

THE CULPABILITY OF MEN IN GENDER-BASED VIOLENCE AND THEIR  
ROLE IN ITS ALLEVIATION: THE CASE OF OSHAKATI TOWN, OSHANA  
REGION, NAMIBIA

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## **Abstract**

Gender-based violence remains highly prevalent in Namibia, with high incidences reflected in the national crime statistics. This study investigated the moral culpability of men in gender-based violence and their role in its alleviation in Oshakati, Oshana region, Namibia. A case study research design was utilised, based on a qualitative research approach. Twenty-three participants were purposively selected for the study, and one-on-one semi-structured, in-depth interviews were used to collect the data. The collected data were thematically analysed. Three themes emerged from the thematic analysis, namely, effects of GBV, moral culpability of men in GBV and mitigating GBV. The study concluded that the general population understands GBV, the types of GBV and its effects. Women, younger women in particular, are more vulnerable to GBV. GBV is propelled by the assertion of male dominion, which could be informed by cultural practices that promote a gender hierarchy. Although, women report GBV cases to the authorities, there are instances of coercion from both their family and their partners' family for the cases to be dropped. Moreover, men are more likely to commit GBV due to alcohol and drugs abuse. While men are culpable in the perpetration of GBV, there are indications that they can also contribute to its mitigation through education and enrolment in support groups.

**Keywords:** gender, gender hierarchy, moral culpability, patriarchy, intersectionality

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## **List of Abbreviations and Acronyms**

<b>CBD</b>	Central Business District
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women
<b>FGM</b>	Female Genital Mutilation
<b>GBV</b>	Gender-Based Violence
<b>LAC</b>	Legal Assistance Centre
<b>LGBTQI</b>	Lesbian, Gay, Bisexual, Transsexual, Queer and Intersex
<b>MHAISS</b>	Ministry of Home Affairs, Immigration, Safety and Security
<b>MHSS</b>	Ministry of Health and Social Services
<b>MGEPEWSW</b>	Ministry of Gender Equality, Poverty Eradication and Social Welfare
<b>NHPF</b>	National Health Policy Framework
<b>PoA</b>	Programme of Action
<b>SADC</b>	Southern Africa Development Community
<b>SDGs</b>	Sustainable Development Goals
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nation Population Fund
<b>WHO</b>	World Health Organisation

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## **Dedication**

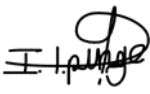
The thesis is dedicated to all those who strive for equality and justice in the realm of gender and development. To my late mother, Helena Ndapewoshali Uushona (May your soul continue resting in peace), my parents Tatekulu Leonard and Kuku Teopolina (Nombanza) Ipinge, whose love and support have been my foundation, and to an old friend (TMK) whose inspiration continues to guide me. My wish is for this work to contribute to the ongoing efforts to create a more equitable world.

## Declarations

I, Irya Kayetumana Tunomugameni Ipinge, by means of this, proclaim this study is my work and a true reflection of my research. This work or any part thereof has not been submitted for a degree at any other institution.

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## **CHAPTER ONE**

### **INTRODUCTION TO THE STUDY**

#### **1.1 Introduction**

Gender-based violence (GBV) embodies a multiplicity of abuses inclusive of exploitation, humiliation, sexual threats, molestation, incest, domestic violence, and rape (Thomas et al., 2013). GBV affects men, women and children from all walks of life, as it cuts across class, race, ethnicity, education level and geographical locations. Statistics presented by the United Nation Funds for Population Activities (2020) show that roughly 33% of women comprehensively suffered either physical or sexual violence in the year 2020 only. Statistics, presented by the Namib Times indicate that a total of 5 961 GBV cases were reported in Namibia between September 2019 to September 2020, indicating that Namibia is experiencing high levels of GBV (Bowe, 2020). Within Oshana region, the focus of this study, 560 GBV cases were reported, of which a vast majority were of a sexual nature (Bowe, 2020).

#### **1.2 Background of study**

GBV occurs in innumerable forms, with the most common being physical, economic, sexual, psychological and verbal abuse (Akudolu et al., 2023; Mwije, 2014). Yta (2020) expanded the scope of GBV to include female genital mutilation, early marriage, human trafficking and forced marriages. Current discourse on GBV has

considered denial of fundamental human rights, forced abortions and reproductive coercion and honour killings as other forms of GBV (Alaattinoğlu, 2023).

Akudolu et al. (2023) argue that GBV is caused by a sequence of biological as well as social influences. The biological factors include hormonal influences, while the social factors are inclusive of the cultural background, degradation of women, alcoholism, the media and the patriarchal nature of society. Kang'ethe (2014) found that delusions of religious literature, poverty, cultural practices, patriarchal ideologies, inadequate institutional and legal infrastructure contributed to escalating GBV. Makama (2013) defines patriarchy as the practice of male authority that subjugates women through social, political, and economic institutions. The conceptual lens of patriarchy assists researchers to see how GBV is based on complex power relations

Gordon (2013) found that men play a major role in GBV perpetration, as they tend to use violence as a means of control over female partners. The present study investigated the culpability of men in GBV from a morality point of view. Moral ethics guide our society to live peacefully and dictate what is right and wrong. Morality shapes the society to live within the set laws and regulations. Sevim (2021) describes morality as a linkage of norms, ethics, preventions, manners, characters, tribal and cultural practices and race which determine the behaviours of individuals in a society. According to Kennedy et al. (2016), women are expected to be more ethical than men, even when they hold identical roles. This is attributed to

differences in how women and men reason on moral issues, based on the gender stereotypes propagated by society.

Women in Namibia are experiencing widespread violence at the hands of men. According to the Namibian Police, more than 10 000 GBV cases were recorded from June 2020 to July 2022 (Gotlieb, 2023). The Khomas region had the highest number of GBV crimes recorded at 2 531, followed by the Oshana region with 560 cases, the Ohangwena region with 533, the Hardap region with 502 and the Omusati region with 336 cases (Bowe, 2020). According to information sourced from the Ministry of Health and Social Services (2019), more than 34 percent of matured women between 15 and 49 years have experienced violence, be it physical or emotional, from intimate male partners (Ministry of Health and Social Services, 2019). The Legal Assistance Centre (2017) indicates that the most common type of GBV reported in the Oshana region is sexual violence. Similarly, the Oshana Police Commissioner, Mr Naftal Sakaria, in 2023 reported that the rate of sexual violence was high amongst women and children (New Era Newspaper, June 8, 2023).

The high GBV prevalence in the northern regions of Namibia may be attributed to localised constructions of masculinities, such as being wealthy and in possession of luxury items (Edward-Jauch, 2016). More so, the historical violence experienced during colonialism and the subsequent struggle for independence that occurred predominately in northern Namibia can also be associated with violence against women (Edward-Jauch, 2016). The political, economic and inheritance systems that promote the advancement of men over women foster gender inequality, which acts as

a precursor to GBV. Such systems remain embedded in communities in northern Namibia (Edward-Jauch, 2016).

In response to rising GBV cases in the country, a robust legal framework that speaks directly to the alleviation and subsequent elimination of GBV was developed. Currently, Namibia's legal framework includes the Combating of Gender-based Violence Act, 2003; as well as the Combating Rape Act of 2000. Regarding policy, worth listing includes, the National Gender Policy (2010-2020), the National Plan Action on Gender Based Violence 2012-2016, and the National Health Policy Framework (NHPF) (2010-2020), and all these relevant policies and action plans provide frameworks for the implementation of provisions in these acts. In addition, Namibia is signatory to intercontinental and regional conventions and protocols that speak on GBV. These include the Beijing Declaration Platform Action (1995), and the Protocol African Charter on Human and People's Rights and the Rights of Women in Africa (2003).

Considering the abovementioned legal framework, Namibia is yet to stop a recurring wave of violence against women. The country still records high rates of GBV cases due to the non-alignment of customary laws to national laws and the lack of redressing programmes to change attitudes and cultural practices that promote GBV (USAID, 2015). Men are key perpetrators of GBV, yet the culpability of men to commit GBV is not properly taken into consideration during the development of policies and programmes. There is also a strong non-existence of commitment from

men and boys as part of the GBV alleviation and mitigation solutions (USAID, 2015).

### **1.3 Statement of the problem**

Globally, violence continues to be a widespread issue. The effects of GBV can be felt throughout society. The Gender Analysis report produced by the Legal Assistance Centre (LAC) (2017) indicates that one in seven women experience GBV at the hands of male partners. This translates into more than 10 000 GBV cases being recorded between 2020 and 2022. This provides an average of 18 GBV cases that were reported to police daily (Gotlieb, 2023). According to Gotlieb (2023), 99% of reported GBV cases were committed by men. Talavera (2022) indicates that Namibian men have a propensity for violence, with the number of male inmates imprisoned for GBV crimes standing at over 2700 as of February 2022 (Haidula, 2023).

Although GBV mitigation programmes exist in the country, they mostly work with girls and women, excluding boys and men. It is, therefore, worth noting that there is also a need to create awareness of GBV-related projects focused on boys and men (Talavera, 2022). According to USAID (2015), the lack of male focused interventions renders GBV interventions ineffective as the perpetrators are excluded. Therefore, the current study intended to unearth the culpability of men in GBV and their role in its alleviation within Oshakati town, Oshana region, Namibia.

#### **1.4 Objectives of the study**

The main objective of the study was to determine the culpability of men in GBV and their role in its alleviation within Oshakati town, Oshana region.

The specific objectives of the study were to:

- 1.4.1** determine the gender dynamics of gender-based violence in Oshakati town;
- 1.4.2** investigate moral culpability of men in gender-based violence perpetration in Oshakati town; and
- 1.4.3** identify the role played by men in mitigating gender-based violence in Oshakati town.

#### **1.5 Significance of study**

The study findings may add to the body of knowledge on gender dynamics of GBV and the role of men in its alleviation. The research may prove to be of great value to every person in Oshakati town as GBV affects all persons. The findings of the study may enrich and deepen individuals' knowledge on the role of men in mitigating GBV. The study findings may further fill a knowledge gap on the culpability of men in GBV within the Oshana region and they can be utilised to enlighten the development of GBV policies for the region and the country at large.

## **1.6 Study limitations**

The data collection process of the study was restricted by the COVID-19 pandemic, which posed a threat to conducting face-to-face interviews in terms of social distancing. In addition, the key informants indicated that their expertise on the matter being investigated was limited to children affected by GBV and not adults. Moreover, the study did not include actual perpetrators of GBV but only the experiences (direct and indirect) of GBV were included in this study.

## **1.7 Delimitation of study**

Three specific areas were delimited to this study, all located in the town of Oshakati in Oshana region. The region was purposively selected as it recorded the second highest cases of GBV in the country between September 2019 and September 2020 (Bowe, 2020). Thus, the findings of the study may be extrapolated to the rest of the region, however caution must be exercised.

## **1.8 Definition of key concepts**

**GBV:** “All forms of violence that happen to women, girls, men, and boys because of the unequal power relations between them” (National Gender Policy, 2010, p. 29).

**Gender:** “Socially constructed characteristics of women and men, such as norms, roles and relationships of and between groups of women and men” (Akudulu et al., 2023, p. 3).

**Intersectionality:** A feminist diagnostic tool to identify the overlapping, multiple identities that define a person or community (Fu, 2015).

**Patriarchy:** “A system of social stratification and separation on the basis of sex which gives benefits to men while concurrently putting serious limitations on the tasks and actions of women” (Igbelina-Igbokwe, 2013, p. 2).

### **1.9 The thesis**

This thesis explored the culpability of men in committing GBV against women. It was revealed that men are leading perpetrators of GBV, with women and children likely to suffer. The researcher argues that cultural practices such as the discouragement of interactions between the genders promotes skewed gender dynamics in favour of men. This contributes to the perpetration of GBV by men due to the socialisation of males’ deeply rooted dominance and control over women. In Northern Namibia, it is highly believed that the man is the head of family, hence decisions made by men may not be questioned. This is thought to create an environment in which women suffer from the effects of GBV silently. The study

further contends that men play a major role in mitigating GBV, hence men must assume an active role in GBV alleviation and mitigation programmes.

### **1.10 Outline of the thesis**

The second chapter presents the literature review, which covers an extensive review of existing literature pertaining to the culpability of men in GBV and their role in its alleviation. This chapter also presents the conceptual framework that informs this study. Chapter three outlines the research method used to steer the study. The data analysis method and ethical clearance procedures utilised by study are also discussed. Chapter four focusses on the presentation of the data, the analysis, and discussion of the study. Chapter five provides comprehensive summary and overall conclusion of study. This chapter further delivers the recommendations emanating from the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK**

#### **2.1 Introduction**

In this chapter, an extensive review of existing literature on GBV is presented. It engages the discourse of GBV in the international and national context, while highlighting the gaps in literature that the study aims to close. The chapter concludes with an extensive articulation of the conceptual framework that informs the study.

#### **2.2 Overview of gender-based violence**

GBV denotes dangerous actions aimed at a person based on his/her sexual role. It is ingrained in gender disparity, and exploitation of power and destructive norms. GBV is human rights abuse and a grave danger to the wellbeing and safety of beings (Dzinamarira et al., 2024).

The World Health Organisation (2021) reports how women and girls are exposed to different types of GBV globally. Furthermore, Tappis et al. (2016) state that 35% of young women aged between 15 and 24 had at some point in their lives experienced physical or sexual violence committed by their intimate partners, thus, highlighting that despite the differences in GBV experiences across countries, communities, societies and cultures, it remains a global issue.

In Namibia, the prevalence of GBV is extensive. According to the UNAIDS (2013), rape has been identified as the most prevalent crime against women and children. Agedo (2016) found that GBV affects women and children from all levels of society as it slices through class, race, ethnicity, education level and locations. Dzinavane (2016) points out that GBV is deeply rooted in patriarchy and culture. Hoang et al. (2013) argue that although beliefs of women's liberations are encouraged by leadership, they have not been approved at the household level. Women continue to bear abuse at the hands of men in the presence of policies and programmes designed to counter the perpetration of GBV. Furthermore, Gordon and Collins (2013) revealed that men choose to engage in violence to control women, which has created a constraint on their daily activities and behaviours.

Kang'ethe (2014) has concluded that some of the causes of GBV are the delusions of religious literature, cultural praxes, derisory institutional and legal infrastructure, underreporting and poverty. Mwije (2014) points out that alcohol and drug abuse, socioeconomics, and weak judicial systems also contribute towards GBV perpetration. Moreover, Edwards-Jaunch (2016) argue that GBV perpetration is directed towards women and girls; however, it is more than that as it has to do with the unequal power that the society has set between men and women.

The prevalence of GBV calls into question the issues of ethics and morality, beyond legal provisions. According to Sevim (2021), morality deals with what is right and wrong. Morality is what shapes society to live within the set laws and regulations. Sevim (2021) describes morality as a linkage of norms, ethics, preventions, and

manners; characters that occur every day in the lives of individuals, tribe, culture, and race which determine their behaviours in the society. Society is filled with many genders stereotype about men and women. A study steered by Kennedy et al. (2016) divulged that women are expected to be ethical than men even when they hold identical roles. Therefore, moral ethics plays a role in gender relations as it serves as a benchmark to moral daily living and helps us evaluate whether our behaviour can be vindicated.

## **2.2 Conceptualisation of gender-based violence**

The United Nations Population Fund (2022, p. 7) defines GBV as “any intentional act or failure to act –whether threatened or actual – against a person on the basis of their gender that results (or is likely to result) in physical, sexual or psychological harm”. The Inter-Agency Working Group on Reproductive Health in Crises (2018, p. 189) conceptualised GBV as:

umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

These acts can occur in public or in private.

Kangas et al. (2015), in the same vein, define GBV as a form of violence perpetrated towards a single group of people based on a sexual category. It is a global problem that carries numerous mental, emotional and physical effects to its victims.

The definitions provided by the United Nations Population Fund (2022b) and the Inter-Agency Working Group on Reproductive Health in Crises (2018), acknowledge that GBV is violence that is perpetrated against an individual on the basis of their sex. They equally acknowledge that GBV comes in various forms. However, the

definition provided by the Inter-Agency Working Group on Reproductive Health in Crises (2018) expanded the scope of GBV, to include threats of acts of violence and that such acts may occur either in public or private. Kangas et al. (2015) state that GBV may be perpetrated against a single individual or a group of individuals.

The Namibian Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPEWSW) defines GBV as per the definition provided in Namibia's National Gender Policy (2010, p. 29),

Gender-Based Violence refers to all forms of violence that happen to women, girls, men, and boys because of the unequal power relation between them. All acts perpetrated against women, men, girls and boys 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, or in situations of natural disasters, that cause displacement of people.

The definition provided by the MGEPEWSW's National Gender Policy (2010) adds that GBV may occur during times of peace, armed conflict or situations of displacement caused by natural disasters.

