INTIMATE PARTNER VIOLENCE IN SOUTH SUDAN

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South Sudan

55th Master of Science in Public Health/International Course in Health Development

INTIMATE PARTNER VIOLENCE IN SOUTH SUDAN

A thesis submitted in partial fulfilment of the requirement for the degree of

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by

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South Sudan

DECLARATION

Where other people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with departmental requirements.

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Signature:

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ACKNOWLEDGEMENT

LIST OF ABBREVIATIONS

1. CEDAW   Convention on Elimination of All Forms of Discrimination Against Women
2. DRC   The Democratic Republic of the Congo
3. GBV   Gender Based Violence
4. GoNU   Government of National Unity
5. GOSS   Government of South Sudan
6. HDI   Human Development Index
7. HIV   Human Immunodeficiency Virus
8. IDP   Internally Displaced Person
9. IGAD   Inter-Governmental Authority on Development
10. INGO   International Non-Governmental Organization
11. IPV   Intimate Partner Violence
12. MoH   Ministry of Health
13. NGO   Non-Governmental Organization
14. NLA   National Legislation Assembly
15. POCS   Protection of Civilian Site
16. R-ARCISS   Revitalised Agreement on Resolution of Conflict in South Sudan
17. SHARE   Safe Homes And Respect for Everyone
18. SRGBV   Sexual and Reproductive Gender Based Violence
19. TOE   Through Our Eyes
20. UN   United Nations
21. UNICEF   United Nations Children Funds
22. UNMISS   United Nations Mission In South Sudan
23. USAID   United States Agency for International Development
24. WHO   World Health Organization

GLOSSARY

Violence: It is defined as the use of force or threats that results in injury, death, psychological harm, or arbitrary deprivation to oneself, another person or group of people in the community.[1]

Violence against women: It is a form of gender-based violence that include threats, coercion or deprivation of freedom, resulting in physical, sexual or psychological harm to women.[2]

Intimate Partner Violence: It is the type of behaviour in an intimate relationship that is used by one person to exert control over the other person by means of force, threats or intimidation. [3]

Gender Based Violence: It defined as: "…any act of violence that is inflicted upon an individual because of his or her gender or sexual orientation".[4]

Sexual violence: It is defined as: "…any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work".[3]

Bride Price: It is money, property, or other form of wealth paid by a groom or his family to the family of the woman he will be married to or is just about to marry.[5]

SASA: It is a Kiswahili word that means "now". Indicating that now is the time to prevent violence against women and its connection to HIV/AIDS.[6]

SHARE: It is a community-based intervention conducted by Rakai Health Sciences Program in Uganda for addressing intimate partner violence.[6]

ABSTRACT

Background

Intimate partner violence is an important health concern and a human rights violation in South Sudan. It is a major form of gender-based violence with serious consequences such as physical injuries, psychological distress, and loss of productivity due to incurred disabilities.

Objective and Methodology

This study identified factors influencing intimate partner violence and analysed effective interventions for its prevention. The Social Ecological Model was used to analyse and organise results and interventions from the literature. The study used intimate partner violence literature from other relevant contexts as South Sudan, to provide enough evidence for the thesis.

Results

The factors influencing intimate partner violence in South Sudan cut across all layers of Social Ecological Model. The risks of violence are more associated with women of low socio-economic status with no formal education and of young age. Additionally, women whose husbands abuse alcohol, militarised masculinities, witnesses of violence in their childhood or victims of child abuse are more vulnerable to intimate partner violence. The effective strategies that address intimate partner violence include community-based interventions such as community mobilisation, advocacy, and group training.

Conclusion

Intimate partner violence is an important health problem to address to achieve equal gender relations. The interventions address immediate physical health consequences of violence and psychosocial support to the survivors of intimate partner violence. Further explorative research is required to find the best interventions aimed at transforming gender norms.

Keywords: South Sudan, factors influencing domestic violence, sexual violence, intimate partner violence, Ecological model, conflict and fragile states.

Word count: 10,464

INTRODUCTION

A year before I got the privilege to study Master of Public Health, I had the opportunity to work with local organisation on gender-based violence (GBV) programme in South Sudan. It was inspiring to work with survivors of intimate partner violence who were determined to overcome the trauma and to be voices of many other South Sudanese women at risk of violence.

The choice for this research topic has been influenced by my previous work experience in GBV programme and my desire to go back to the same field to continue contributing to the unfinished work of gender programming.

This research identifies the main factors influencing intimate-partner violence and analyzes the current policies and intervention strategies aimed at preventing violence against women in intimate relationships in South Sudan as well as in other relevant contexts.

The study is highly relevant in the context of South Sudan where cultural norms and values define intimate partner relationships that are rooted in gender inequality, coupled with the lack of public health professionals with expertise to provide evidence-informed policies and strategies for intimate-partner violence prevention. It is important for me to understand what is known and what is being done to prevent intimate-partner violence in South Sudan. Such understanding and knowledge will help me later when I go back to South Sudan to continue supporting GBV programmmes as it will enable me to use evidence-based approaches to contribute to intimate-partner violence prevention.

In South Sudan, intimate-partner violence is now an important public health problem as well as a human rights issue that needs to be addressed in order to promote gender equality, women's empowerment, healthy reproductive and sexual life for women. As one of the national priorities, South Sudan has ratified global legal frameworks that protect and promote women's rights. However, there is inadequate local capacity needed to support projects that prioritize gender mainstreaming in policies, budgeting, and health governance.

This thesis is organised into 6 chapters, that is, from country's background information which is captured in chapter one, chapter two constitutes problem statement, objectives and methodology, chapter three tackles results from literature, chapter four comprises the analysis of current policies and interventions, chapter five is the discussion section while chapter six includes conclusion and recommendations

CHAPTER 1: BACKGROUND

This chapter gives a brief background and key information regarding South Sudan's demography, geography, politics, socio-economic and educational status, health care system, and gender situation.

1.1   Demography:

The total population of South Sudan is 12,323,419 people with women constituting 51% of the population.[7–9] The majority of the population (72%) is young people below thirty years with 83% of the entire population living in rural areas.[7]

