion in New Zealand, $1.6 billion in Canada, €30 billion in UK and $5.8 billion in USA each year”. Similarly to the listed countries, GBV impacts the economy of every country, including Namibia. GBV also imposes a strain on the health services, on the safety and security sector, as well as on the legal institutions.

The current study initially attempted to estimate the public spending on GBV in Namibia. The study also wanted to assess whether the GBV-related funding is adequate or not for the different sectors of the government to appropriately address the ills of GBV and make recommendations based on the collected data in that regard.
The non-existence of data in the ministries, however, as well as the lack of information on public expenditures in the Namibian Police Force (NAMPOL) Women and Child Protection Units (WCPUs), recently renamed as Gender-Based Violence Investigation Units (GBVIUs) left the researchers with no choice but to change the direction of the study. Accordingly, the study postponed the immediate collation of public expenditure on GBV and instead explored the possibilities of establishing a public expenditure collation in the future, the type of data needed for a reliable compilation of costs, as well as how such data could be attained from the various sectors dealing with GBV.

2. PROBLEM STATEMENT AND JUSTIFICATION OF THE STUDY

While gender-based violence is mainly committed against women and girls, it also affects men and boys as well as members of groups of alternative sexual orientation. According to the magazine Sister Namibia’s (n.d.) webpage, “gender-based violence is a human rights issue of endemic proportions in Namibia. One out of three women has experienced, or will experience GBV in their lifetime. Furthermore, it is estimated that one out of five women are in an abusive relationship. The two most common forms of GBV in Namibia are domestic violence and rape, both of which proportionately affect Namibian women more than men, (over 90%).”

In order to deal with the scourge of GBV, Namibia has developed numerous programmes and policies, and enacted various legislations, aimed at improving the status of women and girls in the society, eradicating injustice, and combating all forms of discrimination and violence. In 2008 a National Advisory Committee against Gender Based Violence was constituted to advise the government and the stakeholders on policies, legislation and actions to be taken to combat GBV in the society. Furthermore, the Government established Women and Child Protection Units in all of the 14 political regions of the country. These units assumed a multi-sectoral approach to strengthen the response to gender-based violence, and to coordinate and provide services for the survivors of GBV. The Ministry of Gender Equality and Child Welfare (MGECW) also adopted the National Plan of Action (2012-2016). This strategy was designed to encompass the programs and activities that are undertaken to address all the issues of gender-based violence in Namibia. Thus, the Plan of Action outlines actions designed to prevent GBV, improve the implementation of laws and services aimed to alleviate the suffering of the survivors of GBV, and to provide adequate support services for the survivors of GBV.

Despite all the above-mentioned efforts, gender-based violence continues unabated in Namibia. An opinion piece by Rachel Coomer (2010) of the Gender Research and Advocacy Project of the Legal Assistance Centre (LAC) is just one of the many examples which discusses Namibia’s high rate of gender-based violence. According to the article, “it is clear that GBV is a problem in Namibia” (Coomer, 2010). The article further laments that not much is being done to stop the escalation of GBV in Namibia, and argues that “currently there is talk about GBV but too little action” (Coomer, 2010). Another article from Nashuuta (2013) also supports Coomer’s assertion by quoting the then Minister of Gender Equality and Child Welfare, Hon. Rosalia Nghidinwa: “Despite all these legal instruments, our women and girls are being raped and murdered on a daily basis” (Nashuuta, 2013).
The Combating of Rape Act \(^1\) (No 8 of 2000) and Combating of Domestic Violence Act \(^2\) (No 4 of 2003) place special duties on a number of ministries and agencies, such as special duties on prosecutors in criminal proceedings relating to sexual offences and on the police officers in respect of certain bail applications. Although money would not solve the root causes of the problem, adequate funding to the line ministries and agencies could go a long way to implement the internationally acclaimed progressive legal instruments, but without data on public spending connected to GBV it is difficult to decide on the sufficiency of government funding.

Looking just outside Namibia, within the SADC region Thorpe (2014) succinctly described a similar lack of information in the Republic of South Africa (RSA) stating that the Domestic Violence Act 116 of 1998 places positive duties on a number of Government Departments to provide support and services to survivors of such abuse; however, there is no adequate information on public expenditures on GBV, hence it is difficult to gauge the adequacy or inadequacy of appropriations towards combating GBV. The first steps of attempts are underway in the RSA to calculate reliable estimates of the fraction that is spent from the national budget on gender-based violence (Thorpe, 2014; Watson, 2014; Wakefield, 2014).