Muluneh et al. (2020), and Matthews et al. (2018), have both described GBV as affecting individuals regardless of their beliefs, customs, traditions, background, socio-economic class, age, gender, and race, both in developing and developed countries. These definitions suggest that GBV is an abuse of human rights executed towards any person regardless of their socio-economic class, background, and beliefs. In a similar vein, Breuer (2021) and Yta et al. (2020) posit that GBV must be considered as a human right violation that has impacted the world negatively. Victims are people of all ages who are affected in different ways. Moreover, violence can take place in any area of the society which can either be private or public and women and girls are the worst affected by GBV. Palermo et al. (2014) point out that although boys and men are equally affected by GBV, the extent to which they are affected remains unidentified. This is mainly due to most research studies focusing on women and girls as victims of GBV.

### **2.2.1 Gender-based violence and harassment**

The Inter-Agency Working Group on Reproductive Health in Crises (2018) states that threats of violence and/or coercion forms part of GBV. This position was substantiated by Hardt et al. (2023), who argue that harassment based on gender is a type of GBV. The authors further determine that sexual harassment is the most

common form of gender-based harassments that occurs privately but in public settings, including workplaces and on public transportation.

According to Hardt et al. (2023), sexual harassment comprises of various unwanted behaviour towards an individual, which can be verbal (i.e. requests for sexual favours, catcalling and sexual comments), abstract (staring or indecent exposure) or physical (non-consented physical touch and sexual assault). Although much awareness has been created on sexual harassment, it still remains highly prevalent in workplaces, with women being most vulnerable to being sexually harassed (Hardt et al., 2023).

The International Labour Organization (2018) specified two kinds of sexual harassments that occur, namely quid pro quo and hostile working environment. Quid pro quo harassment is the type of harassments that occurs when an employer requests for sexual favors in exchange for employment or promotions. A hostile work environment refers to behaviours that create a workplace that is characterised by intimidation, hostility and humiliation. Similarly, sexual harassments can be perpetrated by any individual, from supervisors, colleagues, clients to teachers or young men and women in the community.

The power dynamics mentioned by Dzinamarira et al. (2024) were equally cited by Hardt et al. (2023) as the contributing factor to GBV. According to Hardt et al. (2023), the intersection of gendered power dynamics and hierarchies of authority, age, and socio-economic status contribute to sexual harassment. This is because the intersecting factors are strengthened by the social norms that men are entitled to

women's bodies, hence they can demand for sexual favours. Malatjie and Mbajiorgu (2024) add that environments with a tolerance for sexual harassment enable such behaviours to continue unabated, despite most institutions implementing anti-sexual harassment policies and procedures as part of their occupational health and safety policies. Cultural backgrounds and societal norms that enforce male dominion, masculinity and gender stereotyping also enable sexual harassment. Although workplaces have policies for sexual harassment, in most cases, affected employees are discouraged to speak out against sexual harassment that they might have experienced. Similarly, victims who do report sexual harassment often face retaliation, reassignment to other positions or even being fired (Malatjie & Mbajiorgu, 2024).

Sexual harassment leaves long-lasting effects on the victims' mental and physical health, which include anxiety, depression, headaches, and fatigue. From a career perspective, sexual harassment at work hinders career advancement, decreased motivation and performance, absenteeism and loss of job. This results in economic hardships and stress due to unemployment or reduced earnings (Hardt et al., 2023).

Sexual harassment has equally been regarded as a concern, especially in journalism. Msimanga et al. (2023) found that female journalists in southern Africa, including Namibia, faced sexual harassment in the newsrooms. Sexual harassment does not only occur physically but is extended to female journalists on social media as well (Msimanga et al., 2023).

Sexual harassment in the online space was the issue addressed in a Namibian study by Venditto et al. (2022). They found that social media emphasises the same social space in which stereotypes and the perpetuation of such stereotypes against women are preserved. The social characteristics of male dominion and sexism are very much present on social media.

### **2.2.2 Gender-based violence and femicide**

Johansson (2021) defines femicide as a form of GBV that involves the murder, torture or mutilation of women on the basis of gender. Femicide can be direct or indirect. Direct femicide refers to the killing of women by an intimate partner. Alternatively, it may also refer to the killing of women on the basis of honour, ethnicity or cultural identity. Indirect femicide is described as the death of women that has occurred through indirect means, including illegal abortions, negligence by an individual, human trafficking or ill-treatment (Johansson, 2021).

In Namibia, the rate of femicide remains exceptionally high to the extent that a #ShutItAllDown was organised by Namibian women in protest against its raising numbers. The Namibian reality is characterised by high levels of unemployment, a high percentage of female-run households and limited reproductive rights, all contributing factors to the high femicide currently experienced in Namibia, which constitute the collapse of the moral fabric of society (Titus, 2020).

Sabao and Nauyoma (2022) highlight that women in Namibia face disproportionately high levels of intent to cause grievous bodily harm, common assault, rape, attempted murder and murder. Traditional beliefs and harmful cultural practices that perpetuate gender inequality are contributing factors to the escalating femicide (Dzinamarira et al., 2024; Malatjie & Mbajiorgu, 2024).

### **2.2.3 Types of gender-based violence**

Baldasare (2012) and Mwije (2014) list several actions which can be classified as GBV, which include physical violence hitting, beating, kicking, and slapping; emotional violence - controlling behaviour, degrading treatment, and humiliation; economic violence - any means of controlling and restricting a person from accessing their financial resources and sexual violence - forced sex and any sexual activity that is deemed humiliating or degrading to a person. Similarly, Yta et al. (2020) allude to GBV not being limited to sexual violence, thus expanding the concept to include forced marriage, female genital mutilation, human trafficking, and harmful traditional practices.

### **2.2.4 Causes of gender-based violence**

Psychological, social, and physical harm amongst individuals have lingering effects ranging from depression, sexually transmitted infections, anxiety, stress, unsafe abortions, and unwanted pregnancies (Ocheme et al., 2020; Wado et al., 2021). Ocheme et al. (2020) and Wado et al. (2021) suggest that the causes of GBV include limited levels of education which often cause perpetrators to victimise others because they lack education to fully understand the consequences of their actions, and exposure to child maltreatment. Persons who experience abuse during their childhood are more likely to become abusers themselves once they reach adulthood. Ocheme et al. (2020) and Wado et al. (2021) contend that when individuals witness

violence, they are often prone to replicate the violent actions that they have been exposed to, and when individuals are under the influence of alcohol, the likelihood of engaging in violent behaviour increases. Attitudes accepting violence and gender inequality often cause individuals to become accustomed to violent actions as they become more accepting of such actions and tend to view them as normal and acceptable (Ocheme et al., 2020; Wado et al., 2021).

The findings (Ocheme et al., 2020; Wado et al., 2021) closely mirror those mentioned in a study by Zinyemba and Hlongwana (2022), who analysed the causes of GBV from the perspective of men. Zinyemba and Hlongwana (2022) added that the culture of silence, in which community members are encouraged to “mind their business” has been cited as a contributing factor, leading to the by-stander phenomenon (Park et al., 2024).

Men use violence to enforce the patriarchal system, a social construction of male domination. Infidelity on the part of women and the proliferation of women’s rights, coupled with male insecurities were found to cause GBV (Zinyemba & Hlongwana, 2022). Subsequently, men are of the belief that the judicial system is women-friendly, hence they no longer have rights. Nor are they provided with the same level of protection as that provided to women (Zinyemba & Hlongwana, 2022).

### **2.2.5 Effects of gender-based violence**

Wirtz et al. (2018) determined that gender differences are the main reason through which perpetrators harm their victims physically, psychologically, or sexually. Pandea et al. (2019) and Baldasare (2012) indicate that GBV has major effects for physical wellbeing, sexual, reproductive, as well as mental health. This constitutes a basic breach of human rights which has harmful economic and social outcomes in societies (United Nation Population Fund, 2022a). Furthermore, Malhotra and Shah (2015) assert that male survivors of GBV often experience substance abuse, alcohol disorders and psychopathological personality disorders. Whereas, women more often experience episodes of depression, anxiety, and various of forms psychological distress. Moreover, Gayle-Campbell (2015) reported that GBV is the contributor and effect of many sexual and reproductive health issues but is not limited to infertility, miscarriage, HIV and AIDS.

### **2.3 Legal frameworks governing gender-based violence**

Klugman (2017) argues that the criminalisation of GBV can deter potential perpetrators from committing GBV. Furthermore, legislation can provide for the support of victims and survivors of GBV. Jawdekar (2023) states that legislative processes serve as important tools to assist societies in restoring gender inequalities and promote the rights of the most vulnerable members of society.

### **2.3.1 International legal frameworks on gender-based violence**

According to Mwije (2014) and Klugman (2014), under the Sustainable Development Goals (SDG), Goal Number 5, sought to achieve gender equality and empower all women, and girls; and this includes the specific target to “eliminate all forms of violence against all women, girls in public and private spheres” (United Nations, 2017, p. 3). The 1976 International Covenant on Civil and Political Rights banned discrimination based on sex as inhuman treatment. Furthermore, the CEDAW created in 1979 became a key policy document towards eliminating gender-based violence in many countries. In 1993, the United Nations brought forth the Declaration on the elimination of all forms of violence against women. In 1995, the Beijing Declaration and Platform for Action was formed to outline areas in which countries must pay close attention to violence against women. The declaration acknowledged violence against women as a violation of human rights, hence this serves as an impediment to the attainment of development, peace, and equality. The declaration encourages the implementation of projects that can improve the living standards of women, especially rural-based women to enable equal access to resources such as technology, land, and capital.

In 2002, the United Nations formed the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (National Plan Action GBV, 2012-2016).

On a regional front, in 1990, the African Union ratified the African Charter on the Rights and Welfare of the Child, followed by the 2025 African Union Convention on Ending Violence Against Women and Girls (African Union, 2025).

The Southern African Development Community's Declaration on Gender and Development (1997) signifies obligations in executing policies put in place to contest GBV as well as human rights defilements against women and children. Equally, member states are obligated to enact and enforce legislations that would lead to the elimination of GBV by 2015. In the end, the declaration speaks about the need for and importance of having competent courts of law in every member state country where the culprits are tried (SADC, 2016).

### **2.3.2 National legal frameworks on gender-based violence**

To fulfil international commitments on GBV, Namibia ratified and signed several international legal instruments on GBV: The 2008 SADC Protocol on Gender and Development; The 1997 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the SADC Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence against Women and Children, and the Universal Declaration on Human Rights.

The Constitution of the Republic of Namibia aims to protect all persons from undue treatment and promote human dignity. These are contained in Article 8 (1), “Dignity

of all persons shall be inviolable.” Additionally, Article 8 (2) (b) states, “No person shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.” Article 10 “All persons shall be equal before the law.” Equally, “No persons may be discriminated against on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status.”

To deter sexual violence, Namibia promulgated the Combating of Rape Act of 2000 (No. 8. 2000), which prescribes stricter minimum sentences for rape. The law further broadened the definition of rape by defining it in a gender-neutral manner, and regarding marital rape as a crime. Other laws include the Combating of Domestic Violence Act (No. 4 of 2003); Married Persons Equality Act (No. 1 of 1996); Affirmative Action (Employment) Act (No. 29 of 1998) and The Children’s Status Act (No. 6 of 2006).

#### **2.4 Global discourse on gender-based violence**

The World Health Organisation (2021) states that GBV is a key human rights violation against women and children. Therefore, it has long and short-term effects on the physical as well as mental well-being of the victims. Yta et al. (2020) describe the GBV situation as immense worldwide. Equally, Baldasare (2012) states that GBV rates are noted as highest in developing countries and extremely intense among African countries. Furthermore, it is reported that around 100 to 140 million girls and women experienced genital mutilation (Baldasare, 2012).

The global statistics suggest that GBV cannot be overlooked, especially when considering the following facts:

- The World Health Organisation (2021) indicates endurance of physical and sexual partner violence as high among married/partnered women aged 15 - 49 years. It is stated that 27% have endured intimate partner violence.
- In Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific, indicate that approximately 68 percent of women witnessed physical and/or sexual assault (WHO, 2013).
- Prevalence rates of GBV have been recorded to be the highest in central Africa, with approximately 66 percent of women suffering from physical or sexual violence (WHO, 2013).
- It is recorded that GBV is the leading cause of death worldwide for people aged 15 - 44 years. This means that GBV is the reason why 1.3 million people die each year (Gebre et al., 2020).
- GBV is believed to be a major cause of disability for women aged 15 to 44 years (Desalegne, 2019).

These statistics reveal that GBV is a global crime that is impacting women throughout the world. Irrespective of the geographic location, women remain at risk of being victimised by GBV offenders. Global leaders, in an effort to mitigate GBV, have developed several global instruments. Klugman (2017) points out the major international declarations that have been instrumental in reducing if not ending cases of violence against women resulting in human rights violations.

Chandra-Mouli et al. (2015) argue that gender inequality, by focusing on the norms, beliefs and attitudes within societies that are discriminatory more especially on women, creates a room for GBV to thrive. Conferences further looked at the issues of sexuality education as well as reproductive health services. Equally, Kabiru (2019) explains that the conference adopted the Programme of Action (PoA) that aids in the development of policies and programmes addressing public health issues and individuals' well-being such as reducing inequalities between people.

#### **2.4.1 Gender-based violence in Africa**

The UNFPA (2022) and Baldasare (2012) established that countries in East and Southern Africa have higher numbers of sexual brutality. Baldasare (2012) reported that in Ethiopia, women and girls often hold onto their cultural beliefs that aid exploitation and oppression through GBV. About 80% of women in Ethiopia believe that their husbands have the right to beat them.

Yta et al. (2020) and Matthews et al. (2018) affirmed that the prevalence of GBV is high in Africa in comparison to the rest of the world. Equally, GBV prevalence is high in Sub-Saharan Africa (SSA), whilst countries like Nigeria have high rates of child brides. It is reported that 25% of females in Nigeria undergone female genital mutilation. According to Matthews et al. (2018), the WHO indicates that Sub-Saharan Africa has about 36.5% of women who have suffered some sort of violence in their life. Matthews et al. (2018) argues that the highest rate in the world, of sexual violence perpetrated by non-partners is in Africa. Baldasare (2012) elucidates that in

sub-Saharan Africa, over 14.1 million girls were married before they were 18 years old. Furthermore, a survey across eight sub-Saharan African countries revealed that 18% of women aged 16-60 years old suffered partner violence while one in every five girls aged 12-17 years have been pressured to engage in sexual intercourse (Baldasare, 2012).

According to UNFPA (2022), countries in eastern and southern Africa have high rates of violence against women and girls, sustained by damaging gender customs and norms, substance abuse, alcoholism, high rates of poverty, and violence in informal residential locations. Baldasare (2012) identified specific indicators of GBV in Africa such as: wife battery, rape, female genital mutilation, child marriage, forced marriage, as well as property grabbing.

Melesse et al. (2020) expressed that rape is one of the grave concerns in Africa. The dominance of sexual violence in families, schools and society at large has normalised rape towards the lesbian, gay, bisexual, transsexual, queer and intersex (LGBTQI) community.

Melesse et al. (2020) highlight that child marriages and forced marriages are serious violations of human rights. Not only does child marriages rob young girls of their rights and opportunities to access education, development, equality, and health due to poverty, bride price, traditional and customary laws, religion, and family honour. Mahato (2016) points out that girls and boys can all be victims of child marriages. Thus, denying them rights to nutrition, freedom from violence, education, and health

but rather opening them up to abuse and exploitation. Child and forced marriages result in the lack of psychological well-being. Equally, they are exposed to domestic violence, abuse and denial to decision-making processes.

Mahato (2016) indicates that about 31 million child marriages are found in South Asia. Similarly, in sub-Saharan Africa, 14 million children have undergone child marriages, and 6.6 million in Latin America and Caribbean. Also, 60% girls married under 18 years old are in sub-Saharan countries and Bangladesh, while 40 to 60 percent of girls are involved in child marriages in India.

Despite all efforts to reduce the occurrence of GBV in the society, Muriungi and Muriiki (2013) claim that women seem to continue being their own enemies especially during the cultural initiations such as female genital mutilation. In some instances, smaller girls make efforts to free themselves, but it is the older women who let them down. Muriungi and Muriiki (2013) further argue that although cultural beliefs and customs are continually evolving, women continue to suffer as most of these changes are in favour of men only. Women continue being seen as objects of sexual desire for men and this leads to more violent practices. Muriungi and Muriiki (2013) state that education is a powerful tool to equip women as they continue fighting against GBV.

According to Montesanti (2015), significant attention has been paid in the northern hemisphere. High-income countries such as Canada and the U.S. provide social services to victims of GBV with the aim of strengthening and maintaining women's

safety through social, political, and economic programmes. Changes have been made to the justice sector in terms of the treatment given to perpetrators of GBV (Montesanti, 2015). Interventions in low-income countries include prevention strategies to reduce the prevalence of violence in women and girls through social communication, trainings, and community mobilisation (Montesanti, 2015). It is noted that in countries like South Africa and Kenya, the reduction rate in partner violence (IPV) has been noted after microfinance and cash transfer programmes were introduced and implemented (Montesanti, 2015). In addition, community mobilisation programmes aimed at addressing the practices, beliefs, and norms around GBV in Uganda saw a decline in physical and sexual partner abuse (Montesanti, 2015).