1.2   Geography:

South Sudan is a landlocked country in East Africa. It covers an area of 644,329 square kilometers and is composed of 32 states with Juba as its capital city.[10] It is bordered by the Sudan to the north, Democratic Republic of Congo and Central Africa Republic to the west, Uganda and Kenya to the south, and Ethiopia to the east. It is a country divided by White Nile as it runs from south to north while boosting irrigable agriculture, and maintaining livestock and wildlife.[10,11]
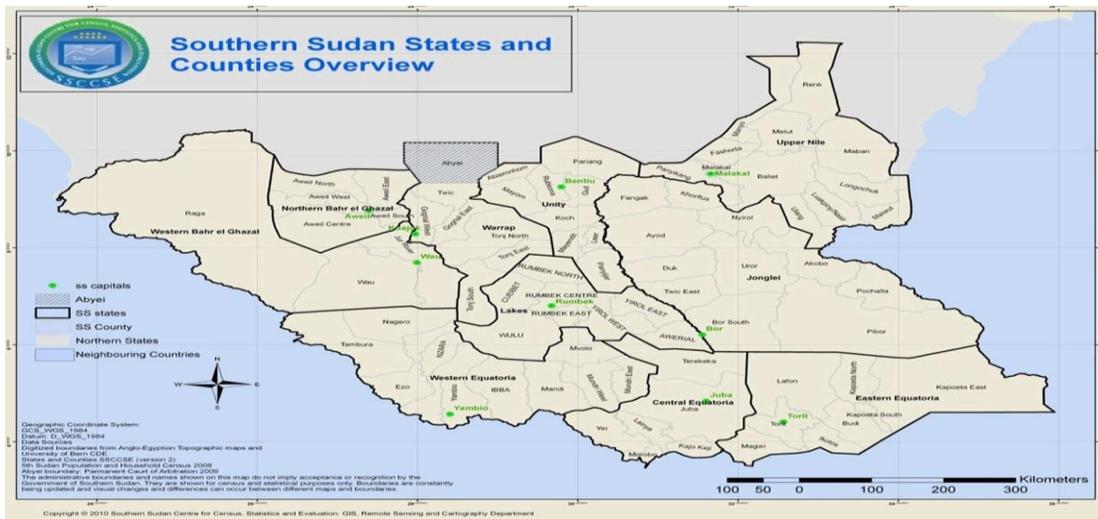
Figure 1: Map of South Sudan.[11]

1.3   Political Context:

The armed conflict which began in 2013 as the President and former vice President struggled for political power has been raging, and attempts to arrive at political solution have not been fruitful.[12] The war took ethnic dimensions with two major ethnicities (Dinka and Nuer) fitted

against each other to fight on the opposing sides of President against former vice President, respectively. In response to the ongoing war, the inter-governmental authority on development (IGAD) has been trying its best to bring the warring parties together in order to negotiate a peace agreement to end the conflict in the country. However, various peace deals signed over the past six years collapsed due to implementation challenges. The recently revitalised agreement on resolution of conflict in South Sudan (R-ARCISS), which was initially signed in August 2018 has now ceased armed hostilities although a few skirmishes continue to be reported at the country sides.[12] Its full implementation is yet to commence with the formation of government of national unity (GoNU) in November 2019.

1.4   Socio-Economic Status and Education:

In South Sudan 51% of the population live below poverty line. The means of livelihood is basically agriculture with 78% of households depending on subsistence farming and animal husbandry as sources of income.[8,13] The literacy rate is one of the lowest in the world with only 27% of the population being literate.[13,14] It is estimated that 90% of women do not read and write compared to 36% of men's illiteracy levels.[15]

1.5   Health System:

More than 80% of health services are delivered by international non-governmental organizations (INGOs) because the government funds are insufficient to support health care delivery.[16] There are 67 health partners, and 988 functional health facilities that deliver health care services to the population.[7] South Sudan's maternal mortality is one of the highest rates in the world, estimated to be 730 deaths per 100,000 women. Only 20% of women of reproductive age have access to reproductive health services. Abortion is illegal and it claims 30% of maternal deaths annually.[15] Research suggests that universal access of women to family planning will reduce maternal mortality by 30%.[15]

1.6   Gender Equality and Women in Politics:

The national constitution allocates 25% of seats at all levels of governments to women as an affirmative action. Women, however, continue to be under represented with only 10% of women leading independent commissions, 12% at council of states, 13% as Undersecretaries, 17% as National Ministers and Presidential advisors, and 2.3% as county commissioners.[17] This under representation is a recipe for socio-economic marginalization.[16] The national constitution provides protection for women's rights to own and inherit property, including land. This is, however, difficult to implement under customary law which ties women's land ownership to husbands or living male family members. Women share major burden of labour

in the households compared to men because most domestic duties are considered by men to be inferior and socially assigned to women.[15]

CHAPTER 2: PROBLEM STATEMENT, JUSTIFICATIONS, OBJECTIVES AND METHODOLOGY

2.1 Problem Statement:

Gender-based violence (GBV) is defined as: "… any act of violence that is inflicted upon an individual because of his or her gender or sexual orientation".[4] It includes different forms of violence such as physical, sexual, or psychological, and harmful practices such as child marriage, female genital cutting, sex trafficking, selective abortion, and honour killings.[18]

Intimate partner violence is defined as: "… a pattern of abusive behaviour in an intimate relationship, including marriage, that is used by one person to gain or maintain power and control over the other person".[4] Nearly one in three women (35%) suffers intimate-partner violence (IPV) in her lifetime worldwide.[18–20] Intimate partner violence is the major form of gender-based violence around the globe. However, the estimates for the prevalence of different forms of intimate-partner violence vary by country; indicating that some countries have lower rates of violence compared to others. Annually, it is estimated that 20-69% of women are physically assaulted while 6% and 47% are sexually violated by intimate-partners.[3] Intimate-partner violence is rooted in gender inequality in male-controlled relationships that make women dependent on intimate partners.[19] IPV is historically accepted as a normal act of enforcing discipline, and considered as private family affair that does not need involvement of third party.[19] Fortunately, there is a growing international acknowledgement that intimate-partner violence is an important public health issue and a human rights violation which needs to be addressed.[3,20,21]

Although it receives less emphasis, intimate-partner violence is the most prevalent form of gender-based violence in South Sudan.[16,22–24] Studies estimate that 47% of women are physically assaulted, 13% are sexually abused, while 40% experience psychological violence. Gender inequality is the main driver of violence, but it is also reported that long standing conflict in the country has contributed significantly to increased occurrence of intimate-partner violence.[22,23]

While there is growing advocacy against intimate-partner violence, cultural grips continue to frustrate efforts to tackle IPV as a national health problem and a human rights abuse that needs external intervention. This way, women in South Sudan suffer intimate-partner violence in the hands of their husbands without adequate protection from third party or law.[16]

Physical violence is the most dominant form of intimate-partner violence that affects women in intimate relationships in South Sudan. It is estimated that 90% of men beat their wives for reasons such as insults, refusal to cook, sex denial, or child care neglect.[15] South Sudanese cultures condone and accept acts of violence as way of ensuring disciplines in the family.[15] Because of age-old cultural subjugation, women accept inferior status in the society as 68% women agree that women deserve to be beaten by men for any reasons.[16] These forms of physical violence include blows with fist, dragging, kicking, and beating with sticks. Ill-health consequences that result from physical violence include pain, body wounds, fractures as well as psychological trauma.[16,24–27] At family level, physical violence negatively impacts incomes because ill health puts burden on finances and reduces labour as working hands decrease due to complications of physical injuries. It may also impede economic growth and development as vast majority of women subjected to physical violence no more perform their tasks to the utmost best because of injuries, psychological trauma, and resultant loss of employability.[15,16,24] Violence against women results in loss of 1.8 million working days per year as survivors of violence are unable to engage in regular economic productivity. The economic costs for survivor services is as high as 1.2 million United states dollars out-of-pocket money, hence, putting impoverishing effects on already poor population of South Sudan.[28]

Physical violence also results in severe consequences to pregnant women whose husbands engage in physical abuse.[29] In 2017, it was reported that 7% of women lost pregnancy due to violence in intimate relationships in South Sudan. This is because trauma affects the viability of fetus resulting in loss of pregnancy.[29]

Sexual violence in marital context includes rape, sexual harassment, and sexual assault. Rape in marital context is unreported in South Sudan because it is usually considered as a bedroom affair that does not warrant discussion or description whatsoever.[16,22,24] sexual violence is underreported due to high levels of stigma and shame attached to it. It is the survivor that carries stigma and shame while the perpetrator retains unchecked social standing because cultural norms do not consider it as a serious offence by the perpetrators.[15]

Another form of IPV is emotional violence in which women experience psychological harm as a result of abusive words or rude behaviours displayed by spouses. Women are psychologically

tormented with insults, humiliation in front of others, intentional intimidation, threats with weapons, and severe restriction from friends and strangers.[16,22–24] This results in mental personality disorders that impact women's quality and length of life. Mental disorders like chronic stress and worries lead to depression resulting into health complications such as hypertension.[15]

This thesis, therefore, seeks to answer the question; what are the factors influencing IPV and effective interventions in South Sudan? The answer to this question helps in deciding effective strategies for IPV prevention in South Sudan.