The situation regarding estimated of public expenditure on gender-based violence is graver in Namibia where attempts to assess and provide the costs of GBV has not started. It is also because public expenditure on gender-based violence is subsumed in ministries and agencies’ main budgets without separate GBV-specific records on the costs. Hence it is not clear how much the Government of Namibia is spending on the implementation of the Acts combating GBV. The actual costs of the implementation of these laws become invisible in the Estimates of National Expenditure (1 April 2012 – 31 March 2015) and within the Directorates’ own budget votes. For example, under Vote 06 NAMPOL, the Women and Child Protection Units’ spending was not listed as spending of one of the main divisions. The same situation is also true for the Ministry of Gender Equality and Child Welfare's Budget Vote 12, where there was no indication of gender-base violence costs under the budget vote’s main divisions. As there are no GBV-specific budget allocations or cost records, it is next to impossible to identify the magnitude of GBV-related costs.

On the other hand, without adequate information on the costs of providing the services related to gender-based violence, a sufficient budget for GBV alleviation is not likely to be provided. This may undermine the actions the Government of Namibia proposes to undertake to combat gender-based violence. In addition, without reported disaggregated statistics on the scale and incidences related to GBV in Namibia it will be impossible to ensure that the budgets which are allocated for certain programmes are directed to the right places or effectively utilized.

Effective spending on legislation and its implementation is important because, as Thorpe (2014) also pointed it out, the lack of adequate budgeting means that those tasked with implementing the legislation may not have appropriate resources to meet the requirements of the legislation, may not be appropriately trained, and may not have sufficient resources to undergo debriefings that would ensure that the service providers maintain their health and able to perform their tasks in a sensitive and supportive manner. In addition, where the State does not allocate specific funding for the implementation of the laws on gender-based violence, the budget from
other programmes and line items would be potentially used, which could compromise the effectiveness of those programmes and line items, as well as the various role players in providing GBV-related services. Hence, there is an urgent need to estimate public expenditures that are appropriated to combat gender-based violence.

3. OBJECTIVES OF THE STUDY

The main objective of this technical report is to explore the nature of data needed on public spending related to gender-based violence, as well as how such data could be obtained. In addition, this report would like to serve as a wake-up call to the legislators, the government and the general public to the human costs as well as the financial costs of gender-based violence to the Namibian society and tax-payers.

Due to the absence of data on GBV-related costs and expenditures in the relevant government offices, the accounting model could not be applied to calculate or even estimate the public expenditures on GBV in Namibia. Therefore the objective of the study has been changed from estimating the public expenditure of GBV in Namibia as it was initially suggested at the start of the research, to the following objectives deemed to be necessary to achieve a starting point toward future expenditures calculations:

- Identifying the main piece of legislation related to GBV to understand the necessary activities related to the legislation that need funding,
- Recognising the right parliamentary sub-committee to spearhead the collection of the necessary costs data on GBV to effectively implement the identified GBV legislation,
- Ascertaining the government ministries or agencies tasked with implementing GBV legislation, and
- Classifying the different activities and cost heads that could be used for budget requests.

4. LIMITATIONS

The main limitation of this study is the lack of the availability of disaggregated data of GBV on gender-based violence expenses in the line ministries and agencies, including the mother ministry, the Ministry of Gender Equality and Child Welfare, as well as the Namibian Police Force. This technical report therefore changed its original aim from estimating the costs of GBV to focus on identifying the different cost components in the different ministries and agencies.

5. METHODOLOGY OF THE STUDY

The Accounting Model was the most employed method during the research as it allowed the researchers to identify the activities addressing the issues of GBV, the costs or spending on these activities by the survivors of GBV, the costs or spending related to GBV by stakeholder service providers, and the sum of all these costs to calculate the aggregate. As it proved extremely difficult to obtain from the relevant ministries and agencies their
cost estimates allocated to or used for GBV mitigation, the current study resorted mainly to literature survey and interviews in order to identify the relevant ministries and agencies directly involved in dealing with GBV, and also to identify all the important costs incurred by them. Local, regional and international literature on GBV was surveyed to identify the different cost components and to provide an insight into existing practices of recording public expenditure on GBV-related issues. Thorpe (2014) with similar objectives in a South African study identified where the costs for reporting violence incur. Following Thorpe's approach a general description of costs incurred is presented.