Despite the intended efforts through charters and protocols, Muluneh et al. (2020) indicate that only 22 African countries have embraced laws that ban GBV. Mmbando (2014) add that although the majority of African countries are signatory members, women and children continue suffering gender-related discrimination and abuse.

#### **2.4.2 Gender-based violence in Namibia**

The SADC Gender and Development Monitor revealed that GBV is a major hindrance to meeting many developmental goals which include gender equality and equity among men and women (SADC, 2016). The National Plan of Action for GBV (2012-2016) revealed that women are likely to suffer most from GBV than men (41% versus 28%). Similarly, married women are not spared too as they are likely to

suffer physical violence than single women (41% versus 30 %). The report further revealed that GBV in Namibia is often professed as acceptable by women, hence, more than one-third of Namibian men (35 %) justified wife-beating due to socio-cultural as well as other reasons (SADC, 2016; Matthews et al., 2018).

The Namibia Demographic and Health Survey of 2013 established that one in every three women in Namibia went through physical abuse. The survey further found that 86% of survivors of GBV are women while 93% of perpetrators were men (Ministry of Gender, Child Welfare and Poverty Eradication, 2018). Interestingly, the survey revealed that 29.5% agreed beating as justifiable and this was confirmed by 28.3% of young women who agreed that it is justifiable for a husband to beat the wife. In spite all these disclosures, GBV is not just about women and girls, it is equally about men and boys.

Edwards-Jauch (2016) revealed that at the Namibian police stations across the country, a total of 50 000 crimes related to GBV were recorded from 2012-2015. This translates to 45 GBV cases on average per day. These criminal activities might be higher than this, only that many are unreported as the nation relies solely on police reports. Matthews et al. (2018) indicated that in 2016, 939 cases of rape and 222 attempted rape cases were reported to police authorities in Namibia and shockingly, nearly all these rape cases were reported by females under 18 years.

According to Selebano and Mathews (2020) who conducted a study on GBV in northern Namibia, cultural traditions remain the highest promoter of structural and direct violence against women due to the gender hierarchy. These cultural traditions were inclusive of early marriages, and the paying of bride price which fuelled control over women. GBV occurs in many spheres of life, in politics, in sports, and in the workplace (Selebano & Mathews, 2020). Similarly, Grace (2021) and Matthews et al. (2018) stated that GBV has numerous causes and among others are gender

inequalities, harmful cultural and traditional practices, discrimination, and patriarchal rooted institutions. The study on young women and violence in Namibia carried out by Velloza et al. (2022) suggests that young women with a history of abuse in childhood were more likely to experience violence.

## **2.2 Ethics and morality in gender-based violence**

Ethics is a branch of philosophy which aims to analyse the reasoning behind our moral life. By critically examining and analysing the concepts and principles of ethics, it assists in justifying the moral choices of human beings. Chowdhury (2018) and Hinman (2012) state that morality is a worldwide value and standard of behaviour that is expected of every person to portray. Morality indicates what is wrong and what is right. Equally, it is a skill that helps us to understand and ease the suffering of others. Morality is concerned with compassion, respect, and justice. On the other hand, ethics is what makes individuals law-abiding and obedient citizens. Individuals may not like to act in an ethical manner, but ethics are there to ensure that there is law and order guiding the society (Gur, 2013). In terms of GBV perpetration, it refers to the possession of high morality which prevents hurting people, infringing their rights, and violating their dignity. Ethics is a set of values

that ought to provide guidance in the society as far as peace and harmony are concerned (Perrin et al., 2019).

Stich (2018) indicates that although morality is important, it is not universal as individuals may choose to behave or not to behave in a certain way that portrays morality. Furthermore, moral rules differ from individuals and families - some have them and sustain them daily, whereas others know them but do not practice them at all. Moral values are different from a rule of etiquette, therefore, it is odd to expect everyone to display moral values given different family backgrounds. However, moral values are important in solving many societal problems with which we are faced.

#### **2.4.3 The importance of morality and ethics in gender relation**

Chowdhury (2018) and Gülcan (2015) harmonised their discussion on morality and ethics, that the two concepts have a prominent place in all areas of life and that no democracy can prosper without moral values and ethics. They further contributed to literature by indicating that morality guides human behaviour whereas ethics are attached to society, spirituality, and culture. Morality and ethics are considered ways of life; thus, they cannot be separated from other aspects of life experiences. The moral education intends to promote the development and character formation in students. Worldwide, every society has moral rules and guidelines that are in place to authenticate acceptable behaviour and equally important, to draw a line between evil and good acts (Chowdhury, 2016).

Javed and Chattu (2020) explain that religion plays a role in upholding the societal values and norms through the rendering of services such as psychosocial support and counselling or in developing policies aimed at eliminating GBV in the society. Therefore, it is imperative to develop an understanding of both secular and religious narratives to be able to address patriarchy and its impacts on GBV perpetration. Gülcan (2015) contributed that ethics is the most important and functioning branch of philosophy. One can sum up ethics as moral philosophy. The terminology “ethics” comes from a Greek word “ethos” which loosely means character or customs. Henceforth, the concept ethics is associated with values, respect, and integrity. Therefore, one can conclude that our actions and experiences are the subject of ethics. A society that has no moral values and ethics is a lost nation. It is like there are no guiding principles to guide the norms and culture of the society (Gülcan, 2015).

Glass et al. (2019) established that social norm guide our personal behaviours and beliefs, and lack of social norms surges the rates of gender-based violence in societies. In the societal background, there are normative expectations which are the belief of how one should behave in the society while empirical expectations are the belief about how one expects others to behave in the community. According to Gausman et al. (2021), social norms are about the social observation of individuals which is termed as descriptive norms, whereas how others observe individuals in a social group is known as injunctive norms. All these types of observations are geared towards identifying behaviours that are deemed appropriate. At times individuals may feel pressurised to conform to societal expectations because of different personal beliefs, norms and behaviours. Gausman et al. (2021) allude that in the context of

GBV, it is imperative for individuals to understand relative social norms and beliefs that define GBV.

## **2.5 Conceptual framework**

### **2.5.1 Patriarchy**

The ancient nature of GBV endorses patriarchy as systematically ingrained in culture and society. It is noted that patriarchal beliefs and dominance over girls and women in society are at the forefront of GBV. There are numerous definitions for the term patriarchy. According to Dabby and Yoshihama (2021), it is a systematic force that impacts power relationships, whether they are violent or not. Gillespie et al. (2019) state that patriarchy is an authoritarian social structure. It oppresses and exploits women by initiating and sustaining systems and structures that make women inferior to men. As a result, women suffer politically, economically, emotionally and socially. Tahir et al. (2021) affirm that, patriarchy refers to male rule in society which is done in a bossy way and dictates both the private and public realms. Kanana (2000) describes patriarchy as a belief that violates the dignity and rights of other human beings. This is based on the belief that the authority to rule women and children lies within the men who are regarded as the head of the house. Tahir et al. (2021) add that patriarchy is linked to authoritarianism and the suppression of women in family as well as society at large. The values of a patriarchal system are deeply entrenched in subordinating the roles and status of women, ultimately promoting gender inequality.

Muriungi and Muriiki (2013) assert that the idea of patriarchy suggests that men are always in control and the society expects women to carry out roles that are approved by men only. Edwards-Jauch (2016) affirm that there is a great connection between violence and power, and normally a person who makes decisions is the one who executes violence. Onwutuebe (2019) describes patriarchy as a foundation of difference between men and women onto which power is constructed. Patriarchal beliefs suggest male supremacy while ignoring equality between men and women.

Schmuhl (2017) argues that patriarchy is a social system that is practiced in various social aspects, either privately or publicly. Furthermore, patriarchy can be embedded structurally or ideologically. In terms of structure, Schmuhl (2017) refers to the hierarchy in social institutions that provides directives regarding an individual's access to power. Hence, patriarchy is visible within political structures including governments, the law, the labour market, healthcare and even in religion. Hence, structural patriarchy can be described as referring to the inequalities between males and females within social institutions. As a concept, structural patriarchy refers to the low status of women in relation to men within structural institutions. The second aspect is that of ideological patriarchy, which refers to the reinforcement of gendered roles and attitudes caused by the socialisation of female subordination which allows for the dismissal of women by men (Schmuhl, 2017). According to Schmuhl (2017), ideological patriarchy exists from the micro-level, while it is revealed through interactions within families and organisations. Ideological patriarchy centres on themes related to attitudes and beliefs that women are secondary to men, that obedience and respect should be accorded to men, and issue of gender roles. Such attitudes and beliefs are said to be taught in the media, churches and schools. Facio

(2013) places emphasis on the fact that patriarchy goes beyond famous unequal power-relations between men and women as described by several scholars. Instead, it can be viewed as a one-sided social system that outranks, categorises, and subjugates women in the society.

#### **2.5.1.1 Application of patriarchy to this study**

Patriarchy was found to be applicable to this study as it can explain the unequal power dynamics that exist amongst the genders and the socialisation of gender roles. This was described by Sepeng et al. (2022), as playing a substantial role in perpetuating GBV through the favouring of men over women. It is the societal values that have patriarchal imprints, in which men are viewed as the law, while the place of women and children is silence and obedience. Sepeng et al. (2022) refer to practices such as men not being allowed to be vulnerable and showing emotions due to the fear of being called weak. This negatively affects their mental health, hence taking out their frustrations on women and children. Patriarchy was suitable to this study as patriarchy is often replicated at the family levels and becomes woven into the community and public areas through inequitable actions involving social relations between the genders (Igbelina-Igbokwe, 2013). Furthermore, patriarchy is based on social arrangements where men subjugate and take advantage of women. Patriarchal communities and societies are introduced and largely supported by men (Walby, 1980, as cited in Igbelina-Igbokwe, 2013).

### **2.5.2 Intersectionality and gender-based violence**

Intersectionality is the enabler for GBV perpetration. Sensenig (2017) and Fu (2015) define intersectionality as a feminist diagnostic tool to identify the overlapping multiple identities that define a person or community. Feder and Howarth (2014) describe intersectionality as the concept through which all oppressions and exploitations are linked. Furthermore, Feder and Howarth (2014) describe how the gendered nature of violence reveals the power disproportion amid men and women globally. There are many social indicators that make individuals susceptible to violence apart from gender. Intersectionality of ethnicity, sexuality, class, and gender increases one's vulnerability to violence.

Gillespie et al. (2019) state that an intersectional approach is a mechanism in place to tackle sources of male dominance and women's oppression by men all directions. Intersectionality also addresses the recognition of multiplicity, meaning that the concept tackles the multiple oppressive systems towards women while identifying the sources of production and duplication of social inequalities.

Namy et al. (2017), in a study conducted in Uganda, revealed the intersectionality of violence at the household level against women and children. Furthermore, they disclosed how patriarchal family structures enable and normalise many kinds of violence. Carlson et al. (2020) indicate that one South African hospital reported a 47% rate of the co-occurring of intimate partner. Similarly, studies from Nigeria and

northern Uganda revealed that intimate partners are likely to report violence against children. The study further found that violence within the family unit and attitudes of being tolerant violence in personal relationships is equated to gender and power dynamics. In addition, Carlson et al. (2020) found that women who experienced or were exposed to partner violence were involved in violence against children. Furthermore, studies have found that due to patriarchy, women tend to practice violence against children as a method of exercising and expressing power that they never had (Carlson et al., 2020).

By using the intersectionality lens, one can point out how a person's vulnerability status may increase their chances of experiencing GBV. Shahrokh (2015) indicates that the concept is centred on how discrimination and oppression are experienced differently by individuals depending on their multiple identities. Hence, addressing GBV and providing an in-depth understanding on how GBV is criss-crossed with other types of oppression and social differences as class, age and sexuality is required.

McCollum et al. (2019) pointed out that intersectionality offers a chance to enable an all-inclusive analysis that identifies vulnerability and the marginalisation of people. Shahrokh (2015) also suggests that an intersectional analysis should be implemented to address gender-based violence using a bottom-up approach, to enable marginalised populations to share and contribute their experiences, aspirations, and solutions to gender-based violence.

Intersectionality served as a tool to understand complicated reinforcements to social inequality. It provided lenses to uncover the gendered trends that are rooted in politics and social structures. A key belief of intersectionality is comprehending how power operates between categories. One needs to comprehend how intersectionality is interconnected to social justice and how these are responsible for producing barriers of oppression, exploitation, inequality and privilege. Intersectionality seeks to fathom the interaction of several social identities, and these identities define the societal power hierarchies (Wesp et al., 2019).

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The methodological approach employed for this investigation is summarised in this chapter, including the research population and the characteristics of the defined population. This chapter pronounces the sampling technique and the procedures used to collect the data. Finally, this chapter provides a detailed description of thematic analysis, and the ethical principles that applied to study.

According to Schwartz (2012), a society is an organised set of people who have a common goal, and adhere to its standards and ideals, while engaging in social activities and processes (May & Perry, 2022). Pandey and Pandey (2021) define research as an organised and methodical attempt to investigate a phenomenon in depth. Hancock et al. (2021, p. 3) define the term social research as “the systematic and objective examination and documentation of controlled observations that may result in the formation of generalisations, principles, or theories resulting in the prediction and, ultimately, control of social events”. Social research, according to Shah (2018), is informed by the pragmatism research paradigm. Pragmatists believes in multiple accounts of reality or truth, which can be subjective, objective or humanistic. This allows for use of qualitative and mixed approaches to collect data. It was deemed applicable to this

study to allow for the collection of detailed data from the perspective of the research participants.

### **3.2 Research design**

Akhtar (2016) describes research design as a formal way of putting together data and scrutinising it. This process brings out the purpose of the research. In brief, it is a combination of ideas, structures, approaches, strategies and inquiry to tackle an issue or find answers to an identified problem (Rahi, 2017). The qualitative research methodology was used for this, which is described as a realistic inquiry, which seeks to gain a deeper understanding of the social phenomenon by asking ‘why’ type of questions. The qualitative research approach was deemed appropriate for this study as it makes use of human subjects and relies on them to draw on their real-life experiences regarding the social phenomenon in question (Rahi, 2017).

#### **3.2.1 Case studies**

The study made use of the case study design. Crowe et al. (2011) explain that the case study design produces an in-depth understanding of social phenomenon in natural settings within a real life context. To gain deeper understanding, studies ask questions related to how the phenomenon happened, what happened and why did the phenomenon happen. The case study approach was deemed applicable to this study because it provides an opportunity to understanding the complex inter-relationships between variables of study and generating of new ideas, as well as

ways of thinking through richness of data (Krusenvik, 2016). According to Crowe et al. (2011), case studies may take three approaches, critical, positivist and interpretive approach. A critical approach aims to include the researcher's assumptions regarding the social phenomenon in question. A positivist approach requires pre-determined variables and testing the degree to which they fit with the actual outcomes. This study made use of the interpretivist approach, in which the researcher aimed to understand the context of the participants in relation to gender-based violence and how everyone interprets it.

### **3.2.2 Research paradigms**

Hughes (2010) defines a research paradigm as a specific way of seeing the world to make sense of it. In social research, a paradigm describes the researcher's world view (Kuvinja & Kuyini, 2017). This study made use of the interpretivist paradigm. An interpretivist paradigm allows a researcher to describe and comprehend how participants make sense of the world around them and how they make sense of actions (Antwi & Hamza, 2015). The interpretivist paradigm can be described further by looking at assumptions that inform the paradigm, namely, axiology, epistemology, and ontology (Kivunja & Kuyini, 2017).