2.2 Justifications:

The current demand by public health professionals to carry out community-based programmes for the prevention of intimate-partner violence is affected by lack of sufficient data to inform programmes' priorities.[27] Intimate-partner violence is a long standing problem that needs evidence for effective response, especially in promotion of women's reproductive health, empowerment of women to achieve economic independence and equal gender roles.[18] The lack of IPV understanding hinders utility of evidence-based approaches in ending violence against women.[15,16] This research will attempt to analyse factors influencing intimate-partner violence in South Sudan; by focusing on the root causes of violence based on personal, interpersonal relationships, community and societal factors, in order to contribute to recommendations that are relevant for stakeholders such as policy makers, NGOs and civil society organisations.

2.3 Objectives:

The aim of this research is to identify factors influencing intimate-partner violence, analyse effective interventions to prevent IPV, and to contribute recommendations to policy makers and IPV programme managers in South Sudan.

2.3.1 General Objective: To explore factors influencing intimate-partner violence and analyse intervention strategies aimed at preventing intimate-partner violence in South Sudan.

2.3.2 Specific Objectives:

1) To identify factors that influence IPV as related to individual, relationship, community, and societal factors in South Sudan and other relevant contexts.
2) To analyse evidence for effective interventions and policies for IPV prevention in South Sudan and other relevant contexts.

3) To recommend intervention strategies to policy makers

2.4 Methodology:

This research is a literature study which combines both published peer-reviewed articles and grey literature. The search engines used to ascertain articles include PubMed/Medline, VU library, google scholar, and the ministry of health websites to obtain relevant IPV literature in South Sudan and other relevant contexts. Peer-reviewed articles on IPV in other relevant contexts were also considered as there are similarities. Articles published in the last ten years in English language were preferred as there is little much change in attitudes, beliefs and cultural norms related to intimate-partner violence in South Sudan over this period of time. The choice of English is because it is the language with which the author is more conversant. The Boolean's words were used repeatedly to search for peer-reviewed literature e.g. (determinants of gender-based violence OR domestic violence) AND (intimate-partner violence OR sexual violence OR women's battery) AND (conflict OR rape).

Table 1: Search Table

Source	Key words based on objectives		
	Objective 1	**Objective 2**	**Objective 3**
PubMed	(drivers of domestic violence in South Sudan OR sexual violence OR determinants of gender-based violence) AND (factors influencing IPV in South Sudan OR gender-based violence)	(prevention strategies for IPV in South Sudan OR interventions for IPV in conflict affected states) AND (interventions for domestic violence OR reduction of sexual violence)	"Effective IPV interventions", "promising recommendations for IPV prevention"
VU Library	"intimate partner violence in South Sudan", "emotional violence factors", factors contributing to sexual violence"	"prevention of sexual violence in South Sudan", interventions for IPV fragile state"	

Google scholar	"factors influencing IPV in South Sudan", "Gender-based violence in South Sudan", "drivers of domestic violence"	"prevention of IPV in South Sudan", interventions for domestic violence in low- and middle-income countries"	
Ministry of health website, WHO website World Bank website	"Gender-based violence", "gender profile", "causes of sexual violence in South Sudan	"IPV interventions in South Sudan"	"Effective IPV interventions", "Domestic violence programmes"

2.5 Conceptual Framework:

Many potential gender-based violence conceptual frameworks were reviewed for relevance and usefulness for this study. They include USAID programming framework for gender-based violence, UNICEF programming framework for gender-based violence, and the Heise's Ecological Conceptual framework.[30–32] The first two models are service-related frameworks specific to particular programmes. They are less broad to encompass all factors that relate to gender-based violence.[30,31]

However, the Heise's Integrated Ecological Framework was chosen for this review as it is comprehensive and more relevant for the analysis of intimate-partner violence in the context of South Sudan. The advantage of the ecological conceptual framework is that it is simple and logical as it categorizes IPV factors in five layers; individual, interpersonal relations, community, policies and societal factors.[32] Based on the ecological model, the following factors have been analysed: age, family history of violence, victim of child abuse, alcohol, refugee or internally displaced person, marital conflict, educational level, socio-economic status, unemployment, and poverty, negative peer influence, legal and criminal justice system, socio norms, acceptance of violence as a way of life, masculinity, rigid gender roles, and civil war. These factors have been chosen for analysis because they are sufficiently discussed in the South Sudan's intimate-partner violence literature than other factors such as prostitution, women army veterans, mental health and behavioural problems, disabilities, small firearms, and violating of survivor's confidentiality.

Social Ecological Model

Individual | Interpersonal | Community (resources/ environment) | Policies (VAWA/ADA) | Society
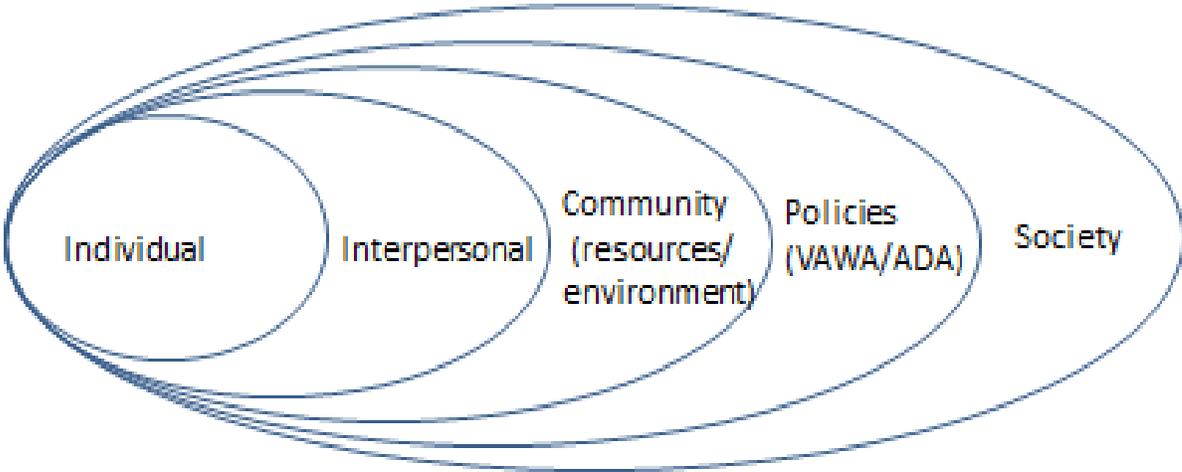
Figure 2: The Social Ecological Model.[32]

CHAPTER 3: RESULTS

In this chapter, the Social Ecological Framework has been used to analyse factors contributing to intimate-partner violence in South Sudan. The factors have been analysed under broad headings reflecting the framework's structure; individual, interpersonal, community, policies, and society determinants of intimate-partner violence.[32]

3.1   INDIVIDUAL FACTORS

The first level of the framework has explored the individual factors. The highlighted individual factors focused on age, family history of violence, victim of child abuse, alcohol abuse, and refugee or internally displaced person. These individual factors are known to contribute to intimate-partner violence.