Two key stakeholders (MGECW and NAMPOL’s WACPU) were interviewed to obtain in-depth information on costs estimation. During these interviews it came to light that it was very difficult to identify costs heads and come up with any comprehensive cost estimates. It was unanticipated to note that there was no specific budget in the Women and Child Protection Units, the main entity of the Namibian Police Force dedicated to solve gender-based violence cases.

6. RESULTS AND DISCUSSION OF THE FINDINGS

In this section, we present the main piece of Namibian legislation that needs funding to combat GBV, recognize the relevant Parliamentary Committee to facilitate the collection of cost data on GBV, ascertain government ministries mandated to implement GBV legislation and classify different activities and cost heads that could be used for budget requests.

6.1 Identifying the main piece of Namibian legislation related to GBV

Two main Acts, the Combating of Rape Act 8 of 2000 and the Combating Domestic Violence Act 4 of 2003 relates directly to gender-based violence. Some other legislations could be also considered in combating GBV, for example the Children’s Act 33 of 1960 (on child protection), the Maintenance Act 9 of 2003, the Married Persons Equality Act 1 of 1996, the Criminal Procedure Amendment Act 24 of 2003 (on vulnerable witnesses) and the Labour Act 11 of 2007 (on sexual harassment).

These Acts need adequate financing to implement them the way they were meant to be implemented when they were accepted by the legislators. The National Plan of Action on Gender-Based Violence 2012-2016 calls for the Parliament of Namibia to consider introducing budget items in the budget votes of the relevant ministries. The budget items are meant to be earmarked for gender-based violence interventions by a variety of government institutions.

6.2 Recognising the Parliamentary Sub-Committee to spearhead the collection of cost data on GBV

One of the objectives of this study is to identify and recommend the right parliamentary sub-committee, which should spearhead the collection of costs data on gender-based violence in order to effectively implement the
existing legislation on GBV. In the Parliament of the Republic of South African for example, the Research Unit analysed government spending on gender-based violence in response to research questions sent to the Unit by the Select Committee on Women, Children and Persons with Disabilities. The Select Committee summoned or requested information from the ministries’ and the agencies’ budget officers to provide the costs spent on GBV to estimate the funds necessary to adequately address the needs of those implementing the legislature combating GBV. The Research Unit identified the judicial, police, and health-related costs of GBV as well as expenditures on social development (Watson, 2014).

This technical report identified the Parliamentary Standing Committee on Gender and Family Affairs of the Namibian Parliament as the most appropriate entity to commission the studies that enquire into GBV-related expenditures and to compel the budget officers of the stakeholders to provide such data. Collecting the relevant information on public expenditure on gender-based violence should be the first step towards separate sub-votes for budgets to be spent on relevant GBV expenditures all line ministries and agencies concerned in GBV matters.

6.3 Ascertaining ministries related to implementing the GBV legislation or treating survivors of GBV

Four government ministries incur most of the costs resulting from their responsibilities to implement GBV legislation: Ministry of Gender Equality and Child Welfare; Ministry of Safety and Security (Namibian Police Force and Namibian Correctional Service); Ministry of Justice (Namibian Courts and Legal Aid) and the Ministry of Health and Social Services (MoHSS).

When trying to estimate the spending related to gender-based violence across government ministries and agencies, the primary challenge arises is that budgets for GBV are not ring-fenced. No disaggregation of the budget or any budgetary allocation related to gender-based violence could be found across the line ministries. It was also very difficult to track spending on gender-based violence over time and to assess whether the spending has been sufficient, or where did the gaps in finances exist as public expenditure on gender-based violence was not indicated as such. The lack of information on GBV-related budget requests and the lack of awareness and knowledge of GBV issues lead to the practice that the ministries and agencies react to gender-based violence within their budgets on an ad hoc basis.