According to Kivunja and Kuyini (2017), axiological assumptions are concerned with the application of ethical principles to ethical issues which may arise during the study. The ethical concerns that informed the study were addressed under the ethical considerations section (see Section 3.11). Under epistemological

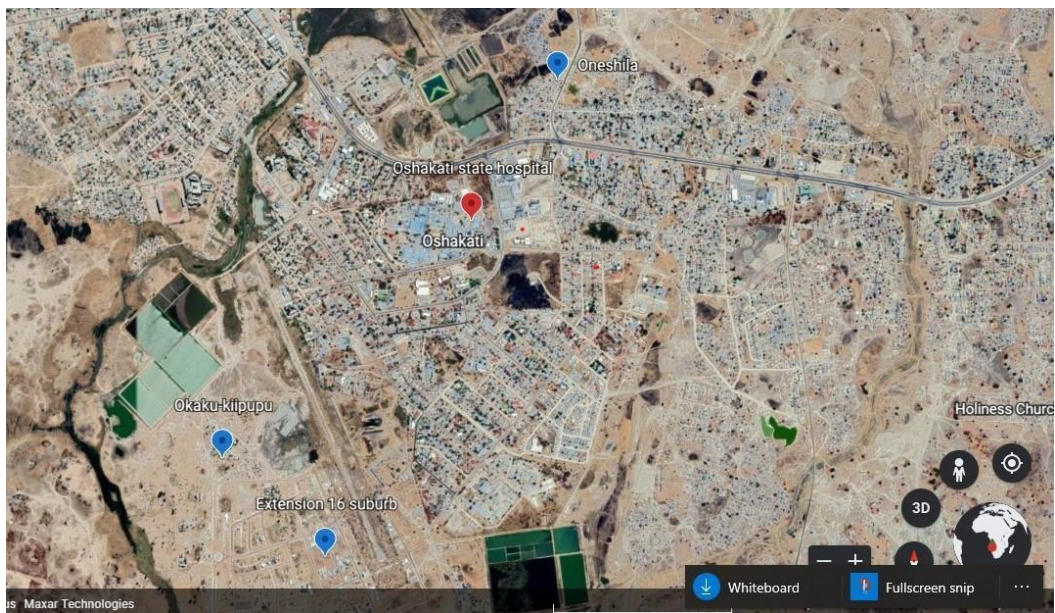
assumptions, the researcher made use of the logical approach. The participants were probed to reveal their truth and their world view regarding the social phenomenon in question. Lastly, the ontological assumption was informed by the relativist ideology. The relativist ideology assumes that each of the participants interprets the effects of GBV differently (Kivunja & Kuyini, 2017).

### **3.3 Study site**

The study was executed in Extension 16 suburb, Oneshila informal settlement and Okakuiipupu village. All three areas are in the vicinity of the town of Oshakati in the Oshana region, in Namibia. The offices of Ministry of Gender, Child Welfare and Poverty Eradication and the Namibian Police Gender-Based Violence Unit are housed in the Oshakati State Hospital complex located in the Central Business District (CBD) of the town of Oshakati.

Oshakati town is in the Oshana region, and it is the regional capital. The town was founded in 1966 (Oshakati Town Council, 2022). According to the last held national census in 2023, the population of Oshakati stood at 58 696 people (Namibia Statistics Agency, 2024). Oneshila informal settlement is regarded as one of the oldest informal settlements located in the Oshakati East constituency. In 2019, the Town Council of Oshakati estimated the population of Oneshila informal settlement to be at 16 000 people (Nandjato, 2019).

The researcher chose the study sites as they are representative of different socio-economic statuses. According to the Oshakati Town Council (2024), the town has developed Extension 16, earmarked for high-income individuals, while Oneshila is one of the first and oldest informal settlements of Oshakati town. Although located within the boundaries of the town of Oshakati, Okakukiipupu village remains a village as it is yet to be developed (Oshakati Town Council, 2024).



**Figure 3.1:** Map of Oshakati indicating the study sites (Created in Google Earth, 2022).

### **3.4 Population of the study**

Devi (2017) defines the population of a research as group of people or objects carrying common attributes as a set. The study had two sets of population groups where samples were drawn from. The first set, referred to as the local community, consisted of married and unmarried men and women from the legal age of 18 years who reside in Extension 16 suburb, Oneshila informal settlement and village of Okakukiipupu. The general population further included individuals who were either employed or unemployed - older than 18 years of age - educated

or uneducated, and the married and unmarried. This was deliberately done as GBV affects all individuals. The second set, referred to as key informants, are individuals who possess expertise in the field of GBV as they work directly with the victims, the survivors and all other persons who are directly or indirectly affected by GBV. These are social workers working under the auspices of the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPSW) and GBV Officers from Namibian Police's GBV Protection Unit.

### **3.5 Sampling method**

Sampling is a process of selecting several individuals for a study in a way that the individual chosen will help the researcher to collect data that will answer the posed research questions (Dudovskiy, 2019). The study made use of purposive sampling. Purposive sampling was advantageous to this study as it is useful in identifying and selecting participants that can provide rich information on the study phenomenon. The sample of the study consisted of twenty-three participants, of which twenty were selected from the local community and the remaining three were key informants. Of the three key informants, two were from the Namibian Police's GBV Protection Unit and only one was from the MGEPSW.

### **3.6 Research instruments**

According to Devi (2017), research instruments are utilised to collect, measure and analyse data. Furthermore, they offer the researcher an opportunity to assess and explore the research objectives or research problem. The main aim in qualitative research is to allow participants to talk, often at great length, about their feelings, experiences and their underlying attitudes, beliefs and values (Turner, 2010). The study used semi-structured interviews for the collection of the data. Two interview schedules were developed to collect data from

community members and key informants respectively. Creswell (2018) opines that using semi-structured interview schedules allows a researcher to be critically aware of issues involved in the study while emancipating the fear of any area under research. Interview schedules were used to carry out an in-depth study that allowed the researcher to gather more information, as well as analyse patterns and causes of behaviours of one person or group or event (DeJonckheere & Vaughn, 2019). According to DeJonckheere and Vaughn (2019), semi-structured interview schedules comprised of a list of guiding questions supplemented by probing questions. The questions in the schedule are open-ended and clear to encourage two-way communication between the participants and researcher.

The guiding questions require the participants to provide more information on some aspects that the researcher deemed unclear. The study made use of semi-structured interview schedules as they create an opportunity to learn about the participants' behaviours and choices, their beliefs and attitudes as regards the research problem. The interview schedules comprised of five sections. Section A dealt with demographic data. Section B listed the research questions related to the general overview of GBV. Section C addressed gender dynamics; Section D addressed moral culpability in the commission of GBV, and Section E addressed the role of men in mitigating GBV (Appendix F & Appendix G).

### **3.7 Data collection technique**

Taherdoost (2021) define data collection as the process of expanding the understanding of social occurrence of GBV being investigated. The researcher gathered and collected the data using the semi-structured face-to-face interviews. Semi-structured interview is a qualitative research method that uses pre-determined open-ended questions (Taherdoost, 2021). This technique of data collection enabled the collection of rich data as informed by participants' experiences. The flexibility of interviews allows the probing of participants to further clarify and provide more information on less understood aspects (Taherdoost, 2021).

### **3.8 Research procedure**

Before the data collection process could commence, the researcher obtained an Ethical Clearance Certificate from the University of Namibia's Decentralised Ethics Committee (Appendix A). On an equal note, a research permission letter was issued by the Postgraduate Research Support Services (Appendix B). In addition, a permission letter for key informants to participate in the study was obtained from two-line ministries, the Ministry of Home Affairs, Immigration, Safety, Security (MHAISS), and the MGEPEWS (Appendix C & Appendix D). The participants were notified of the date, time and venue where the interviews would be held beforehand. The interviews were conducted at the homes of the participants from the local community, while the key informants were interviewed at an office at their workplaces. At the start of the interviews, the researcher introduced herself and explained the purpose of the study. The participants were requested to sign an informed consent form indicating voluntary participation in study and provide permission for the responses to be recorded (Appendix E). The participants were informed of their right to withdraw from the study with no consequences. Furthermore, the participants were informed on how the data would be protected and its intended use. The interviews were conducted in English, the official language of Namibia and Oshikwambi, a dialect of Oshiwambo, which is the local language of persons who reside in the communities of Oneshila and Okakukipupu suburbs in Oshakati. The interviews were mostly conducted in Oshikwambi for native speakers as it is the language they can fully express themselves in. Each of the interviews took 30 to 50 minutes over a period of two weeks from 07H00 to 17H00, from Monday to Friday. The collection of the data made use of semi-

structured interviews with questions derived from semi-structured interview schedules (Appendix F and G). The responses were recorded on an audio recorder, and a notepad for individuals that refused to be recorded. The purpose of the research was well explained by the researcher while assuring participants on the issues of confidentiality of information collected, that it would not be used or any other purpose apart from the research. To avoid disruption or interference with duties and daily activities, the researcher used their lunch time.

### **3.9 Fieldwork experience**

The researcher experienced difficulties explaining to participants the importance of the study. This could be attributed to the view that GBV is a personal issue rather than a public health issue. As a result, potential respondents were of the belief that they were not the right people to comment on the phenomenon being investigated. Furthermore, some of the respondents were not comfortable being recorded, thus, reducing the number of potential respondents.

The researcher experienced some challenges regarding the availability of key informants for participation in the study, due to their hectic schedules. The key informants also complained about the number of questions, that they deemed too many. As a result, the study only interviewed three key informants. Lastly, the study represented a small group of men and women who reside in three locations in the town of Oshakati. As such, their views and opinions do not necessarily represent those of the town of Oshakati or the Oshana region.

### **3.10 Data analysis**

Data analysis is a process of examining data which has been collected (Bertram & Christiansen, 2014). The study made use of thematic analysis. Ibrahim (2012) describes thematic analysis as a methodology used when a researcher analyses the classifications and themes within data. The purpose of data analysis is to

organise, provide structure, and elicit meaning from data collected (Cresswell, 2014).

The data analysis process began with the preparation and organisation by gathering recorded interview audios and transcribing them into written text. Once the transcription process was done, codes were created using key words, concepts, and short statements to connect the data and categorise them as per their relevance to the research objectives. The derived key words, concepts, and short statements were then extensively reviewed to combine them into themes. The process of combining into themes was conducted by identifying the recurring themes, languages, opinions and experiences (Bertram & Christiansen, 2014).

### **3.11 Ethical considerations**

Ethical considerations are defined as principles guiding the research process. The considerations ensure that research is conducted in an ethical manner (Creswell, 2018). The following ethical principles were applied in the study: anonymity, beneficence, non-maleficence, confidentiality, informed consent, respect for persons and trustworthiness.

#### **3.11.1 Principle of anonymity and confidentiality**

Sanders (2015) describes anonymity as keeping the identity of the participants a secret whilst confidentiality refers to maintaining the integrity of the research by always treating the collected data as confidential. The personal details of the participants such as addresses will not be disclosed and pseudonyms were used to avoid using real names of the participants hence, maintaining the anonymity. Confidentiality was maintained during this study by limiting accessibility of collected data to the researcher and supervisor only. Audio recordings and transcripts kept in password-protected folder on computer that researcher has

access to. Data will be kept safe and destroyed after a period of five years as stipulated by the University of Namibia.

### **3.11.2 Principle of beneficence and non-maleficence**

The principle of beneficence is understood to mean having the best interest of the participants in mind. Thus, the researcher has a responsibility to ensure that the risks to participants and society are minimised (Salganic, 2016). The researcher had to protect the participants from physical, social, emotional and spiritual harm or from potential harm of any nature (Dudovskiy, 2019). The principle of beneficence and non-maleficence were applied in the study by avoiding questions that had the potential to invoke negative emotions. Moreover, questions that could cause the participant shame, guilt or anxiety were avoided. If a participant expressed uneasiness, the researcher ceased the interviews immediately.

### **3.11.3 Informed consent**

Informed consent is the process of informing the participants about all aspects of the research for the participants to make an informed decision on whether to participate in the study or not (Creswell, 2018). The principle of informed consent was applied to this study by informing the participants about the research and its purpose. In addition, the participants were informed of the research process - an explanation of how and why the participants were selected to participate and the assurance that the participants were completely free to decline or withdraw their consent and discontinue participation in the study at any time (Creswell, 2018). The participants were notified of their voluntary participation in the study with no other benefits other than the contribution to knowledge. To this end, the participants signed an informed consent form to reaffirm that the participants were informed of their rights.

Informed consent was obtained by providing a synopsis of the research study verbally, once the participant had agreed. It was at that point that they were provided an informed consent form sheet to sign as affirmation.

#### **3.11.4 Respect for people**

Respect for persons was demonstrated in this research study by capacitating the participants with information related to the study to accord the participants an opportunity to make an informed decision including whether to participate in the study or not (Pieper & Thomson, 2016). Participants were given a choice to participate or not participate in the study.

#### **3.11.5 Principle of trustworthiness**

According to Connelly (2016), trustworthiness is the degree of confidence in the research process applied to ensure the quality of the study. Trustworthiness has four elements as follows: credibility, transferability, dependability and confirmability (Denzin & Lincoln, 2018).

Credibility refers to the degree that the researcher represents actual meanings of research participants (Haq et al., 2023). To maintain credibility, the research process underwent scrutiny from the supervisor and the Ethical Committee of University of Namibia to ensure that the findings would be credible. The element of transferability is the extent to which the research can be transferred to another context (Haq et al., 2023). Dependability refers to the consistency and reliability of the research findings. It includes the degree to which research procedures are documented. Dependability allows for the second party to follow, audit, and critique the research process (Haq et al., 2023). The last element is confirmability, which refers to the extent to which the findings of the research study can be confirmed by other researchers (Korstjens & Moser, 2018). The element was applied to this study by having the supervisor go through the data and verify results.

### **3.12 Conclusion**

The study made use of the qualitative research method and case study design, which provided the researcher with the opportunity to mine the experiences of participants concerning GBV. Purposive sampling was used to select participants for the study, focusing on people with relevant experience on the research phenomenon. Data was collected from the local community and key informants in Oneshila, Extension 16 and Okakukiipupu. Data was collected using semi-structured, face-to-face interviews, and then thematically analysed. Ethical principles of anonymity, beneficence, non-maleficence, confidentiality, informed consent, respect for persons, and trustworthiness were adhered to during this study.

## **CHAPTER FOUR**

### **DATA ANALYSIS, DISCUSSION AND INTERPRETATION**

#### **4.1 Introduction**

Chapter four presents the analysis of the study findings, including an in-depth discussion and interpretation of the collected data. Data derived from semi-structured interviews conducted on two sets of participants, namely, key informants with expert knowledge dealing with GBV, and participants purposefully sampled from the local community of town of Oshakati. The study had three main aims, namely, to determine the gender dynamics of gender-based violence; investigate the moral culpability of men in the perpetration of GBV and identify the role of men in mitigating GBV within Oshana region.

The derived data were subjected to thematic analysis, from which themes and sub-themes were derived.

#### **4.2 Description of research participants**

The study had a total of twenty-three participants, of which three were key informants and the remaining twenty participants were members of the local communities. Pseudonyms were used in place of interviewees' real names for anonymity.

The researcher collected socio-demographic data. This was done to understand linkages between participants' sex, age, marital status, the socio-economic status of the place of residence, level of education, religion, and culpability of men in GBV (Appendix H).

#### **4.3 Data analysis and discussion**

Three themes and eight sub-themes were derived from the extensive analysis of textual data collected in the study. The emerging themes from the study are summarised in Table 4.1 below.

**Table 4.1** Themes and sub-themes derived from the data analysis.

<b>Themes</b>	<b>Sub-themes</b>
Effects of GBV	Understanding GBV
	Causes and effects of GBV
	Gender dynamics of GBV
Moral culpability of men in gender-based violence	Personal experience of GBV
Mitigating GBV	Role of the male gender in GBV mitigation
	Role of gender in GBV mitigation
	Educating the boy child
	Role of society in mitigating GBV

### **4.3.1 Effects of GBV**

This theme presents the data related to the effects of gender-based violence, through the understanding of the causes and effects of GBV and its relationship with gender dynamics.

#### **4.3.1.1 Understanding of GBV**

The sub-theme speaks to the understanding of GBV. All the participants had their own understanding of GBV, which they loosely described as violence directed towards individuals because of their sex. The participants acknowledged that it can be directed towards men as much as women. All the views from the respondents are quoted verbatim. Clara, a 35-year-old female employed as a Social Worker working for the Ministry of Gender Equality, Poverty Eradication, Social Welfare (MGEPESW), defined GBV as, “*a harmful process done by an angered man or woman to another person of the same or opposite gender.*”

The Namibian National Gender Policy created Ministry of Gender Equality, Poverty Eradication, Social Welfare (2010, p. 53) describes GBV as “*all acts perpetrated against women, men, girls and boys on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm*”.

The National Plan for Action on Gender-Based Violence developed by the Ministry of Gender Equality, Poverty Eradication, Social Welfare (2012) also regards sexual harassment, human trafficking, forced prostitution, and child marriages as forms of GBV. Baldasare (2012) and Mwije (2014) highlight three key types of GBV - physical, emotional, and sexual abuse. Furthermore, physical abuse includes inflicting bodily harm through various forms such as beating, burning, kicking, punching, biting, maiming or killing, using hands and weapons. Emotional/psychological violence is inflicted by isolating, withholding information, disinformation, and threatening behaviour. The aim of inflicting emotional/psychological violence is to impose harm on the integrity and dignity of other persons (Council of Europe, 2022). The Ministry of Gender Equality, Poverty Eradication, Social Welfare (2012), and the Combating of Domestic Violence Act 2003 (No. 4 of 2003) recognises sexual abuse as non-consensual sex (this includes vaginal, anal or oral) using any part of the body or an object. It may also include causing a third party to engage in non-consensual acts with the victim.