3.1.1   Age

In South Sudan, the marital age difference was found to be associated with intimate relationships.[22] Women older than 34 years were less at risk of violence compared to women younger than 34 years of age.[33] Additionally, young girls forced into marriages were more at risk of violence from their husbands.[22]

A WHO multi-country study also established that age difference is an IPV predictive factor for women in intimate partner relationships. Intimate-partner violence was more likely when a woman was younger than her partner by more than five years of age.[34] Women who were 15 years old or younger were 4 times more at risk of violence compared to women who were more than 15 years of age.[35]

A systematic review of IPV in low- and middle-income countries also found that young women below the age of 20 years were more at risk of intimate partner violence than women older than 20 years of age.[36] IPV was also associated with women who were more than 5 years in marriages compared to women whose marital durations were less than 5 years.[35]

Looking at the types of violence perpetrated in relation to age, a multi-country research in low- and middle-income countries found that emotional IPV was less likely associated with women below 19 years of age, while physical and sexual violence were associated with women between 25-29 and 30-34 respectively .[35] Generally, the risks of IPV occurrence decreased with increasing age of men compared to men who were younger than 34 years old, in urban Tanzania.[37] In Ethiopia, increasing age by additional year was associated with decreased odds of physical violence as well as reduction in emotional IPV. Additionally, increasing age

was also associated with reduced risks of forced sexual violence, hence, resulting in lower odds of unwanted sex.[38]

3.1.2   Family History of Violence

In South Sudan, violence at family level was reported to be rampant, since almost every adult in intimate partner relationship had witnessed it first-hand.[39]   Several studies indicate that the history of violence in the family was strongly associated with intimate-partner violence.[18,34,40] There was evidence that violence was high among couples who, in their childhood, witnessed their father abusing the mother.[18,34,40] Since the outbreak of war, 24.4% of children reported that they witnessed killings in their communities. Additionally, children admitted that they saw their fathers hitting their mothers in the households, resulting in severe physical IPV.[39]

The WHO multi-country study indicated that IPV was highest in the contexts where couples admitted that both their mothers and grandmothers experienced intimate-partner violence.[34] It is important, however, to note that intimate-partner violence also occurred even though partners were not aware whether their parents experienced violence in the past.[34] Girls who witnessed violence in childhood and boys who witnessed someone who was being physically abused during their childhood were more likely to be abused or to engage in violence in intimate partner relationships compared to their counterparts who did not undergo the same experiences.[34]

3.1.3   Victim of Child Abuse

In South Sudan, corporal punishment of children was banned through provisions enshrined in the national constitution but the implementation of these laws faced challenges.[33] The victims of childhood physical violence were more likely to perpetuate physical violence on their own children in their families.[33] Boys and girls in the households were found to be victimised equally in their childhood, and mothers were more likely to inflict physical violence on children compared to fathers.[33] Childhood victims of physical violence were more likely to inflict physical and psychological harm on their spouses later in life.[33] Studies also found that much of child abuse happened in the households.[24,27]   It was also found that boys sustained severe injuries from being hit with objects by parents in the households than girls.[39]

In Uganda, the major forms of child abuse were physical and emotional violence as children were beaten, insulted with abusive words. Schools also abused children physically as well as sexually as some teachers were found to defile young girls in exchange for higher grades.[41]

Children with a history of physical, sexual, or emotional abuse were more likely to experience or engage in intimate-partner violence in their families.[42]

Some multi-country studies recognized that children who had experienced violence in their lives were likely to be abused or inflict violence later in their families compared to children who had a childhood free from violence.[18,34] Young girls who experienced different kinds of physical, sexual, or emotional violence were more likely to experience IPV from their spouses compared to women who were not abused in their childhood.[34]

A study in Ethiopia found that women whose spouses were beaten during childhood by somebody were more likely to experience IPV than women whose husbands were never physically abused by someone in childhood.[43] Although not all boys who were abused during their childhood became perpetrators of violence, some of them engaged in intimate-partner violence.[34]

3.1.4 Alcohol Abuse

In South Sudan, men were found to be more likely to drink alcohol and inflict social harms or IPV against women. Men above the age of 25 years were more likely to abuse alcohol resulting into physical and sexual IPV compared to men below the age of 25 years.[44] Men who were unemployed were more at risk of excessive alcohol consumption with resulting mental disorders like depression and IPV, compared to men who were employed.[44] Additionally, a study in the South Sudanese refugee settings in Uganda concluded that excessive drinking of alcohol was associated with sexual IPV, including rape.[41]

 The WHO multi-country study found that women in relationships where men drunk alcohol were at increased risks of IPV compared to women in relationships where neither of the couples drank alcohol.[34] Additionally, men who drank alcohol were more likely to inflict IPV compared to women who drank alcohol.[34] A systematic review of gender norms in low- and middle-income countries also confirmed that women in intimate relationships with husbands who drank alcohol were at higher risks of IPV compared to women in relationships where the husbands did not drink alcohol.[35]

A study in conflict-ridden communities of northern Uganda stated that 30% of women who experienced IPV reported that their husbands were intoxicated with alcohol.[41] Also in a study conducted in the Sudan, men who abused alcohol were more likely to engage in physical, sexual, emotional violence against their wives compared to men who did not abuse alcohol.[45]

3.1.5   Refugee or Internally Displaced Person

A recent study about internally displaced persons (IDP) camps in South Sudan found that IPV was high among young women.[46] The study also established that women were more at risk of sexual IPV (35.2%) compared to physical IPV (30.4%) in the IDP settings in Juba.[46]

A multi-country study in refugee camps found that men in the refugee camps were more likely to have forced sex with their wives compared to men in the general population.[47] Women in the refugee and IDP camps were at higher risk of emotional intimate partner violence compared to women in the general population.[26] Additionally, men in the IDP camps were more likely to inflict physical IPV on their wives.[26]

3.2   INTERPERSONAL RELATIONS

The interpersonal factors include marital conflict and types of marriages, women's decision-making status, educational level, and men's controlling behaviours. All these factors are associated with intimate-partner violence, due to the subordination of women and girls in the intimate partner relationships.