6.4 Classifying different activities/cost heads that could be used for budget requests

In order to create a total picture of spending on gender-based violence, all ministries and agencies would need to clarify what type of funding they have provided already that was directly related to gender-based violence. Dedicated GBV-related budgets would boost the resources of the line ministries as a consolidated budget for
GBV could be appropriated through the national budget. During the time of the research, however, there was nothing found about GBV-related expenses in the budget votes or sub-votes for the Estimates of Revenue and Expenditures (i.e. national budget) from any of the ministries or agencies identified in this study as line stakeholders of issues related to gender-based violence.

6.4.1 Costs to the Ministry of Gender Equality and Child Welfare

The Ministry of Gender Equality and Child Welfare partially funds a number of civil society organisations and non-governmental organisations through the Directorate of Gender Equality to enable them to deliver various services to the survivors of gender-based violence. In its Capacity Building for the Gender Mainstreaming Programme the ministry pledged to review and strengthen safe havens for survivors of GBV, so their assistance is actually given to shelters to alleviate the suffering of the survivors of GBV. Due to the low subsidies for these shelters, the survivors are presently housed in the safe havens for only three months in rural towns and for six months in Windhoek. Among other objectives, the ministry’s programme also envisages training in GBV prevention and management, developing and disseminating GBV materials, as well as advocating for policy dialogue and conducting such dialogue to strengthen the legal framework on GBV issues and on HIV/AIDS. The ministry is, however, underfunded and devotes only limited resources towards the intended activities.

The cost heads identified below could strengthen the ministry’s budgeted plans to effectively execute its duties in combating gender-based violence:

- Operational costs, i.e. salaries of dedicated staff,
- Costs of awareness raising posters and pamphlets to be used in awareness raising campaigns,
- Costs of stakeholders meetings, and
- Support to houses of safety and shelters, as the ministry subsidises these places with food, while the shelters are run by NGOs in the following towns and regions:
  a. Outapi
  b. Eenhana
  c. Rundu
  d. Shelter in Karas Region
  e. Shelter in Kunene Region
  f. Otjiwarongo

6.4.2 Costs to the Ministry of Safety and Security

6.4.2.1 Costs to the Namibian Police Force

During the interviews with the Women and Child Protection Unit officers it came to light that the Namibian
Police Force’s Women and Child Protection Units were inadequately financed and underfunded. Ideally WACPU is composed of employees from the Ministry of Health; Ministry of Gender Equality and Child Welfare and NAMPOL.

To address the serious trauma experienced by those police officers who are directly involved in GBV cases, they need to move away from the distress for at least three months, but trauma counselling for WACPU police officers is currently non-existent. Long and stressful stay at WACPU causes police officers to lose empathy for the victims and brings about situations where the police officers minimise assaults cases, saying “you are slapped, not stabbed.” It made matters even more difficult that the support from the United Nations Children’s Fund (UNICEF) ceased. This support was used by police officers who went for community awareness raising workshops on gender-based violence to provide the attendants with lunch. Another hindrance to WCPU’s work is that there are no vehicles assigned to the units, which means that WCPU officers must rely on pool vehicles, but the lack of vehicles creates delays and generates apprehension.

Based on the findings in NAMPOL the present study identified the following cost components:

- Vehicle costs, including petrol and maintenance costs. The vehicles are involved in the following activities: travelling to the site of the incident, notifying the respondent, and serving protection orders.
- Costs of paperwork and stationery required in the vehicle, in the community service centre and in the GBV survivor-friendly rooms,
- Costs of maintaining the GBV register,
- Costs of debriefing staff and costs of days off from work because of exposure to trauma,
- Transport costs, including the costs of transporting GBV survivors to shelters or places of safety, to the medical facility for examination, and to the court for trial dates,
- Costs of telephonic communications and updates with GBV survivors regarding the status of their cases,
- Costs of ongoing training for police officers on the implementation of the relevant legislation,
- Costs of equipping and maintaining survivor- friendly rooms,
- Costs of “rape kits”, which are kits to collect evidence in sexual assault cases,
- Costs of research related to GBV,
- Costs of operational budgets used for GBV incidents in police stations,
- Costs of translation of documents, and
- Costs of mobile or satellite stations in the rural areas.