The data analysis shows that participants have knowledge of emotional, physical, financial/economic, sexual and mental abuse. As narrated by Indila, a 57-year-old unemployed female resident of Okaku-kiipupu village, *“I know of emotional abuse (not to be in touch with your kids and siblings), financial abuse (forced to take care of the kids born out of wedlock financially), and mental abuse (because of the extra affairs of men)”*. Elia, a 27-year-old unemployed male resident of Oneshila, included neglect and mistreatment as forms of GBV, *“...the type of GBV that I am aware off, beating of people, mistreating of kids...neglecting of people like their home or house mates, not having time or not really playing their role in their homesteads”*. As described by the Ministry of Gender Equality, Poverty Eradication, and Social

Welfare (2012), Diina, a 44-year-old employed female resident of Extension 16 defined sexual violence as follows, “*sexual abuse can be part of GBV*”.

The views of the participants were as follows:

*GBV refers to violence directed against individual, or group of individuals based on gender. It includes violence against women, girls, men, boys, people who are bisexual, and individuals who do not conform to dominant gender roles* [Vera, a 29-year-old employed female residing in Extension 16]

*The emotional, physical and psychological, so that’s all* [Hans, a 26-year-old unemployed male resident of Oneshila]

The Council of Europe (2022) also includes verbal and socio-economic/financial violence as found in this study. Verbal abuse involves the use of hate speech to intentionally put down a victim and families. It may also involve ridiculing a victim or threatening them with other forms of violence and their families. Socio-economic violence, according to Council of Europe (2022), involves intentionally keeping salaries of the victim; not allowing the victim to have an income outside of the home or alternatively making the victim unfit to work through targeted physical abuse.

A cross-sectional study conducted by Muluneh et al. (2020) in southern Africa found that women in the region were more susceptible to abuse from their male partners. Similar results emerged from the data analysis, as GBV is mostly perpetrated by men against women and children as reflected in account of interviewees. As narrated by Martha, a 54-year-old employed female resident of Oneshila, *“it is mostly women and children”*. The participants highlighted that women and children were more susceptible to GBV based on that they are weaker than men. As explained by Hans, a 26-year-old unemployed male resident of Oneshila, *“...I think majority falls for female and reason can be because, ladies are too weak, too depended and protecting wise the other gender feels they can do much better to women”*. Indila, a 57-year-old unemployed female resident of Okaku-kipupu, added that men have more power than women, hence they are *“...more culpable with men, because men have lot of power since the world was created, they can do anything”*.

The other views of the participants are as described below:

*Inequality among men and women of which men are mostly causes of GBV, Poverty can be one of them, if I have nothing to give you, it's obvious I will end up causing GBV, Conflict if people are end up debating in small issues you end up in the long run, it end up in GBV, Politics: people have misunderstanding or don't agree on certain issues on politics, it can lead to GBV. Use of drugs and alcohol, if someone is under the influence, they can end up going somewhere and committing GBV [Diina, a 44-year-old employed female resident of Extension 16]*

*.... the gender which is mostly affected or face GBV it is female/male. You mean the gender, which is likely to do GBV, okay so to this, I can say it is men, why? Men most of the times are the ones to cause problems. This be either be when they are addicted to alcohol, so they go out there have fun and drink and when they are returning home*

*it's obvious, they asking for food, they might start quarrelling with their wives or everybody in the house that will bring problem. I think men are the most to cause GBV* [Elia, a 27-year-old unemployed male resident of Oneshila]

*I would say, men are more of this simply because stress is one of them and alcohol, you can be fine one moment but the moment a person take a sip then its violence* [Julia, a 30-year-old employed female resident of Okaku-kiipupu]

#### **4.3.1.2 Causes and effects of GBV**

It was revealed that the main causes of GBV involve social and cultural views and economic factors, fuelled by patriarchal norms. These include the view that men must be revered and there is strict division of duties amongst the genders that cause divisions due to a lack of interactions, and thus inequality breeds amongst the genders.

Other cited intersecting causes of GBV from the study findings include the view that men show love through physical beatings. As narrated by Clara, a 35-year-old female Social Worker, “...*the culture of showing love through beating, the culture of sending back a wife who has left an abusive marriage /husband*”. The participants further mentioned unequal status between men and women, which in most cases is caused by men occupying a higher economic standing. This results in women being dependent on men. According to Olivia, a 42-year-old employed female residing in Extension 16, “*the causes I have identified are based on social, culture, economic unequal status of women and men, beliefs women must be economically dependent on men. Women, children are men’s possession under men’s control because we depend on men.*”

Another participant's words are as follows:

*Inequality among men and women mostly causes the GBV, poverty can be one of them, if I have nothing to give you, it's obviously I will end up causing GBV. Conflict if people are end up debating in small issues you end up in the long run, it ends up in GBV. Politics: people have misunderstanding or don't agree on certain issues on politics, it can lead to GBV. The use of alcohol and drugs, if someone is under the influence, they can end up going somewhere and commit GBV.* [Diina, a 44-year-old employed female resident of Extension 16]

*[Men, and women] have separate roles, duties, men expected to look after cattle, building houses and do all hard work women are expected to fetch water, cook, cultivate and just do all the household chores. Women are less regarded in our culture.* [Leo, a 32-year-old employed male resident of Okaku-kiipupu]

Economic factors involve the lack of resources, which makes women more vulnerable to violence. Men become particularly violent towards their female partners when affected by unemployment and high poverty levels. Edwards-Jauch (2016) argues that men are used to enjoying high employment rates and high levels of education and skills, while women are subjected to lower wages which are mainly in the agricultural-fishing sector and in private households. Hence, it can be difficult for men to accept economically depressing situations. Diina, a 44-year-old employed female resident of Extension 16 spoke of the economic causes of GBV such as, *“Economic in the sense that when somebody is like now a husband or wife fighting in the house due to money issues”*. These sentiments were equally shared by Simon, a 38-year-old employed male resident of Oneshila, *“in most cases when the abuser asks for money and you don't give it, result in another form of abuse, at the end of the day is the family that will be suffering without basic needs.”*

The data analysis revealed that the abuse of alcohol and drugs contributes to GBV, which renders the individual under the influence to have little to no self-control. These findings were equally supported by a report of the MGEPEWS (2012), who determined that there is a causal link that is attributed to the excessive use of alcohol and incidents of violence.

According to Ben, a 44-year-old male Police Officer, the use of alcohol fuels individuals under the influence to engage in disruptive and violent behaviour, as described below,

*“Mostly, cases begin from the arguments which sometimes I think have its roots in alcohol consumptions. Our community members drink too much, couple drink heavily and it makes people forget how to behave decently towards others. According to what I am experiencing, most of the case, what causes GBV in the community, mostly is alcohol abuse, for instance if people are married and maybe the wife is a habitual drinker, they get drunk and start arguing, insulting and that’s where other forms of GBV comes in, for people to start abusing each other”*

According to the Council of Europe (2022), GBV is caused in part by cultural, economic, legal, and political factors. According to the Namibian National Gender Policy (2010), the causes of GBV include customs, traditions and beliefs. Other causes listed were illiteracy, limited education, unequal power relations, and low status of women. Javed and Chattu (2021) opined that patriarchal norms, religious systems, pervasive behaviours and ideologies were identified as the root cause of perpetuating violence against women and children.

Cultural factors include patriarchal views which promote the dominance of men, while promoting the inferiority of women. This notion came out clearly in the study as well. Such practices include men being the head of the house and main decision-

makers. This creates a situation whereby men are not allowed to be questioned by women. This was supported by Julia, a 30-year-old employed female residing at Okaku-kipupu,

*“...whether he is drunk or not he will talk to you in a manner that you would even want to answer back because my culture discourages us not to talk back to men whether family or non-family and most of the times when he would come back home very, very late and would expect me to wake up and warm food for him and wait for him to eat and so forth...”*

Cultural practices amongst Aawambo people such as the socialisation of gender, where the family unit is understood to be private, with the male as its head of authority, were commonly practiced. The perpetuation of a gender hierarchy by cultural practices was equally the position of Mudimeli and Khosa-Nkatini (2024). Mudimeli and Khosa-Nkatini (2024) argued that GBV occurs because of patriarchal ideologies that view women as inferior to men. Hence, women are viewed as dependents that are in constant need of monitoring, protection or being disciplined. This places women at an increased risk of abuse.

Acceptance of violence against women, and the use of violence as way of showing love as the causes of GBV were also found in this study. According to Tobias (2021), the Aawambo culture promotes the notion that women should be seen and not heard. Similarly, Aawambo women are taught to put men first in all instances and to aspire to be wholly submissive to men. The acts of submission by women were described by Penny, a 28-year-old female student from Oneshila, “...*they have this belief like men have more power than women, women should listen to what men are saying...*” Hence, even in instances of abuse, women are encouraged to keep abuse within the confines of homes (Tobias, 2021). It is due to such cultural beliefs that, according to Rauna, a 28-year-old female student, women tend to stay in abusive relationships due to the unequal power dynamics, “...*a woman can be married but when they are faced with abuse, the society encourage them to stay, to remain faithful and stick to the marriage even when things are hot, this give men that feeling of being powerful and control over women...*”

The participants highlighted how violence against women is culturally acceptable due to women being seen as inferior to men. Leo, a 32-year-old employed male resident of Okaku-kiipupu, mentioned that *“women are less regarded in our culture”*. Similar sentiments were also shared by Clara, a 35-year-old female Social Worker, *“culturally, it is very normal and a sign of power for men to beat women resulting in a high number of GBV cases. Women believe it is okay, normal to be beaten by husband as sign of love”*.

The study findings indicate that there are incidences of victims of GBV not being taken seriously by the Police when trying to report cases. This was the position of Simon, a 38-year-old employed male resident of Oneshila, that *“one has to be very careful, there are some institutions that are not serious with GBV, you go to report, and they start mocking you, these are serious and sensitive issues”*. Reporting cases was deemed even more difficult for children, who are not able to leave home to report cases to the Police. According to Hans, a 26-year-old unemployed male resident of Oneshila, *“especially a child cannot go to the station to report that violence to a station, she or he just does not have that power to come out of the house and report and sometimes they don't know that something is wrong.”*

Victims are seldom given support to help heal, instead they are further victimised, shamed and blamed. This is despite Namibia having made great strides to address GBV as provided in Article 8 of the Namibian constitution, the promulgation of the Combating of Domestic Violence Act of 2003 (No. 4 of 2003), Combating Rape Act of 2000 (No. 8 of 2000), National Plan Action on Gender-Based Violence (2012) and the National Gender Policy (2010). The Namibian government has included GBV in Vision 2030; the fifth National Development Plan and the amended Criminal Procedures Amendment Act 24 of 2004 to make provisions for vulnerable witnesses (it must be noted that the amendment is yet to be promulgated).

Additionally, Namibia has ratified a number of international conventions on combating GBV, the United Nations Convention on the Elimination all Forms of Discrimination Against Women (CEDAW), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the SADC Protocol on Gender and Development, the United Nations Convention on Rights of Child, and the African Charter on Rights and Welfare of Child (Ministry of Gender Equality, Poverty Eradication and Social Welfare, 2017).

The data analysis revealed that despite the promulgation of numerous legislations, the benefits thereof are yet to trickle down to women who need them. This was the position of Anna, a 40-year-old female Police Officer, who mentioned that *“...because I use to read the legislations and policies, they are all okay, what is needed is the practical implementation of these policies and legislation.”* Klugman (2017) acknowledged that the promulgation of laws can be regarded as the easiest part to complete in the process, the hard work lies in changing informal dimensions. This consists of attitudes, beliefs, norms, practices, traditions and values embedded in the culture, personal values and institutions. Klugman (2017) further attribute the poor implementation of GBV laws to lack of additional mechanisms, policies and specific programmes to address underlying issues of GBV. Poor law enforcement, low capacity, in terms of human resources, educational capacity and logistical issues were cited as contributing factors towards the lack of implementation. This was the position of Anna, a 40-year-old female Police Officer, who cited the lack of vehicles and human resources as hindering the implementation of anti-GBV laws,

*...I think police officers are few especially at GBV Unit attending the whole Oshana region, sometimes you can get a report but you cannot reach there on time, sometimes you have transport problems, there is only one car at the unit, sometimes you are attending somewhere and a report is coming that you must attend another case there, I think we really need a boost in terms of transport and human resources.”*

As provided by the legislation and polices, there are interventions to provide support to victims, when a case is opened including counselling. As explained by Clara, a 35-year-old female Social Worker:

*“A case is opened against the perpetrators, there is ongoing psychosocial support, victims’ safety is ensured through arresting offenders, placing victim in a shelter if situation warrants that. Assistance in terms of obtaining a protection order. Victims are offered initial crisis intervention in terms of counselling, medical intervention depending on point of entry when case is reported. In every constituency in Oshana, there are gender permanent task force committees comprising of different stakeholders that is key people in the communities, different institutions and youths. In fact, support is available to assist both abused and survivors, both men and women and not women’s network specifically.”*

Victims report GBV cases to the Namibian Police and the MGEPEWSW, as both institutions reported receiving up to ten cases per day and 300 cases monthly. Despite victims taking a legal route, family members provide a support structure to protect the victims from further abuse. However, the study revealed that family members that take this route are also exposed to abuse from the perpetrators. This was the position of Penny, a 28-year-old female student who resides in Oneshila

*“...the guy always came here at the house, he [would] break the door and start threatening me, swearing at me and beating me, including my mother and everyone in my family.”*

GBV has physical, mental and psychological effects on victims. Victims experienced suicidal thoughts, and a lack of self-esteem. According to Ministry of Gender Equality, Poverty Eradication and Social Welfare (2017), GBV has several effects on victims, community, and the economy at large. GBV leaves victims with a low sense of self-worth and self-esteem. This mirrors the findings of this study. GBV was found to be jeopardising governmental efforts of protecting human rights, upholding principles of democracy, and maintaining rule of law. Responses of participants are as follows:

*“Physically, I never had any scar but mentally I was exhausted, at times I had thoughts of committing suicide”.* [Indila, a 57-year-old unemployed female residing in Okaku-kiipupu]

*...it affected my physical well-being like maybe you find yourself wondering, not wondering but worrying, thinking a lot you know, like you know what you want in*

*life, you are not getting what you expected from the relationship and that's not what you are getting, you stop doing most of the things that you do. It's just a stressful situation". [Martha, a 54-year employed female resident of Oneshila]*

Chanda (2019), on the effects of GBV on children, found that children become fearful and anxious. They also endure feelings of worthlessness and powerlessness. In addition, children who are exposed to GBV are likely to grow into violent adults. Ryder and White (2022) narrate how children who are exposed to GBV inherit intergenerational trauma. This study also found similar results, with the impact of GBV on educational performance and emotional well-being of children standing out. The effects of GBV on future generations was also found in this study. The study found that hatred can extend in the family through generations. In addition to the mental health impacts, trauma also increases the likelihood of developing chronic illnesses including diabetes, depression, anxiety and substance abuse disorders (Ryder & White, 2022). The supporting sentiments from the participants are as follows,

*"It's obvious way they will look at their father, the children will think he is useless, is this the normal life we're living, of which at the end of the day children will be affected emotionally, not performing at school, if not taken for counselling, they will not live happily, it will affect them negatively, they will not have a purpose to live because what they see every day of their parents". [Diina, an employed 44-year-old female resident of Extension 16]*

*“... you know, small kids or children would always be observing and then let me say is an abusive father like beating the mother and the kids are there watching, you know emotionally its very dangerous for the kids, they will grow up with that thing or either it may also affect them on their social life or even in their education and then, also they can also grow up with the same things, you know they are likely to do the same thing in their adulthood”.* [Leo, a 32-year-old employed male resident of Okaku-kiipupu]

Mathews and Von Hase (2013) described five pillars of health consequences that may arise because of GBV. These are behavioural, mental, physical, reproductive and sexual health consequences, which were equally found in this study. The behavioural consequences include the propensity to aggression and violence; an increased likelihood to alcohol and substance abuse and low self-esteem. Also, victims of GBV suffer from disorders such as Post Traumatic Stress Disorder (PTSD), phobias and panic disorders, psychosomatic disorders as well as sleeping disorders. In terms of mental health, GBV victims were more likely to experience depression and anxiety (Mathews & Von Hase, 2013). Physical health consequences may also affect GBV victims in the form of chronic headaches and limited functions in certain body parts and fatigue (Mathews & Von Hase, 2013).

The effects of GBV may include low self-confidence, self-hatred, physical scars, self-isolation and suicidal thoughts. In addition, high stress levels, lack of concentration at work, hypertension, and a change in personality (i.e. the victim become less sociable). The change in personality was found in this study as well as

an effect of GBV. Indila, a 57-year-old unemployed female resident of Okaku-kiipupu, reported experiencing suicidal thoughts. In her own words, *“mentally I was exhausted, at times I had thoughts of committing suicide. I am thankful to the counselling and I started being a prayerful woman toward this relationship which assisted me in taking the decision to move on with my life.”*

According to participants, Leo and Elia, victims of GBV lose their self-confidence and develop hatred. The following are responses of the participants:

*“Being abused in a relationship affect you by start counting out on friends, start isolating yourself, emotionally, one may start thinking about their abuser and socially you may cut out a lot of things that you use to like visiting friends.”* [Leo, 32-year-old employed male resident of Okaku-kiipupu].