3.2.1   Marital Conflict and types of marriages

In South Sudan, marital conflict was found to be a major predictor of intimate-partner violence affecting many families.[16] Girls who were raped were forced to marry the perpetrators of sexual violence as a way of resolving stigma issues associated with the survivor of violence. This kind of solution was found to result into establishment of parental conflict between the couples which often led to physical and emotional IPV.[46] Women married through abduction, payment of dowry, or married to polygamous relationships were more at risk of IPV.[43,45,48]

A cross national study of gender norms in low- and middle-income countries found that IPV was 2 times associated with multiple sexual partners or extramarital sex compared to women with single sexual partners.[32] In Uganda, physical IPV was associated with extra-marital sex by women in intimate partner relationships, while sexual IPV was related to women whose husbands were jealous at seeing their wives talk with other men. The Jealous men accused women of unfaithfulness and severely restricted them from contact with strangers and family members, resulting in emotional IPV.[51]

A low- and middle-income countries study found that physical IPV was 2.6 times common to women who had conflict in marital relationships with their husbands compared to women who were agreeable with their husbands.[35] Women who offered sex to their husbands were less at risk of sexual violence compared to women who denied sex to their husbands.[35]

Additionally, physical IPV was more likely to occur to women whose husbands had girlfriends and thought there was nothing they could do about it, in Ethiopia.[52] The odds of IPV were 2 times higher for women who refused sex compared to those who accepted.[53]

A study found that HIV infection was a source of marital conflict as it increased intimate-partner violence in northern Uganda where there are South Sudanese refugees.[41] It was recognized that intimate-partner violence was higher among couples infected with HIV compared those who were not infected with HIV.[34]

3.2.2 Women's decision-making status

In South Sudan, men were found to exclude women from important households' decisions. Women were considered as foreigners to their husbands' families and men did not prefer involving women in decision-making processes.[13]

A multi-country study in conflict affected settings, that included South Sudan found that women were excluded from negotiating peace deals leading to gender blind peace accords that failed to address violence against women and girls during post-conflict period.[54] Women were not consulted or considered in decision-making that were related to politics or serious households issues.[55]

In Ethiopia, a study established that there was 50% reduction of IPV when women had equal decision-making power with their husbands. There was also 35% reduction in sexual IPV in women who equally shared in household decision-making processes with their husbands.[56]

A multi-country study in low- and middle-income countries found that women in intimate partner relationships where men dominated decision-making were 8.2% more at risk of physical violence.[35] Additionally, joint spending of husbands' incomes was less associated with IPV on women compared to increased risks of IPV in situations where women made spending decisions of husbands' incomes independently.[35]

3.2.3 Educational level

In South Sudan, 84% of women were found to be illiterate and vulnerable to intimate-partner violence.[15,16] Lack or less education for women was associated with economic violence in intimate partner relationships as women were forced to be financially dependent on men for survival.[21] Physical IPV was associated with gender inequality in less educated women compared to highly educated women.[38]

A multi-country cross-sectional study indicated that increased educational levels were associated with 9% decreased odds of physical IPV and 85% reduction in sexual IPV in

DRC.[38] A research established that secondary or higher educational levels of both couples was associated with reduced risks of intimate-partner violence, while there was no protective evidence of primary education against IPV.[34]

A cross-national study involving Ethiopia and Tanzania found that there was two-thirds decrease in intimate-partner violence when both couples had completed secondary education compared to when neither of the couple had completed higher education.[34] Additionally, another cross-national study found that the risks of IPV were 2 times more likely for uneducated or primary educated women compared to women who had completed secondary or higher education.[57] IPV was less prevalent to women who had achieved higher educational levels.[35] Women who were more educated than their husbands were at higher risk of IPV compared to women who had less or equal educational levels as their husbands. Additionally, women in marriages where couples were equally highly educated experienced the lowest levels of IPV in Uganda.[35,58] The odds of IPV were 3 times higher for uneducated women compared to educated women in intimate partner relationships.[35,59]

3.2.4   Men's Controlling Behaviors and Mental disorders

In South Sudan, women whose husbands exercised controlling attitudes were more likely to suffer both physical and emotional IPV compared to women whose husbands showed restrain.[46] Women whose husbands threatened well-being were more likely at risk of IPV compared to women who were not afraid of their husbands.[53] There was evidence that men who exercised controlling behaviour over women were more likely to be violent compared to men who acknowledged gender equality.[16,34] IPV was also associated with women whose husbands displayed rudeness or hostility compared to women who lived in harmony with their husbands.[35,53] Men in rural areas who are more controlling and possessive of women compared to men in the towns, were at higher risk of inflicting violence in intimate relationships.[13,16]

A multi-country study found that the odds of IPV were 3.5 times higher for women whose husbands had a history of physical fights than women whose husbands lived a peaceful life without physical fights.[35] Emotionally stressed up women were also more likely to experience IPV than their counterparts. Additionally, women with mental disorders were 2 times at higher risk of IPV compared to women with healthy minds.[35]

3.3   COMMUNAL LEVEL

At community level, factors that contribute to intimate-partner violence include unemployment, poverty, negative peer influence.

3.3.1 Poverty, Socio-Economic Status, and Unemployment

South Sudan's families with low socio-economic status were more associated with intimate-partner violence compared to affluent families.[60] Women of high socio-economic status were less at risk of IPV compared to women of poor backgrounds.[46] The IPV was associated with low Human Development index (HDI) as South Sudan ranked 169 out of 188 countries and territories around the world.[16] Women were found to be the poorest and more vulnerable to economic IPV than to men.[15,22] Families headed by women were the poorest compared to families headed by men.[16] A study in South Sudan found that unemployed poor women were at risk of economic violence compared to women who earned salaries.[16]

In Uganda, couples living in poverty were at risk of IPV and were more associated with perpetuation of social vices such as transactional sex, and infectious diseases like HIV, sexually transmitted infections, and tuberculosis.[41] A multi-country study found that lack of women's empowerment was associated with negative cultural norms that denied women the right to own land and property.[34] Poverty made men lose control over their families, resorted to drinking alcohol, and inflicted physical IPV.[38]

A cross-national study on gender norms found that women dependent on informal jobs or farming were more likely to experience IPV compared to women who worked in formal jobs.[35] IPV was less likely to occur to women whose husbands were employed compared to women whose husbands lacked formal employment. Women of low socio-economic status were more vulnerable to IPV compared to women of high socio-economic status.[35] Sexual IPV was more associated with women who were economically dependent on men compared to women who were financial independent from men. There was 50% reduction of IPV to women who owned businesses compared to women who did not have businesses.[35]

3.3.2 Negative Peer Influence

Multi-country studies found that socialisation of peer groups is a major contributor to intimate-partner violence.[34,40,61] Boys who socialized and oriented themselves negatively on how to handle women were more likely to inflict IPV compared to their counterparts who were not influenced through peer pressure.[35,37] Negative peer influence was associated with alcohol and drug abuse resulting in intimate partner violence.[18] The intoxication with substances was found to trigger violence in the family especially battery of women compared to relationships in which couples were sober.[44,62]

3.4   POLICIES

The policy factors that contribute to intimate-partner violence include legal and criminal justice system, penal code, and customary law.