1… to impose special duties on prosecutors in criminal proceedings relating to sexual offences; to impose special duties on members of the police in respect of certain bail applications; to amend the Criminal Procedure Act, 1977, so as to insert a certain definition; to make provision for the rights of a complainant of rape in bail proceedings; to further regulate the granting of bail to persons charged with rape; to further regulate the circumstances in which certain criminal proceedings shall not take place in open court … (Combating of Rape Act, No 8 of 2000).

2 The Act is to provide for the issuing of protection orders in domestic violence matters; to provide for matters relating to domestic violence offences; to provide for police duties in respect of domestic violence incidents; to amend the Criminal Procedure Act, 1977; and to provide for incidental matters (Combating of Domestic Violence Act, No 4 of 2003).
6.4.2.2 Costs to the Namibian Correctional Service

- Costs of transporting the perpetrators to and from the court,
- Costs of transporting from NAMPOL station to and from the correctional facility,
- The costs of incarcerating the perpetrators of GBV, and
- The costs of rehabilitation programmes for the offenders.

6.4.3 Costs to the Ministry of Justice

The Ministry of Justice is directly dealing with GBV through the magistrate courts, but unfortunately is inadequately funded. The Legal Assistance Centre (LAC) study on the Implementation of the Combating of Domestic Act (LAC, 2012) spoke about the sings of the ministry being underfunded and understaffed. For example LAC (2012) quotes a magistrate in Swakopmund who complained that “the [protection order] application takes too much time. They [the GBV survivors] must wait when they come in because we only have one clerk who handles everything” (LAC, 2012).

The present study identified the following cost components.

- Costs of remuneration of dedicated staff, including dedicated clerks and magistrates at sexual offences courts, and courts related to GBV,
- Costs of legal aid to survivors of GBV,
- Costs of training specialised staff dealing with GBV cases,
- Costs of awareness raising posters and pamphlets relating to the Acts connected to GBV,
- Costs of support services for the survivors,
- Costs of specialised infrastructure, such as closed circuit TV, furniture, anatomical dolls, etc.,
- Costs of specialised staff, for example intermediaries, interpreters, etc. in the sexual offences courts,
- Costs of court support,
- Costs of servicing documents when the complainant cannot afford to pay, and
- Costs of representation of the accused.

6.4.4. Costs to the Ministry of Health and Social Services

- Costs of medicines and medical supplies used in the treatment of injuries related to GBV,
- Costs of the work of forensic specialists collecting the evidence from the survivor’s body in the case of a sexual offence,
- Costs of instruments and forms used for the collection of forensic medical evidence,
- Costs of ambulances in life-threatening cases,
- Costs of Post-Exposure Prophylaxis,
- Costs of forensic pathology and DNA analysis,
• Costs of sexually transmitted infection (STI) medicines,
• Costs of HIV and STI counselling, and
• Cost of medical equipment used in attending to GBV cases.

An estimate of the costs of gender-based violence would need to consider all of the costs listed above. There are other costs of gender-based violence, which are not identified here either because they are difficult to identified or they are hidden costs included under different cost heads, for example the time the officials spend assisting the survivors, arresting the perpetrators of GBV, etc. In addition, the expenditure on gender-based violence prevention programmes also need to be included for the State to address GBV holistically.

7. RECOMMENDATIONS

Despite the non-existence of specific data on public expenditure related to gender-based violence, the lack of data actually pointed out the direction the government and their agencies must take in addressing the issue of gender-based violence. Based on the findings the following is proposed as a way forward.

1. The ministries and agencies should clarify and calculate their total expenditures directly related to gender-based violence.

2. Since there is no disaggregated data in the ministries and agencies on the costs of GBV to Namibia, costs tracking studies similar to those conducted in the RSA (Watson, 2014; Wakefield, 2014) must be undertaken to provide a comprehensive costing of the different activities undertaken by every particular ministry or agency that participates in the prevention and response to GBV.

3. The conclusion of Memorandums of Understanding (MoUs) between the line Ministries and NAMPOL should avoid the duplication of files, lessen stress on the survivors of GBV, and lead to budgets dedicated to GBV in each ministry.