*“...however, it will be a bad effect obviously. It can be that people grow up not loving each other, they grow up with hatred in their generation and people lose the bonding. They develop low self-confidence about themselves”* [Elia, a 27-year-old unemployed male resident of Oneshila]

#### **4.3.1.3 Gender dynamics of GBV and culture**

The study found evidence of how specific cultural practices have created gender hierarchy and a separation of roles, which could contribute to incidences of GBV.

This includes practices such as suppression of emotions by men, which was found to be highly encouraged, degrading gender norms, and viewing violence against women as a token of love, whereby this was found to be encouraging GBV. Edward-Jauch (2016) refers to harmful cultural practices and beliefs that promote GBV through patriarchy. Women were found to be more susceptible to GBV as they are regarded as the weaker sex, while men are seen as the dominant and superior sex. As such, cultural norms have dictated how men and women behave and the role each gender should play in relationships and society. The intersection of GBV and culture was similarly highlighted by Dandapat (2022), who acknowledged that every country, society and community have their own distinct rules, norms and prejudices that influence how GBV is perceived. As explained by Kauna, a 33-year-old employed female resident of Extension 16,

*“According to my culture, we are raised in a manner that girls are girls and boys to be boys. So, at home we are more separated. Culturally, we are raised to be protective of our boys and the married ladies are culturally expected to keep secret of what is happening in their marriage, we may not say our husbands are cheating or they have brought a baby out of wedlock, or the husbands are hardly at home or not providing for their family. The husband supposed to be head of the family and his weakness should not be publicly displayed.”*

The inequality between the sexes as caused by cultural practices that promote gender hierarchy were found to be a major contributor to increasing GBV trends. The study findings show that the cultural practices of Aawambo people in Oshana region are skewed in favour of males in which the men are regarded as the head of the household. This was supported by Kauna, a 33-year-old employed female resident of Extension 16, who stipulated that *“the husband is supposed to be the head of the family, and his weakness should not be publicly displayed.”*

Martha, a 54-year-old employed female resident of Oneshila, added,

*“In my culture [men], are referred to as the owner of household. Men are the ones that officiate and take lead in everything happening at home and in the community. For us women, we follow what men are instructing us to do.”*

According to the participants, interactions between men and women are discouraged, thus a gender hierarchy in the favour of men is established. As explained by Julia, a 30-year-old employed female resident of Okaku-kiipupu, *“my culture discourages us not to talk back to men whether family or non-family”*. The study findings align with Thelma (2024), who found that cultural norms influence the perpetuation of GBV. Similarly, the patriarchal ideologies assign characters of dominance and control for men, and submission and silence for women, thus leading to men exercising aggression and control over women, which contributes to GBV collectively

Responses of participants were as follows:

*“...normally women were not really allowed to interact that much with men, share ideas or share work from growing up, like in a cultural way women and men are taught separately from childhood. They have separate roles and duties, men are expected to look after cattle, building house and do all hard work while women are expected to fetch water, cook, cultivate and just do all the household chores. Women are less regarded in our culture.”* [Leo, 32-year-old employed male resident of Okaku-kiipupu]

*“I think our culture limits the engagement between female and male, there are certain social activities or events that are culturally not acceptable between men and female and there are ones that are socially accepted. The culture somehow advantaged and favour men over women. If something happens between the two genders, men are more accepted, they are not blamed on anything nor held accountable while women are held liable.”* [Queen, a 22-year-old female student resident of Oneshila]

The study findings indicate that in the Aawambo culture particularly, the concept of victim shaming is commonly practiced. A victim of GBV is encouraged from reporting to the police, thus perpetuating GBV. The finding corresponds to Thelma (2024), who found that victim-shaming is the justification of violence due to men believing that they are entitled to women’s bodies. As Anna, a 40-year-old female Police Officer, explained,

*“I think our culture, especially the [Aawambo] we have a tendency or belief of not wanting our bad things to be heard in public ‘washing our dirty linens in public’. Therefore, you can find that a small child was, say for instance raped by an uncle and this case is not reported to the police because they don’t want their family’s image and reputation to be stained, so, at end, a person is not treated, the matter is not reported and sometimes this person might be HIV positive and there is a possibility*

*that the perpetrator can infect the victim, they will give an excuse that Ooh, you want people to hear that you uncle have raped you, so what will people say? You are shaming us.”*

#### **4.3.2 Moral culpability of men in gender-based violence**

Theme two as derived from the study, speaks on the moral culpability of men in regard to GBV. This includes the personal experiences of GBV and the link between gender and GBV perpetration.

##### *4.3.2.1 Personal experience of GBV*

Most of the participants had either first-hand or second-hand experience of family members, neighbours and friends experiencing GBV from partners. More women experienced GBV in comparison to men. Women experienced physical, emotional, financial, sexual and mental abuse perpetrated by partners, while men tend to experience emotional and mental abuse from partners. It was revealed that despite the victims implementing measures to hide the abuse from their family and friends, the effects were still visible to the local community. The study established that the victims of GBV can be easily distinguished by other persons, due to noticeable

changes in their behaviour and the physical scars, leading them to believe that abuse is taking place. This was supported by Anna, a 40-year-old female Police Officer:

*“You can find a person coming to the office, and there is no understanding between this person and the partner, this person is either being beaten up, called different names, not even given the freedom just to engage with others, so that person is just made like someone’s private property of the partner. Of course, such things exist and we can find that this person is just emotionally, physically or economically abused... Another case is that of rape, I remember there was a woman who was raped, and she was attended to. The suspects were arrested and when this woman went back home, she was receiving threats from the perpetrators’ family and trying to force her to withdraw the case, so, the victim reported it to the office, we called the family members that were involved and warned them. Sometimes these family members end up blaming the woman that it was her fault that she was raped.”*

Some of the participants indicated that they had experienced GBV from domestic partners. The participants mentioned experiencing emotional, physical and economic abuse. The following were the narrations of the personal experiences of GBV by the participants:

*“This was my worst relationship...He would ask me to cook whatever that he wants to eat. Most of the time he would not even ask in a polite way, he would just demand, wash my things, iron, do this, do that, I want that, I want this. He would even drive my car using my petrol without asking...there was no room for communication. Sometimes I would text him so that he could come early so we sit and talk, he will make sure he comes home drunk so that we will not have a room for discussion, so whatever I say to him is not making any sense to him, he would even want to stand up and slap me if I was to continue.”* [30-year-old Julia, an employed female resident of Okaku-kiipupu village]

*“I once had a violent partner, who always forces me to do wrong things that I don’t want to do, he does not give me freedom to move to socialize with others, and he used to control me heavily. We could argue over a text that he found in my phone; he was not supportive, he did not want me talk to people, he could be asking me questions over little things. He started beating me and insulting me and swearing at my mother and everyone in my family. This relationship went on for about 8 months.”* [Rauna, a 28-year-old female student residing in Extension 16]

*“My life has been surrounded by insult and mocking, emotional, economic and mental abuse. I have been in an abusive relationship for 7 years and the situation just got worse throughout and our immediate parents especially my in-laws have not made an effort to provide counselling.”* [Indila, a 57-year-old unemployed resident of Okaku-kiipupu]

Men are also victims of GBV perpetrated by female partners. These findings support those by Mukulu (2019), who found that men do not report incidences due to patriarchal beliefs, fear of embarrassment and stigma. Festus, a 37-year-old unemployed male resident of Oneshila, narrated his personal experience of GBV that he experienced at the hands of his female domestic partner,

*“I had a crazy one once, she was like that one, who, you know, provocative one but I would ignore her, until I was tired of arguing later on, I couldn’t argue every day, it is impossible, there wasn’t a week that we lasted with just peace, once in those seven or five days there must be an argument. That one was crazy. It continued for four years, no improvement, it gotten worse. I was not affected physically but mentally it affected me; I almost start smoking again, it did not affect my ability to provide for family or to go to work. Yeah, friends, it was a problem.”*

The study deduced that relatives of perpetrators tend to coerce victims to withdraw criminal charges. This is supported by National Action Plan Gender-Based Violence (2012), that there are instances in which victims are forced to either not report abuse or withdrawing cases due to pressure from their own families or the family of the perpetrator. The withdrawal of cases was described by Anna, a 40-year-old female Police Officer, who stated:

*“I remember that there was a woman who was raped, and she was attended to. The suspects were arrested and when this woman go back home, she received threats from the perpetrator’s family trying to make her to withdraw the case, so, the victim reported it to the office, we called the family members that were involved and warned them...”*

Matthews and Von Hase (2013) also found that women were at times encouraged to withdraw GBV cases due to fear; threats from the perpetrator and their families; a lack of information and the time it takes to prosecute the case. According to Retief (2013), the withdrawal of GBV cases made Police Officers feel that their efforts were wasted. Additionally, due to the trauma experienced by the victims, they refuse to open cases to avoid reliving the experience of the tragedy. According to Clara, a 35-year-old female Social Worker, *“clients are normally traumatised and refuse to open cases. They are normally not ready to share what happened to them.”* Ben, a 44-year-old male Police Officer, added,

*“Normally after the cases are opened, we used to obtain a bail statement whether the perpetrator [can] be granted a bail or not, in this case the victim was afraid that maybe the perpetrator would come and hunt her therefore the perpetrator should not be granted bail.”*

*Patriarchal practices, such as the belief that men are the head of the house, and it comes with power to control women and children increases the likelihood of GBV perpetration. Hans, a 26-year-old unemployed male resident of Oneshila, expressed that “because men have lot of power since the world was created, they can do anything.” George, a 28-year-old unemployed male resident of Okaku-kiipupu supported the sentiments expressed by Hans by stipulating that “I believe men are*

*the head of the house and sometimes when they are saying something, like Namibian women do not have that power like men.”*

Some of the responses of the participants were as follows:

*“The husband supposed to be head of the family and his weakness should not be publicly displayed.”* [Kauna, a 33-year-old employed female resident of Extension 16]

*“... like men are more expected to be masculine.”* [28-year-old Rauna, a female student and resident of Extension 16]

*“...it is very normal and a sign of power for man to beat woman resulting in a high number of GBV cases. Women believe that it is okay and normal to be beaten by husband as a sign of love.”* [Clara, a 35-year-old female Social Worker]

GBV can escalate to relatives of the victim, especially if they show indications of trying to assist the victim. A participant recounted how she experienced verbal and physical abuse from her partner and how the violence escalated to her family members.

*“The relationship was ugly, my boyfriend would come here looking for me, and he would insult me and beat me. We could argue over a text that he found in my phone; he was not supportive, he did not want me talk to people, he could be asking me questions over little things. The guy always came here at the house, he [would] break the door and start threatening me, swearing at me and beating me, including my mother and everyone in my family.”* [Penny, a 28-year-old female student who resides in Oneshila]

GBV committed against both men and women and the disregard of relatives towards the acts of violence indicates a lack of morality. According to Chowdhury (2018) and Hinman (2012), morality constitutes how human beings ought to behave towards

each other. Most importantly, it is also a skill that assists human beings in understanding and having compassion towards the suffering of others. The concept of morality further encompasses compassion, respect, and justice, which this study found that they were no longer held in high esteem. Chowdhury (2018) highlighted that morality and ethics are attached and promoted by religion, culture and society itself. Religion and older persons in societies ought to render services including psychosocial support and counselling, thus upholding the societal values and norms.

### **4.3.3 Mitigating GBV**

The third theme that emerged from the study aimed to identify the role that men, women and society play in the mitigation of GBV. This main theme consists of other sub-themes such as the role of males and females in GBV prevention, educating the boy child and the role of society in mitigating GBV.

#### **4.3.3.1 The role of the male gender in GBV mitigation**

This sub-theme is concerned with the role that men play in GBV mitigation. Participants were of the view that men have a role to play in mitigating the effects of GBV. They suggested that men ought to be actively involved in GBV prevention and awareness campaigns. There is a need for men to create and be part of organisations or meetings where they can sit and discuss all matters related to GBV.

It was indicated that the mitigation of GBV requires men to meet to discuss all matters related to GBV and a safe space for men to have an outlet for their emotions and learn how to control their anger. Social media platforms such as WhatsApp groups can be used to provide an anonymous platform to discuss GBV matters. This idea was brought forth by George, a 28-year-old unemployed male resident of Okaku-kiipupu, “[men] can create a group WhatsApp like it’s a must for everyone who has a smart phone where a group people share videos about danger of GBV.”

The participants acknowledged that for change to occur, it must start at home. As such, the data analysis indicated that men ought to learn how to be with their families in a manner that does not involve violence. There is a need to sensitise men on how to love and show respect to women and be encouraged to express such feelings freely. Men have key roles to play in conducting gender-based violence campaigns and community-based trainings, to raise awareness on GBV. The Council of Europe (2022) emphasises the need to have men actively participate in organising campaigns and conducting peer to peer training to sensitise men on the causes and effects of GBV. Alternatively, men ought to be trained on how to address gender inequality in the workplace and at home. This can be achieved through posters, leaflets and social media. Men can also participate in empowerment programmes to accord men opportunities to speak and express themselves without prejudice. This can be useful in strengthening their self-esteem and addressing their insecurities (The Council of Europe, 2022).

As narrated by Simon, a 38-year-old employed male resident of Oneshila,

*“Men must be encouraged to change our approach to problems when they come up, we [men] need to control our anger, because in most cases we overreact, it’s just anger that control or rule over us before you react you need to think on what impact your action will bring thereafter, so, once we put that in mind, it’s the anger, it’s the action.”*

Namibia has made progress in creating awareness programmes for men. This includes Namibia Men for Gender Justice (NMGJ), whose aim is to engage men about the prevention of gender-based violence and alcohol abuse (Konrad Adenauer Stiftung, 2021). There is also the Men Engage Alliance, spearheaded by the Lifeline/Childline. The programme aims to establish a country-wide network to

engage men and boys on gender equality, and the prevention of GBV. However, it is still at a developmental stage (Men Engage Alliance, 2023). In 2020, FXB International began a programme to engage men, and boys in protecting women, and children's rights while encouraging them to become agents of change in their local communities. The project is being co-funded by the European Union (FXB International, 2018). The MGEPEWSW also developed a National Training Manual Plan for men and boys. The manual includes aspects on GBV, gender and power

relations, gender norms and violence, and alternatives to violence (Ministry of Gender Equality, Child Welfare, n/a).

The following were responses from participants:

*“Men can educate other men on the danger of GBV perpetration. Men can also organise mixed gender workshops where the ratio of men to women must be balanced, because they need to work together as allies in this effort and this may help lessen or create less violence. Lastly, they can organize anger management workshops for men to engage.”* [Clara, a 35-year-old female Social Worker]

*“The majority of people causing this GBV are men, so, it will only be right that men also participate in protests against GBV, for men to educate fellow men that what they are doing is wrong and that they should respect the females as their mothers you know as people that grow their family and people that take care of them so, it’s only right that the people who do wrong should also speak on what they are doing. Those who have been rehabilitated should speak to those are being rehabilitated or those who are in public that it’s not a good thing and they should speak against it.”*

[Ndina, a 22-year-old employed female from Extension 16]

*“Men lack love, compassion and humanity...men need to display that humanity towards women by being loving, caring and honest with women”.* [Olivia, a 42-year-old employed resident of Extension 16]

Flood (2018) highlighted the role that men must play in ending patriarchy that seemingly fuels GBV. Flood (2018) suggested that men must form part of the mobilisation and engagement process of GBV programmes.

#### **4.3.3.2 The role of women in GBV mitigation**

This sub-theme was concerned with the role that women can play in GBV mitigation. Women play a vital role in the mitigation of GBV by providing love, respect for the male partner and children, as well as improving communication to foster respect and to avoid provocation. Creating a safe space at home has the potential to lead to change in the behaviour of men and this begins with reducing alcohol intake, which simultaneously, improves communication in relationships.