3.4.1   Legal and Criminal Justice System

The constitution of South Sudan accorded women full and equal rights and dignity of a person as men.[22] It also provided equal pay for equal work and recognized women's equal participation with men in public life.[22] The states of South Sudan – governed by customary laws that reflect traditional values, norms and cultures– were found to accept and condone IPV and more associated with a higher risk of violence against women.[15] The customary laws contradicted national constitution, especially in violating women's rights as provided for in the national constitution. The customary laws re-enforced social norms that perpetuate intimate-partner violence. In customary laws, women were not granted the right to ownership of land and property, and this re-enforced gender inequality and unequal gender relations.[15,22] Additionally, the South Sudan's penal code of 2008 plainly dismissed the existence of marital rape.[22]

Based on the customary laws of South Sudan, women were denied the right to demand divorce after IPV was frequently committed in the households.[60] The local traditional courts upheld men's right over their wives after payment of bride price, while disregarding the human rights values promoted by NGOs and UN agencies.[60] Additionally, 98% of women reported that they did not trust the police to be of help when IPV was committed.[42] Another case study in South Sudan found that there was weak and inconsistent implementation of the Maputo Protocol meant to protect women's rights, including IPV prevention.[63] There were no specific provisions that recognised sexual violence as criminal to warrant punitive measures against perpetrators.[63]

The South Sudan's Enough Project reported multiple cultural and legal barriers to receiving justice by the survivors of sexual violence due to women's social mariginalisation, stigma attached to sexual violence, and rigid non-gender inclusive customary laws.[63]

A cross-national research found significant discrepancies between the national gender inclusive programmes and policies and the realities at the grassroots due to lack of clear plans to address violence against women. The Ministries of Gender were found to have limited response capability to violence against women as there was under-funding which crippled priorities.[54]

3.5   SOCIETY LEVEL

At the society level, factors that contribute to intimate-partner violence include social norms, acceptance of violence as a way of life, masculinity, rigid gender roles, and civil war

3.5.1   Social norms

In South Sudan, social norms empowered men to use violence to gain influence on women.[4] These gender norms ascribed women to have a subordinate status towards men since the society believed that it is normal.[4] South Sudanese cultural norms prescribed specific code of behaviors to women including being able to obey commands from husbands at all times.[31] These norms only acknowledged women's importance in childbearing, but not as part of important family decision-making processes.[16] Both men and women condoned normalisation of IPV in the households based on long-held norms of the society.[63] Additionally, a post-conflict multi-country study concluded that the odds of unequal gender norms were more likely to increase following the end of conflict or civil war.[54]

3.5.2   Acceptance of violence as a way of life

South Sudanese cultures were found to consider women as subservient to men, and also acknowledged men's ownership of their wives.[28] Seventy-nine percent (79%) of the population believed it is justifiable for men to beat women for any reasons.[28] Researchers had consistently reported social acceptance of physical IPV against women as a way of life.[28] Marital rape was not perceived as sexual violation against married women, therefore, it is underreported as less specific data is available on sexual violence in marital life.[28] Reporting of sexual violation committed by intimate partners was stigmatised and considered as a taboo to talk about.[16] Intimate-partner violence was generally accepted as legitimate way of disciplining one's wife.[38] The odds of IPV were 4 times higher for women who agreed with unequal gender attitudes compared to women who disagreed with the notion of unequal gender practices.[46]

Multi-country studies concluded that violence was highest in intimate relationships where both couples recognized it as a normal cultural practice compared to relationships in which one or both husband and wife did not believe that domestic violence was a means of resolving disputes.[34,35] Wife beating was also recognised and accepted as part of cultures and a way of life in many low- and middle-income countries.[64]

3.5.3   Masculinity

In South Sudan, studies found that intimate-partner violence was rooted in gender inequality and unequal power relations between partners.[13,18,20] Traditional gender-norms and cultures

that embraced masculinity and projected strength, toughness, and male dominance over women were associated with IPV in the households.[15,16]

Men with traditional, hostile and negative views; who perceived women as inferior and subordinate to men were more likely to engage in violence within intimate partner relationships.[16] Men were praised for being tough and dominant while women were chanted for being independent.[16] Cultural norms re-enforced these unequal gender notions that resulted in IPV infliction upon women in intimate partner relationships.[4,13,15,16]

3.5.4   Rigid Gender Roles

In South Sudan, intimate-partner violence was linked to rigid gender roles which are socially ascribed to men and women in society.[21,22,65] Men who believed in rigid gender roles were more likely to inflict physical IPV on women.[6] Women were ascribed duties such as raising children, cooking, water fetching, farming and other domestic works done in the households, while men were assigned roles like cattle keeping and farming.[15] Women were expected to be hardworking, satisfy their husbands with sexual pleasures, and pay homage to their husbands while men headed the families and provided financial needs of the households.[47] Women were considered as less capable of good decision-making compared to men, hence, resulting in unequal decision-making power and IPV.[13,15,16]

South Sudanese traditional gender roles changed with frequent history of conflict as women took on new roles such as being bread winners for the family while men were in frontlines of war.[55] Additionally, women played important functions in the public arena by providing leadership and supporting war combatants. These duties changed as soon as peace agreements were signed and men returned home, and as a result IPV increased. After the end of conflict, men resumed duties that re-enforced aggressiveness and gender inequality, leading to IPV on women.[55]

3.5.5   Civil War

In South Sudan, it was reported that the conflict increased the likelihood of sexual and physical IPV, particularly in areas ravaged by the civil war.[55] The odds of IPV were 2 times higher among women whose communities were invaded during the civil war compared to women whose villages were not attacked.[46] It was also reported that violence in intimate relationships was high among women in protection of civilians sites (POCs) in Juba.[16,44]

A recent technical report also concluded that there was general breakdown of the rule of law due to the ongoing civil war in South Sudan, which increased women's vulnerability to violence.[28] Additionally non-partner rape was criminalised and punishable under penal code

by up to 14 years, however, the same provision did not protect women from marital rape.[28] Women married to soldiers were more at risk of IPV compared to their counterparts. Women displaced by war or conflict into refugees' or IDPs' camps were more at risk of IPV.[46] Ex-combatant returning from war felt economically marginalized by the system and resorted to IPV against women in the households.[55] Conflict re-enforced negative attitudes against women, promoted masculinity and male dominance over women.[45]

A multi-country systematic review found that men who bore weapons during conflict had increased aggressive masculinities which often led to IPV on women in the households. Men used their weapons to intimidate women and inflict psychological harm on their wives.[26]

CHAPTER 4: CURRENT POLICIES AND INTERVENTION STRATEGIES

These chapter presents the analysis of policies and current intervention strategies for prevention of intimate-partner violence in South Sudan and relevant contexts. These policies and strategies have been analysed under the following headings; group training, advocacy, livelihood programs, community mobilisation, health sector interventions, and legislative and justice sector response.