4. To be in line with the National Plan of Action on Gender-Based Violence 2012-2016, “to integrate services to GBV victims at WACPUs” (Republic of Namibia, n.d.), the Thuthuzela Care Centres model (as used in the Republic of South Africa) must be explored for implementation in Namibia. The Thuthuzela centres are managed by top level inter-departmental teams comprising members from different departments: the Departments of Justice, Health, Education, Treasury, Correctional Services, Safety and Security, Local Government, Home Affairs, Social Development, as well as members from designated civil society organisations.

5. The Namibian Parliament’s Standing Committee on Gender and Family Affairs must commission studies to enquire into GBV-related expenditures and compel budget officers to provide such data. In the beginning the studies could concentrate on the NAMPOL and the Ministry of Justice.

a. NAMPOL’s Gender-Based Violence Investigation Units (earlier: WCPUs) should look at the proposed new structure and to cost all the activities in a detailed manner. An integrated structure will comprise of all important specialist staff services under one roof and will work together as a single team. Such structure will not only render the best service to the survivors, but also avoid the duplication of efforts. An incorporated unit will be also able to collect and collate data on GBV, on
the public expenditures on GBV, and provide a better reporting structure. From the above it also follows, that by using a combined and united organisation, the line ministries will be provided with relevant and timely information for reporting on GBV in the Parliament.

b. The Ministry of Justice should identify teams to study GBV costs at the magistrate courts. This will aid in adequate resource allocation to deal with cases of GBV in a speedy manner, for example in the issuing and enforcement of protection orders; and it will also assist the survivors of GBV in a dignified way. The teams at the magistrate courts should comprise of dedicated district magistrates who preside over gender-based violence cases, intermediaries, regional magistrates, and clerks, all dedicated to address GBV cases.

6. As funds become available other stakeholders should be added to the studies compiling public expenditures on gender-based violence:
   a. Ministry of Health and Social Services,
   b. Ministry of Gender Equality and Child Welfare,
   c. Namibian Correctional Service, and
   d. Other stakeholders.

8. CONCLUSIONS

Gender-based violence remains a scourge plaguing the Namibian society. The enacted legislation does little to stop or discourage the perpetrators of crime who continue killing, maiming or terrorising their victims. The study identified two main pieces of legislation enacted to address gender-based violence and to protect the survivors of GBV, namely the Combating of Rape Act 8 of 2000 and the Combating Domestic Violence Act 4 of 2003.

The National Plan of Action on Gender-Based Violence 2012-2016 outlines what needs to be done in order to reduce the incidences of gender-based violence as well as to protect the survivors of GBV. The study discovered that there are no specific budgets dedicated to facilitate the implementation of legislations and to roll out the National Plan of Action. Also, the Namibian Police Force Women’ and Child Protection Units were found to be underfunded, as was the case with the magistrate courts of the Ministry of Justice. With such lack of funds, the work of the established structures addressing gender-based violence and the assistance to the survivors of GBV are compromised. A similar scenario is true for all the other ministries (MGECW, Ministry of Health and Social Services and Ministry of Safety and Security) involved in GBV-related services. As the ministries and agencies across the board lack a separate budget for supporting the survivors of GBV, they resort to use their global budgets not explicitly earmarked to deal with the increasing number of gender-based violence cases.

This study, in a quest to obtain comprehensive estimates of public funds on gender-based violence, identified some of the important cost heads in the various relevant ministries and agencies. The identified cost heads will assist the budget officers in the ministries and agencies to request a separate or a ring-fenced budget for combating gender-based violence and its consequences.
The study recommended that the Parliamentary Standing Committee on Gender and Family Affairs be tasked to compel budget officers to collate and provide data on their spending on gender-based violence to the Parliament. The study further recommended that the tasked Committee starts with commissioning studies aimed at obtaining accurate data on public expenditures related to gender-based violence in the NAMPOL’s GBVIUs (earlier: WCPUs) and in the Ministry of Justice. Three other entities, the Ministry of Gender Equality and Child Welfare, the Ministry of Health and Social Services and the Ministry of Safety and Security’s Namibian Correction Service should be added on to the study as funds become available, in order to include all the major stakeholders requiring funds to provide GBV-related services.

9. REFERENCES


Republic of Namibia (n.d.) *National Plan of Action on Gender-based Violence 2012-2016: Zero Tolerance for
GBV. Windhoek: MGECW.