The study participants further added that raising awareness and being financially independent are the other ways that women can play their part towards GBV mitigation. This was the position of Kauna, a 33-year-old employed female resident of Extension 16, who stated that,

*“Women must not fully depend on men for financial support; they [women] need to start-up businesses to support themselves and their children. Women can change their approach to their partners in their houses and relationships, women can help by engaging men on the issues of GBV perpetration.”*

Other responses of participants were as follows,

*“Learn how to communicate, because sometimes the way how we communicate with our partners in most cases causes beatings and other forms of GBV because the words that we speak to our partners harm them psychologically. We are swearing at them, we are shouting at them and using bad words like “Yeah, you will never find someone like me” or “I found you with nothing” things like that, we need to change, the way we speak to our men, our partners.”* [Olivia, a 42-year-old employed female resident of Extension 16]

*“Women must be made aware of what GBV is, once they are aware, they should know how to keep away themselves from the perpetrators and how to solve such problems that is causing that violence. Women can also organize social evenings on how to improve on GBV issues, there has been an increase in baby duping and abortions as well as normal GBV hence they need to come together and create awareness”* [Indila, a 57-year-old unemployed female resident of Okaku-kiipupu]

#### **4.3.3.3 Educating the boy child**

The participants alluded to educating the boy child on GBV as one of the strategies used to break the cycle of violence. However, the study findings show that the boy child has been neglected in GBV sensitisation programmes and awareness campaigns. According to Diina, a 44-year-old employed female resident of

Extension 16, “...that’s why GBV is on the increase because there is nothing targeting actually targeting a boy child, on how to behave or targeting GBV issues, nothing, nothing at the moment.” Hans, a 26-year-old unemployed male resident of Oneshila, supported the sentiments shared by Diina, “in my community for now, there is no programme addressing the need of a boy child, only parents themselves raising their boy children in ways they see fit.”

Julia, a 30-year-old employed female resident of Okaku-kiipupu, added, “no, we are not helping the boy child. The girl receives more attention at home and in the society, if a boy reports that somebody has beaten them, we encourage them to always respond with a punch and this is breeding violence among partners in the society”.

The successful education of the boy child has the potential to lead to a decrease in GBV. According to the participants, sensitising the boy child on GBV issues means that such boys will grow into men who know how to treat women well in relationships. This task must be undertaken by the entire society as it takes the community to raise a child according to African culture. Similar notions were shared by the MenEngage Alliance (2021), in which they advocated for educating boys on GBV as it is the first step in changing the norms that are associated with men’s propensity to resort to violence. Furthermore, the association advocates for the development of trauma intervention programmes, in which boys and men are given a platform to freely their express their trauma and receive ways of dealing with the effects stemming from that trauma. They are assisting boys in turning to much healthier alternatives to deal with their trauma instead of violence (MenEngage

Alliance, 2021). The study participants referred to several organisations performing this very task of sensitisation and awareness, including DREAMS, Ombetya Yehinga, Stepping Stone and My future is My Choice. The aims of the programmes are to educate young people on discipline and decision-making. The programmes also engage in GBV sensitisation, however, there is a concern that the programmes focus more on the girl-child than the boy-child.

Responses of some of the participants were as follows:

*“We have DREAMS which is an organisation that deals with adolescence and young girls who are growing. They are educated on discipline, about behavioural issues, about reporting in case something like rape is done to them, to be open with their parents, social workers and life skills teachers if something happens.”* [Anna, a 40-year-old female Police Officer]

*“There are youth programmes like Ombetya Yehinga, Stepping Stone and My Future is My Choice, if we can have these revived in our society, the kids and the youth will have fun while learning about decision making, about speaking up and the danger of GBV.”* [Leo, a 32-year-old employed male resident of Okaku-kiipupu]

*“We are handling the girl child more delicate than a boy child, not in all family but mostly the boy child is raised to be strong, they can't cry, they can't say what their problems is, they have to deal with their problems, so, if we can move away from that*

*and if we can raise the boy child with much delicate, being more delicate with the boy child as we are with the girl child, I think we can mitigate or lessen GBV [Ndina, a 22-year-old employed female resident of Extension 16]*

Participants raised concern on the upbringing of boys in relation to the depictions of violence in society and media portrayal. The increase in cases in which children are growing up without the presence of a father-figure was also highlighted. These were equally cited as contributing to the lack of attention that is paid to the boy-child. As alluded to by Olivia, a 42-year-old employed female resident of Extension 16,

*“When growing up, the boy child’s toys are guns, the movies are just promoting violence. The other thing also, there is no peace in the house, which is setting a very bad example, children grow up believing violence is the answer to household and relationship problems. Another issue is the single mothers raising kids the way they want because they can afford [it], lack of father-figure in the house also contribute to poor raising of a boy child in the society.”*

#### **4.3.3.4 Role of society in mitigating GBV**

The religious organisations have roles to play in creating awareness of GBV during religious services. Society must be educated on what GBV is and what are its causes and effects. This requires the local government and civil society to make use of radio services and social media, which is cheaper and readily accessible to create

awareness of GBV. Awareness can also be created by using educational materials (i.e. pamphlets and posters) that must be pasted at all public facilities. Battisti et al. (2024), state that such educational materials need to consider the social and cultural factors that are unique to each community. Community groups can also be developed to groom young men and solve GBV situations within communities. This was the position of Toivo, a 47-year-old self-employed male resident of Okaku-kiipupu, who mentioned that *“we cannot achieve fighting against gender-based violence as individuals, we need to unite, all of us. Ministries, organisations and others on how to tackle this huge responsibility through campaigns, meetings, trainings, workshops and conferences.”*

Battisti et al. (2024) also touched on the role of the education sector, especially research institutions, indicating that GBV issues should be incorporated into the school curricular to sensitise children while they are still young. There is also a need to develop robust research methodologies that can collect high quality data on GBV. Battisti et al. (2024) highlighted the need to provide robust training to all levels of personnel involved in GBV. Such training must be linked to policies, procedures, resources, and monitoring and evaluation. This was the position of Elia, a 27-year-old unemployed male resident of Oneshila,

*Schools have a role to play in educating children about GBV. The curriculum should be more on GBV, and curriculum developers need to take up that issue seriously. I think churches must start including the message about gender-based violence in their daily preaching especially awareness on what is GBV and what people should do.*

*Other ministries and non-governmental organizations can continue also educating the public on this danger.”*

There are several institutions (both public and civil society) that are working cohesively against GBV, namely Lifeline/Childline, the MHSS, the Namibian Police’s Gender-Based Violence Protective Unit and faith-based organisations such as Christian Alliance for Orphans (CAFO). As supported by Clara, a 35-year-old female Social Worker,

*“The following institutions such as Lifeline/Childline, the Ministry of Health and Social Services, the Namibian Police GBV Protective Unit, faith-based organization (e.g. CAFO, Christian Alliance for Orphans), Health Extension workers (for basic referral services), Spiritual leaders, Private psychologists and the Magistrate court for protection orders. They are all collaborating.”*

The media can play a role in educating men on matters pertaining to GBV. Menon et al. (2020) highlighted the role of the media in preventing GBV. In addition to educating and sensitising the public on all aspects of GBV prevention, the media also has a responsibility to ensure responsible reporting of all GBV cases.

Despite several legislations aimed at mitigating GBV, Namibia as a country is still lagging in terms of the implementation of the said laws. The lack of proper implementation guidelines for GBV laws were blamed for the lack of

implementation. According to Klugman (2017), there is a need to have specialised family courts for GBV cases, with legal personnel that have specialised knowledge on family law and GBV. There is also a need for a holistic approach that involves building strong partnerships between the justice system, civil society, victim support services and non-governmental organizations (NGO). According to Anna, a 40-year-old female Police Officer,

*“Because I used to read the legislations and policies, they are all okay, what is needed is the practical implementation of these policies and legislation, let me give you a practical example, the shelters written in the Gender based violence manuals, the victims supposed to be accommodated and keep in the shelters for their safety, but those shelters are nowhere to be seen in our country.”*

#### **4.4 Conclusion**

The data derived from the semi-structured face-to-face interviews was subjected to thematic analysis, from which three themes emerged, namely, the effects of GBV: the moral culpability of men in GBV, and mitigating GBV. The study found that the general population has a good understanding of the complexities of GBV, which is caused in part, by socio-cultural beliefs and economic factors. The factors are exacerbated by patriarchal norms. Men were found to be the common perpetrators of GBV. However, they still play a critical role in mitigating GBV.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS, RECOMMENDATIONS**

#### **5.1 Introduction**

The study aimed to explore the culpability of men in GBV, and their role in alleviating its effects. The study was conducted in the town of Oshakati, located in Oshana region, northern Namibia. The study was performed in three suburbs across high-medium to low-economic status. The study used an interpretivist approach based on a case study analysis to interpret the experiences and beliefs of participants. Using semi-structured interviews conducted face to face, qualitative data was collected from twenty-three participants from three suburbs in the town of Oshakati and three key informants. The study used purposive sampling. Chapter five presents the overall summary and conclusion of study is. This chapter concludes with recommendations based on the findings that emanated from the data analysis as presented in previous chapter.

#### **5.2 Summary**

The perpetration of gender-based violence, especially on women and children remains prevalent in Namibia. Some studies (Mwije, 2014; Yta et al. 2020) have attributed GBV against women and children to cultural practices, beliefs that undermine and degrade women, alcohol and drug abuse, complex power relations

and weak law enforcement, all of which are common within a patriarchal society which promotes male dominion. GBV is commonly perpetrated by men hence the study focused on exploring the culpability of men committing GBV, and men's role in its alleviation.

The participants understood GBV in its different forms, including physical, emotional, sexual, verbal, mental and financial abuse. It was revealed in this study that some victims of GBV experienced suicidal thoughts and depression. The effects of GBV were found to extend to children who were exposed to violence, thus affecting their educational performance and emotional wellbeing. The culpability of men to commit GBV were due to several enabling factors, including traditional values that promote gender hierarchy which is skewed in favour of men. Other factors include the misuse of alcohol and drugs, physical strength, and exposure to violence during their childhood. These findings align with Ronzón-Tirado et al. (2023), that men have a high propensity for violence, especially if they grow up in a violent home but this diminishes self-control overtime. The study also found that women are more susceptible to violence. Similarly, Cunniff (2016) suggests women's vulnerability because their bodies are inherently susceptible to harm and their lack of economic power.

GBV is caused by a combination of social and economic factors. Moreover, there are linkages between unemployment, high poverty levels and violence against women. This association was similarly established by the Ministry of Gender Equality, Poverty Eradication and Social Welfare (2012). The study findings indicate that

several of the participants had experienced GBV or knew a person or persons who experienced GBV.

Although staggering numbers of GBV cases are reported to the Namibian Police, averaging 18 cases daily (Gotlieb, 2023), some victims are compelled to withdraw cases. In response to increasing GBV cases, the Namibian government has enacted several Acts, policies and plans that aim to alleviate GBV. However, the study participants indicated that the legal provisions that provide support to GBV victims were yet to be implemented. Klugman (2017) indicates that the poor implementation of GBV laws can be attributed to insufficient human and financial resources and poor law enforcement.

This study suggests the contribution of men to mitigating GBV. Men require platforms where they can openly discuss their emotions without being judged by society. Suggestions were made pertaining to the creation of WhatsApp groups, where men can anonymously discuss their feelings, which might assist in this regard to strengthen their self-esteem and address their insecurities.

Although GBV sensitisation programmes exist in the region, they focus primarily on the girl-child, neglecting the boy-child (Intrahealth, n/a). The study participants suggested the reintroduction and reinforcement of religious and moral education in schools to promote humility and morality. They also suggest the incorporation of GBV matters in the school curricular to sensitise boys and young men on matters related to GBV.

### **5.3 Conclusion**

The creation of awareness is yet to translate into a reduction in the number of GBV cases reported, despite the understanding of the physical, mental, psychological and economic effects of GBV. The study found that men were found to be more culpable of committing violence against their intimate partners because of a gender hierarchy rooted in a patriarchal social structure. However, the use of alcohol and drugs, as well as stress were blamed for the high incidences of GBV in the Oshana region. Cultural practices that encourage men to hide their vulnerabilities by not crying, for example, were blamed for negatively affecting the mental health of men. In turn, men take out their frustration on women and children. The study findings have determined that men, although mostly excluded from anti-GBV interventions, do have roles to play in alleviating GBV through engaging and participating in awareness campaigns and programmes. Such interventions ought to include the boy-child as well.

### **5.4 Recommendations**

To reduce the incidences of GBV, there is a need to take into consideration the culpability of men to commit GBV against women and children, which requires some interventions to ameliorate. Extensive GBV awareness campaigns and programmes that speak directly on the culpability of men to commit GBV could be important to reduce its incidence. Awareness campaigns should suggest alternative

peaceful means for men in addressing their relationship and family issues and restrain from resorting to violence.

Mental health intervention programmes can be developed to create a safe space for men and boys to discuss struggles, insecurities and vulnerabilities they may experience in an environment that is free from prejudice and fear. This also applies to gender-sensitisation programmes that must be created to cater solely to men and boys. The gender-sensitisation programmes that are currently in place predominately cater to women and girls.

In view of these recommendations, future studies can be strengthened by including the perspectives of the perpetrators. Namibia has a robust legal and regulatory framework that comprises of national and international legal instruments. However, the implementation of such laws was deemed lacklustre, due to a host of issues including a lack of sufficient human resources. Hence, the study recommends that the relevant stakeholders develop an implementation plan to guide the implementation of the said laws, including the provision of financial injections to fund this activity.

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## Appendix A: Ethical Clearance Certificate



### ETHICAL CLEARANCE CERTIFICATE

**Ethical Clearance Reference Number: SHS 0019    Date: 10 March 2022**

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Humanities, Society & Development Decentralized Ethics Committee.

**Title of Project:** The Culpability of Men in Gender-Based Violence and Role in Alleviation in Oshakati Town, Oshana Region of Namibia

**Researcher:** Irya K. T. Ipinge

**Student Number:** 9961038

**Supervisor(s):** Dr K.E. Omomowo

#### Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:
  - i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
  - ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

A handwritten signature in black ink, appearing to read 'Trywell Kalusopa', is written over a horizontal line.

Prof. Trywell Kalusopa (Chairperson, Decentralised Ethics Committee)

A handwritten signature in black ink, appearing to read 'Davis Mumbengegwi', is written over a horizontal line.

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

## Appendix B: Research Permission Letter University of Namibia

### CENTRE FOR RESEARCH SERVICES

*Office of the Pro-Vice Chancellor: Research, Innovation & Development*

University of Namibia, Private Bag 13301, Windhoek, Namibia  
340 Mandume Ndemufayo Avenue, Pioneers Park, Office F223 - Fblock, Second Floor  
☎ +264 61 206 4673; E-mail:kmbulu@unam.na; URL.: http://www.unam.edu.na



### RESEARCH PERMISSION LETTER

Date: 11/03/2022

**Student Name:** Irja K Ipinge  
**Student Number:** 9961038  
**Programme:** Mater of Arts in Gender and Development Studies

**Approved Research Title:** The Culpability of Men in Gender Based Violence and Role in Alleviation in Oshakati town, Oshana Region of Namibia

#### TO WHOM IT MAY CONCERN

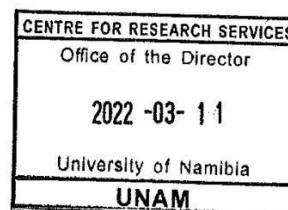
I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

A handwritten signature in black ink, appearing to be 'AEE', is written over a horizontal line.

Dr. AEE Shikongo  
Head: Postgraduate Support Services  
Tel: +264 61 206 3129  
E-mail: aeshikongo@unam.na



**Appendix C: Research Permission Letter Ministry of Home Affairs, Irrigation,  
Safety and Security**



**REPUBLIC OF NAMIBIA**

POL 716



Namibian Police Force

**MINISTRY OF HOME AFFAIRS, IMMIGRATION, SAFETY AND SECURITY**

Tel. No: (+264 61) 209 3111  
Fax: No: (+264 61) 220 621

**CONFIDENTIAL**

Enquiries: Comm. Mafwiala / W/O (1) Ngesheya

Our Ref.: 8/3/1  
Your Ref.:

OFFICE OF THE INSPECTOR-GENERAL  
Namibian Police Force  
Private Bag 12024  
Ausspannplatz  
WINDHOEK  
Namibia

21 June 2022


Ms. I.K.T Ipinge  
Private Bag 13301  
WINDHOEK

**RE: PERMISSION TO INTERVIEW THE GENDER BASED VIOLENCE UNIT STAFF  
MEMBERS FOR STUDY PURPOSES: I.K.T. IPINGE, UNIVERSITY OF NAMIBIA**

1. The above mentioned subject matter refers
2. Your request to conduct academic research study in the Namibian Police Force titled: *"The Culpability of Men in Gender-Based Violence and Role in Alleviation in Oshakati Town, Oshana Region of Namibia."* is hereby approved.
3. You are urged to ensure that information that will be provided to you will be treated with higher level of confidentiality and will not be used for any other purpose except for only this academic research.
4. Your interest and willingness to carry out a research study within the Namibian Police Force is highly appreciated. You are obliged to submit a copy of your final research project to Human Resources Directorate, Police National Headquarters, Namibian Police Force

Thanking you in anticipation,

Yours sincerely,

  
22 JUN 2022  
LT-GEN GENERAL

**S.H. NDEITUNGA, OMS  
INSPECTOR-GENERAL: NAMIBIAN POLICE FORCE**

*Cc: The Regional Commander: Oshana Region for further information*

## Appendix D: Research Permission Letter Ministry of Gender Equality, Poverty



REPUBLIC OF NAMIBIA

OFFICE OF THE PRESIDENT

MINISTRY OF GENDER EQUALITY, POVERTY ERADICATION AND SOCIAL WELFARE

Tel: +264 61 283 3111  
Fax: +264 61 283 941/240 898  
E-mail: [genderequality@mgecw.gov.na](mailto:genderequality@mgecw.gov.na)  
Website: [www.mgecw.gov.na](http://www.mgecw.gov.na)

Private Bag 13359  
Windhoek  
Namibia

Our Ref: 15/4.....  
Your Ref: .....  
Enquiries: Ms. H. Andjamba.