4.1   GROUP TRAINING

Studies in conflict-affected contexts found that group training was associated with significant improvements in gender relations and reduction of intimate-partner violence.[66–69] Men and women who were trained in workshops or meetings about gender norms and roles, and leadership and communication skills reported less IPV.[19,67] Through a participatory approach, the participants engaged each other in discussion on gender relations and promotion of a healthy reproductive and sexual life.[70,71] Evidence has shown that group training has great impact on both men and women involved in the training exercises.[66,70]

The cluster trial studies established that the number of men self-reporting intimate-partner violence in the intervention groups significantly reduced compared to men in the control groups. Men participants were found to be 3-4 times less likely to inflict violence on their wives compared to men in the control group.[70] There was also reduction in physical violence for couple who attended more than 75% of training sessions.[67] The trainings were aimed at

transforming gender inequality norms and male-dominance lifestyles in the social setups of the communities.[66,67,70]

Group training also empowered women to know and understand their self-worth and rights in order to be able to demand them. It enabled women to equally and effectively participate in decision-making processes that impact their sexual and reproductive lives.[66]

The World Health Organization research found parenting training programmes to be an effective strategy of creating safe households, peaceful resolution of disputes, and preventing exposure of children to witness violence in the family.[72] Parenting programmes were found to reduce psychological harm and improve social behavioural change. School-based programmes were also found to increase the likelihood of gender equality while improving reporting on bullying and IPV.[72]

4.2   ADVOCACY

In South Sudan, women advocates and non-governmental organisations (NGOs) played vital function in advancing roles of women to participate in state building and policy frameworks.[66,69] The advocates pushed for constitutional norms that prevent intimate-partner violence, punish perpetrators of violence, advocate for women's rights of land ownership and inheritances. They also championed the need for equal opportunities for employment and full involvement of women in decision-making mechanisms.[66] The 2013 women's national constitutional conference called for ratification of Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and Maputo protocol which protect women's rights.[15,66] Women's pressure caused the government to align the national constitution with global legal governing principles which protect women's rights. Advocates ensured that 30% affirmative action for women's representation in the government was adopted.[15]

A multi-country study found that advocacy by women's rights groups had positive impact on improving regulations and governments' programmes in addressing violence against women.[54] Advocacy allowed people trained in the management of gender-related problems, to identify and provide services to the survivors of violence.[70] It also provided a basis for NGOs to engage and work with women in the provision of skills and knowledge that allowed women to solve problems related to financial independence.[66] Women who worked with advocates for more than 2 years had increased access to community services, reported less violence, and experienced improved quality of life.[70]

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4.3   WOMEN ECONOMIC EMPOWERMENT

In South Sudan, international non-governmental organisations (INGOs) trained women on business and microfinance skills.[15] Women received communication skills that enabled them to solve problems that trigger intimate-partner violence. The INGOs provided capacity building for small business startups for women, especially the most vulnerable to IPV.[15]

Additionally, the global health project of productive asset transfer in form of livestock and market-based business which was implemented in countries like Ethiopia, Zambia and DRC has resulted in reduced risks of psychological IPV for women in the intervention groups. It also led to reduction of physical and sexual IPV in the households.[73] Livestock microfinance for peace was consistently associated with reduced IPV occurrence in the intervention communities compared to controlled communities.[74]

Multi-country studies found that livelihood programmes were associated with improved women's empowerment through microfinance and skills building to enable women to be economically independent.[66,69,70] Livelihood programmmes addressed social issues such as gender norms transformation, provision of communication skills, and reduction of intimate-partner violence in the communities.[70] Capacity building for women in terms of employment and income was also associated with reduction of power imbalance between men and women, hence, reducing IPV in the households.[35,59] Microfinance and cash transfer to women led to reduction of physical and sexual violence by 50% in communities where this intervention was conducted.[70] Additionally, economically empowered women were able to make free choices about how they wanted to live their lives including the right to leave abusive intimate partner relationships.[66,70]

4.4   COMMUNITY MOBILISATION

In South Sudan, a community-based video show project called "through our eyes" (TOE) for community mobilisation had contributed significantly to the reduction of violence against women in the households.[27] Participants accredited TOE for improved gender equality and improved women's rights as it built mutual understanding between couples. Women reported increased sense of personal freedom from extreme restriction of association or interaction with friends and strangers. Because of TOE, women were enabled to report sexual violence inflicted in the households by intimate partners to the police centres, and hospitals where they accessed health services.[27] Additionally, the SASA project which was initially implemented in Uganda and extended to South Sudan, had also contributed in changing the

social notion of violence acceptance among participants, improved risky concurrent sex, and significantly reduced both sexual and physical IPV.[6]

In Kenya, South Sudanese living in Kakuma refugee camps used community traditional leadership structures to address IPV issues by means of negotiation and persuasion of couples to stay in harmony in the households.[75] In severe IPV situations, elders tried cases and demanded compensation or punished the perpetrator of violence.[75] Community mobilisation was used to engage men to be allies towards ending physical, sexual, psychological, and other forms of violence against women.[76] This approach used community-based educational programmes geared towards changing gender norms, improving negative attitudes that subject women to violence, and reduction of gender inequalities between couples.[68] It used multiple strategies such as trainings, public events like community video show projects, and advocacy campaigns like 16 Days of Activism Against Gender Based Violence.[67] It also incorporated the use of social media and edutainment programmes by production of posters, displaying of IPV prevention messages through radio and television to raise awareness about intimate-partner violence, and improved the utilization of women-centered services.[67]

In Uganda, evidence established that there was 54% reduction in physical violence against women in intimate relationships in the communities where community mobilisation programmes were conducted.[67] Additionally, the Uganda's SHARE project was found to had reduced sexual and physical IPV among women in the intervention community.[6] Post-programme evaluation indicated that women who participated in the community mobilisation programmes for the prevention of intimate partner violence reported less violence. The effects of transforming gender norms resulted in improved gender relations in the wider community contexts.[70]

4.5 HEALTH SECTOR INTERVENTIONS

In South Sudan, survivor-centered approach is taken to deliver health services to the victims while factoring in safety, confidentiality, non-discrimination and provision of information.[4] These services were provided by specialists who exercised empathy, attentive listening, counselling, and linking of survivors of violence to other appropriate services centres, including referral to legal services.[4]

A study in low resource-settings also found that screening and referrals to specialised IPV community centres were associated with decreased odds of IPV victimization and prevention of IPV complications on the survivors.[74]

Cross-national studies found that health sector intervention programmes aimed at addressing intimate-partner violence; targeting features like stress, depression, in order to improve knowledge and use of survivor-centered services.[67,70,77] These interventions included women-centered services such as counselling and psychosocial support.[19,67] The services were tailored towards safe planning, danger assessment and referral of victims of intimate-partner violence to specialised services. The women-centered comprehensive services were provided in hospitals or stand-alone centres where victims were received and managed.[19,67] Health sector interventions were aimed at alleviating pain of physical injuries by use of analgesia (pain killers), suturing of fresh wounds and orthopedic care.[77] The hospital-based psychosocial support contributed to prevention of recurrence of violence against the survivors of IPV.[78] Evidence showed that patients who were more than 16 years of age who had received more than one counselling reported improved functioning and decreased manifestation of presenting complaints. This psychosocial support relieved post-traumatic stress and prevented depression resulting from physical and emotional violence.[77]

A systemic review of sexual and GBV in conflict-affected areas concluded that counselling on individual or group basis was the commonest intervention to respond to issues of IPV survivors as it led to decreased symptoms of post-traumatic stress disorders.[26]

4.6   LEGISLATIVE AND JUSTICE SECTOR RESPONSE

In South Sudan, the United Nations Mission in South Sudan (UNMISS) had established and trained police units to redress gender-based violence and women's rights violation.[79] The police acted as a deterrent to violence and a structural unit for the promotion of women's rights.[79]

The government of South Sudan with help of United Nations agencies, non-governmental organisations (NGOs), and civil society organisations legislated legal frameworks that empowered women to achieve equal gender representation. The implementation of laws that protect women's rights was impeded by customary laws at state levels.[15] The male-dominated police service and judiciary systems were reluctant to implement laws that protect women's rights and perpetuated gender inequality, leading to IPV.[67]

The World Bank Group also standardised protocols and policies that protect women from IPV in fragile, conflict, and violence situations. The policies were aimed at training, IPV information-sharing, ensuring empathy, and legal referrals while also addressing health needs of the survivors.[73]

CHAPTER 5: DISCUSSION AND LIMITATIONS

This chapter covers the discussion of the findings from the literature in the order in which they have been presented in the results chapter. It also includes the limitations to the research in terms of scope covered and technical concerns encountered during the study.