20 May 2022

Ms. Irya K. T. Ipinge  
P.O. Box 2808  
Oshakati

Dear Ms. Ipinge

**RE: PERMISSION TO INTERVIEW THE SOCIAL WORKERS FOR STUDY PURPOSES**

The Ministry of Gender Equality Poverty Eradication and Social Welfare hereby acknowledge receipt of your letter on the above mentioned subject.

The Ministry is hereby granting permission to undertake the research, you will be working closely with the Social Workers of the MGEPEWSW in Oshana region. Considering the objectives of the study as per your request, the Ministry would gladly support it since the outcome might also inform future programme formulation for the social workers that are providing support to gender-based violence victims. You can also contact the social workers at the MOHSS if necessary.

Upon completion, you are requested to provide a copy of the project results, as the findings will be beneficial to the Ministry.

For further inquiries, contact Ms. Linda Ipinge, Chief Social Worker at Tel: 065-231737 or Cell: 0813078001.

Yours sincerely,

Ms. Esther Lusepani  
EXECUTIVE DIRECTOR



All official correspondences must be addressed to the Executive Director

**Eradication and Social Welfare**

## Appendix E: Informed consent form

### INFORMED CONSENT FOR QUALITATIVE STUDIES

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Informed consent for married and unmarried men and women in Oshakati Town in the following areas: Ext 16, Oneshila and Okakukiipupu. I am inviting you to participate in this research study titled 'The culpability of men in gender-based violence and role in alleviation in Oshakati Town, Oshana Region of Namibia'.

<b>Name of Principal Investigator:</b>	IRYA K.T. IIPINGE (MS)
<b>Name of Sponsor:</b>	NONE

**This Informed Consent Form has two parts:**

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

**You will be given a copy of the full Informed Consent Form.**

#### **PART I: INFORMATION SHEET**

##### **Introduction**

I am Irja K.T. Iiping, pursuing a Master of Arts in Gender and Development Studies at the University of Namibia. I am doing a research on Gender-based violence, which is a global threat more especially to women and children's lives. Oshana region has reported high cases of GBV among its residents. I will share all-important information so you become part of this research. It is not mandatory to decide participation in this research right away. Take your time in deciding whether to take part or not. You may ask from any person that you feel comfortable about taking part in this research. If you come across words that you do not understand in this consent form, please stop me and I will provide clear explanation. If you will have any question after this, you may ask me or any other researcher.

##### **Purpose of the Research**

Namibia has experienced worst cases of gender-based violence and the trend continues. The available statistics indicate highest occurrence in Khomas, Oshana, Ohangwena and Omusati regions. As a researcher, I would like to learn and contribute to the fight against gender-based violence. I believe that your involvement in this study will give you a chance to share what you know about gender-based violence. I want to learn what people who live or work here know about GBV and its causes, the local beliefs and knowledge on GBV perpetration, the relationship and interactions between and among boys and girls, women and men. I would like to know the role of men in the act of GBV in your society. I also want to know the role that men play in mitigating GBV in this community.

##### **Type of Research Intervention**

This research will involve your participation in a Semi- Structures Interview Schedule or Key Informant Interview Schedule that will take about 45 to 60 minutes.

##### **Participant Selection**

You are being invited to take part in this research because I feel that your experience as a responsible citizen can greatly contribute to a better understanding of GBV perpetration and mitigation in your community.

##### **Voluntary Participation**

Your participation in this study is voluntary. You will not be forced to take part. It is your choice to participate or not. The choice not to take part will not have any side effect on your job seeking opportunities, evaluations or reports. You may change your mind later and stop participating in this study even if you agreed earlier.

#### **Procedures**

I am asking you to help me learn more about GBV cases and occurrence in your community. I also want to learn about the role of men in mitigating this situation. I am inviting you to take part in this research. If you accept, you will be asked to take part in an interview session with me at a place of your choice. All information shared will be strictly confidentially and solely for the purpose of this study.

Participate in an interview with myself. I will sit with you throughout the interview session which may take place in your house or at the community hall. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move to the next question. The session is between the two of us and no one will be present unless you would like someone to be there. All information will be treated with confidentiality and no one will have access to the interview materials except myself. The entire interview session will be recorded but no names will be recorded. All recorded materials will be destroyed after being kept safe for five years.

#### **Duration**

If you decide to take part in this research, please be informed that the research will take place over one month in total. During that time, I will visit you once for the interview, which will last for about one hour. The interview session will take place at a venue of your choice, where you feel comfortable and speak freely. In case you may not find a venue for the interview, I have booked the community hall for our session. I will pick you up, drive you to the interview venue, and drive you back home after we have completed the interview session.

#### **Risks**

This research is about Gender-based violence. Our discussion will require you to share very personal and confidential information and you may feel uncomfortable sharing about some of the topics. You do not have to share or answer any question if you feel uncomfortable. In addition, you do not have to give me a reason for not responding to the questions. There is no perceived risk to you in the course of participating in this study that is beyond the daily risks that all humans are exposed to.

#### **Benefits**

You will not benefit directly from this research but your participation will contribute greatly to the alleviation of gender-based violence in your community.

#### **Reimbursements**

Your participation in this study will not be reimbursed however, transport will be provided from your place to the community hall for the interview should you choose not to have it at your place.

#### **Confidentiality**

Your participation in this research may draw attention in your community and you will be asked questions by people from your community. I will not share information related to the interview sessions with anyone. All collected information will be kept safe and private. The recorded information will be stored safely for three years before they are destroyed. I will not use your name during the interview process but a number. All this is done to ensure that you and the information you share are protected remain confidential.

#### **Sharing the Results**

As I have indicated earlier, no information you share with us will be communicated to anyone who is not part of the research team. The knowledge from this research will be shared with you and your community before publication. All participant will receive the summary of results individually. The research findings will be shared through publications and conferences.

**Right to Refuse or Withdraw**

Participation in this research is voluntary. You do not have to take part in this research if you may not wish to do so. Your withdrawal from this research will remain anonymous and confidential. You may stop participating in the interview at any time you wish to do so. This will not affect you personally nor your job. At the end of the interview, I will give you a chance to delete or change any part that you may not agree with.

**Who to Contact**

For questions, clarification and other queries, you may ask them now or later. If you wish to ask questions later, may contact details are as follows:

Irya Iipinge, P.O. Box 2808, Oshakati, Oshana, Namibia

Cell: 08137181449, Email: [iktiipinge@yahoo.com](mailto:iktiipinge@yahoo.com) or [irjaiipinge@yahoo.co.uk](mailto:irjaiipinge@yahoo.co.uk)

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University’s Centre for Research Services. *You can contact (Irya Iipinge, +264 81 378 1449 principal investigator) or Centre for Research & Services at [kmbulu@unam.na](mailto:kmbulu@unam.na) if you have any further queries about the study or if you have any concerns or complaints that have not been adequately addressed by the research team.*

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

**PART II: CERTIFICATE OF CONSENT**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

.....  
Name of Participant (print) Signature of Participant

.....  
Date (day/month/year)

**If illiterate**

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

.....  
Signature of Witness Name of Witness (print)

.....  
Date (day/month/year)



## **Appendix F: Interview Protocols for key informants**

### **Interview guide for key informant**

I am Irya K.T. Ipinge, pursuing a Master of Arts in Gender and Development Studies at the University of Namibia. I am doing research on Gender-based violence, by looking at the culpability of men in gender-based violence and role in alleviation in Oshakati town, Oshana region of Namibia.

I believe that your involvement in this study will give you a chance to share what you know about gender-based violence. I want to learn what people who live or work here know about GBV and its causes, the local beliefs and knowledge on GBV perpetration as well as its alleviation.

The interview consists of four sections and all questions will be asked during the interview. All interviews will be recorded with a voice recorder to ensure that the correct version of your interview is transcribed. You might refuse to be recorded and a note will be taken instead.

#### **Section A: Demographic information**

1. Sex:
2. Age:
3. Marital status:
4. Location:
5. Level of formal education:
6. Home language:
7. Religion:
8. Nationality:

#### **Section B: General knowledge about Gender-Based Violence**

1. What do you understand by gender-based violence?
2. In your opinion and experience, what are the causes of gender-based violence in our society?
3. Tell me about the different types of gender-based violence you are aware of?

4. Who is mostly affected by gender-based violence and why?
5. What does your work as a social worker/ community mobiliser consist of?
6. Roughly, how many people visit your office on a monthly basis and which gender mostly? What are the most frequent reasons these people give for coming to the office?
7. Are cases of family/partner violence seen? What are the most common cases?

**Section C: Gender dynamics of gender-based violence**

1. Have you ever come into contact with cases of family/partner violence among your clients?

2. Can you tell me how these experiences originated, what you did, and what the client did?
3. According to your experience and observation, how can we best improve the interaction between men and women in our society?
4. Do you think gender inequality contribute to GBV in our society, how?
5. Can you suggest possible activities that can bring about gender equality in our community?
6. In terms of GBV, which cultural norms do you think need to be sustained and which ones do we need to do away with?

**Section D: Moral culpability of men in the perpetration of GBV**

1. Would you kindly share some of the personal experiences of GBV victims that visit your office?
2. Can you give examples of GBV experienced? When and where does this violence occur? Who are the perpetrators? What happens to the perpetrators? What are the problems that victims face after an attack?
3. Can you share your experience and observation on the role of the culture in GBV perpetration?
4. How can we change social norms for men's behaviours and attitudes around violence against women?
5. Do you know of other organizations or persons in this community that work on family violence issues? Who are they? What is your relationship with them? Is there coordination with other institutions to address the needs of abused women?
6. What are community responses when sexual violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? Do women's support networks exist to help survivors?
7. What social and legal services exist to help address these problems? Who provides these services? How could these efforts be improved?
8. In your opinion, experience and observation, has the problem of sexual violence gotten worse, better, or stayed the same for the last ten years?
9. Do you think that biblical and moral education can contribute to the reduction of GBV perpetration? How best can we strengthen morality in the society?

**Section E: Role of men in mitigating GBV**

1. Which channels are available for community to speak up in terms of GBV?
2. How best can we engage men on GBV issues in our society?
3. What role can men play to mitigate GBV?
4. What can be done to ensure continuous community engagement on GBV alleviation?

5. What changes are you suggesting in legislation or policies to address GBV mitigation?
6. Would you say there is a difference in bringing up a boy child as well as a girl child? Does that have an impact on their behaviour later when they grow into adults? Do you think society is doing enough to raise a boy child? Are

there programs available in your community targeting men with the idea of grooming a boy child into well informed man especially on cultural aspects and GBV issues?

7. Are there active feminism organisations in this town? Are these organization doing enough to create awareness on GBV? In your opinion, are these organisations contributing to the reduction of GBV?

**Thank you for taking part and sharing your view freely.**

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## **Appendix G: Interview Protocols for general population**

Interview guide for general population

I am Irja K.T. Iiping, pursuing a Master of Arts in Gender and Development Studies at the University of Namibia. I am doing research on Gender-based violence, by looking at the culpability of men in gender-based violence and role in alleviation in Oshakati town, Oshana region of Namibia.

I believe that your involvement in this study will give you a chance to share what you know about gender-based violence. I want to learn what people who live or work here know about GBV and its causes, the local beliefs and knowledge on GBV perpetration as well as its alleviation.

The interview consists of four sections and all questions will be asked during the interview. All interviews will be recorded with a voice recorder to ensure that the correct version of your interview is transcribed. You might refuse to be recorded and a note will be taken instead.

### **Section A: Demographic information**

1. Sex:
2. Age:
3. Marital status:
4. Location:
5. Level of formal education:
6. Home language:
7. Religion:
8. Nationality:

### **Section B: General knowledge about Gender-Based Violence**

1. What do you understand by gender-based violence?
2. In your opinion and experience, what are the causes of gender-based violence in our society?
3. Tell me about the different types of gender-based violence you are aware of?

4. Who is mostly affected by gender-based violence and why?

### **Section C: Gender dynamics of gender-based violence**

1. Can you please tell me a little about yourself? Did you go to school? Where do you live now? Do you have children? How do you normally spend your days? What things do you like to do?
2. Tell me about your husband/wife/partner. How did you first meet? When did you get married? What does he do?
3. In your experience, do you think men are more advantaged compared to women in our society and why?
4. Can you tell me the relationship between you and your opposite gender? Can you socially engage with the opposite gender?
5. Tell me your experience on cultural views on the relationship between men and women

### **Section D: Moral culpability of men in the perpetration of GBV**

1. Have you ever experienced GBV in your relationship or in your family?
2. Can you please describe your experience of GBV in your relationship or family? Have you ever discussed your problems with others? How did they respond? Was there more that you would have liked them to do? What sort of things would have helped?
3. In your view, which of the gender is more culpable in the perpetration of GBV, and why do you say so?
4. Would you tell me your experience of living or dating a violent partner, how long has this continued? Are there times when this has improved, or gotten worse?
5. Has it had a great effect on your physical well-being? In what ways? How has it affected your feelings about yourself?
6. Do you think that it is having an effect on your children? In what ways? Has it affected your ability to provide for the family or go to work? Has it made it difficult for you to meet friends or relatives? How?
7. Do you think that biblical and moral education can contribute to the reduction of GBV perpetration?

### **Section E: Role of men in mitigating GBV**

1. Looking back at your situation, what advice would you give another person who has just started to have these sorts of problems with his/her partner?
2. How do you think GBV can be mitigated in our society?
3. In your view, do you think men have roles to play in the mitigation of GBV, and how?
4. Do women have role to play in the mitigation of GBV and how?

5. Apart from women and men, as individuals, what other institutions of society do you think could contribute to valuable mitigation of GBV in our society?

6. Do you think as individuals we are doing enough when raising a boy child?  
Are there programs available in your community targeting men with the idea  
of grooming a boy child into well informed man especially on GBV issues?

**Thank you for taking part and sharing your view freely.**

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## Appendix H: Participants' profiles

### Key informants

Name	Sex	Age	Marital status	Study site	Education level	Occupation	Language	Religion
Anna	F	40	M	NAMPOL	Tertiary	Police Officer	Oshiwambo	Christianity
Ben	M	44	M	NAMPOL	Tertiary	Police Officer	Oshiwambo	Christianity
Clara	F	35	S	MGEPEW	Tertiary	Social Worker	Oshiwambo	Christianity

### Research participants

Name	Sex	Age	Marital status	Study site	Education level	Occupation status	Language	Religion
Diina	F	44	M	Extension 16	Tertiary	Employed	Oshiwambo	Christian
Elia	M	27	S	Oneshila	Tertiary	Unemployed	Oshiwambo	Christian
Festus	M	37	C	Oneshila	Tertiary	Unemployed	Damara-Nama	Christian
George	M	28	S	Okaku-kiipupu	Secondary	Unemployed	Oshiwambo	Christian
Hans	M	26	S	Oneshila	Tertiary	Unemployed	Oshiwambo	Christian
Indila	F	57	D	Okaku-kiipupu	Primary	Unemployed	Oshiwambo	Christian
Julia	F	30	S	Okaku-kiipupu	Tertiary	Employed	Oshiwambo	Christian
Kauna	F	33	M	Extension 16	Tertiary	Employed	Oshiwambo	Christian
Leo	M	32	S	Okaku-kiipupu	Secondary	Employed	Oshiwambo	Christian
Martha	F	54	S	Oneshila	Primary	Employed	Oshiwambo	Christian
Ndina	F	22	S	Extension 16	Tertiary	Employed	Oshiwambo	Christian

Olivia	F	42	S	Extension 16	Tertiary	Employed	Oshiwamb o	Christian
Penny	F	28	S	Oneshila	Tertiary	Student	Oshiwamb o	Christian
Queen	F	22	S	Oneshila	Tertiary	Student	Oshiwamb o	Christian
Rauna	F	28	S	Ext 16	Tertiary	Student	Oshiwamb o	Christian
Simon	M	38	M	Oneshila	Tertiary	Employed	Oshiwamb o	Christian
Toivo	M	47	M	Okaku- kiipupu	Secondar y	Self- employed	Oshiwamb o	Christian
Uno	M	31	S	Oneshila	Tertiary	Employed	Oshiwamb o	Christian
Vera	F	29	S	Extension 16	Tertiary	Employed	Oshiwamb o	Christian
Wilka	F	30	S	Okaku- kiipupu	Tertiary	Self- employed	Oshiwamb o	Christian