6.1   DISCUSSION

The results from the literature show that IPV is the leading cause of gender-based violence in South Sudan, confirming the global trends where 1 in 3 women (35%) experience violence in the hands of their husbands. The cultures of male-dominance encourage men to control and maintain influence on women by use of violence and intimidation leading to physical and emotional IPV as the main forms of IPV in South Sudan.

However, it should be noted that a study in South Sudan's IDP camps indicate that sexual violence against women was higher than other forms of IPV. This is contrary to the nationwide IPV trends where physical and emotional IPV are consistently the main forms of IPV. This finding could partly be because there is more sensitization about sexual violence in the IDP camps and partly because of improved recording and reporting of IPV incidents in the camps compared to situation in the general population where women are conditioned to silence by cultural norms as a way of avoiding gossips and stigma.

The additional factors that appear to have significant influence on IPV trends in South Sudan include conflict and mass displacement of people by civil war which re-enforce militarised masculinities. The traditional norms, values and extreme patriarchal practices subject women to subservience status to men. The other contributing factors across the ecological framework include child abuse, low educational levels, history of violence, alcohol abuse, poverty, and criminal justice systems that condone impunity. These findings are also consistent with results of studies on IPV from other low- and middle-income countries.[35]

The intervention strategies for IPV prevention that have been found to have strong evidence of effectiveness include group training for men and women, advocacy, community mobilisation, women's empowerment, and the health sector response. These intervention strategies address IPV factors in an integrated approach as a specific strategy can address multi-level set of factors. The interventions target both the immediate needs of survivors of violence and IPV root causes in the form of traditions, social norms and practices as well as structural re-enforcement of laws.

6.1.1   Individual Level

At the individual level of the ecological framework, child abuse is an important factor that needs to be addressed to avoid creating aggressive masculinities and loss of empathy in children. Parents should be counselled and trained on parenting programmes through group training, to avoid harsh punishment of children. This aggressive upbringing of children hardens male-dominant masculinities that are associated with IPV. It also perpetuates the cycle of violence from parents to children, hence, improved parenting reduces family history of violence which is also a significant IPV influencing factor.

Mitigation of alcohol consumption through health facility-based counselling is an effective strategy of persuading alcohol addicts to reduce or give up drinking. Alcohol consumption perpetuates all forms of IPV, as well, it contributes to household poverty which is also a potential cause of parental conflict and IPV. South Sudan should adopt strategies of alcohol consumption regulations that are practiced in other low- and middle-income countries such as raising alcohol taxes and banning alcohol sales to underage people.

There is need to strengthen health facility-based counselling programmes for the couples to reduce the levels of camps frustration and sexual violence that are seen to be high. Women from IDP and refugee camps also face IPV from men returning from war with militarised masculinities. This requires advocacy and political commitment to peace building, accountability and good governance, including provision of economic opportunities to ex-combatants and holding perpetrators of IPV to account.

6.1.2   Interpersonal Level

The marital conflicts should be addressed through training of couples and advocacy programmes that are aimed at raising awareness about human and women's rights. Couples should be trained on skills that strengthen negotiation, conflict resolution and leadership capabilities. There should be increased advocacy against extreme patriarchal practices such as girl-abductions that are used to initiate marriages. Advocacy and training are meant to transform traditional practices such polygamy that are rooted in gender inequality. Uganda's IPV prevention projects such as SHARE and SASA should also be adopted in South Sudan in order to address household sexual violence and extra-marital sex or concurrent sex, which are associated with marital conflict and IPV. This is because these strategies have proven effective in reducing and preventing IPV and concurrent sex associated with HIV infections.

Promotion of girl child formal education is an important mechanism to ensure that more girls achieve secondary education which is protective of IPV. Women should also be given capacity

building programmes through vocational trainings to acquire lifelong skills that enable them to achieve economic independence, leading to reduction of IPV. Improved educational levels is also associated with improved socio-economic status as women are more likely to get employability skills.

Combined synergy of community mobilisation, group training and advocacy through video show projects (TOE) are directed at improving women's decision-making process. Equal gender decision-making process is associated with reduced levels of IPV and improved gender relations. This process also raises awareness on women's rights to partake in deciding on important family matters.

6.1.3   Community Level

The livelihood programmes such as microfinance and cash transfers coupled with skills training are important interventions directed towards reducing women's poverty and vulnerability to IPV at community levels. Women who are economically empowered have increased feasibilities of mitigating abusive relationships. Reduced household poverty levels also lead to satisfying reproductive and sexual lives, as women can access health services.

The livestock microfinance for peace in other Sub-Saharan African countries is associated with decreased IPV and improved poverty reduction. These programmes should also be adopted in South Sudan where livestock (cattle and goats) is abundant, as a way of promoting peace, improving livelihood, and mitigating IPV.

The group trainings and advocacy for boys and men; engaging them in transforming negative attitudes towards women in order to reduce negative peer influence is also a significant strategy to address IPV. The negative socialisation by men is seen to be associated with IPV at community levels. Theses training programmes should target gender norms and long-held traditional beliefs and practices that subjugate women.

6.1.4   Policies

The women advocates, NGOs, and political leaders are important stakeholders in ensuring the implementation of gender inclusive policies and regulations that are reinforcing women's rights. Women advocates need to strongly challenge the notion of masculinities and cultural-norms-based policies and regulations in order to achieve gender equal provisions. The implementation of women's right of affirmative action for political representation in the government is a useful provision stipulated in the national constitution to ensure women are well represented at all the government levels. The derogatory customary laws need re-

alignment with provisions in the national constitution that protect women's rights to own property and inheritances.

The creation of women's specialised police units is equally an important strategy of redressing the biases of male-dominated police service. Another important strategy that has been seen to improve gender relations is the creation of safe pathways for legal referrals to specialised legal service centres for women. All these strategies improve women's protection from IPV and attainment of gender equal relations.

6.1.5   Societal Level

The rigid gender roles, social norms, and notions of masculinities reflect the character of a male-dominated society that need to be addressed to prevent IPV. These socio-cultural traditions can be progressively changed overtime through sustained advocacy aimed at building new social roles that are gender inclusive. The advocacy and community mobilisation that adopt the use of mass media to increase awareness on rigid gender roles, norms and masculinities can have far reaching impact in achieving the needed gender transformation. Group trainings are also important fora for debate about gender values and the prospects for change to attain gender inclusive cultures. Trainings can also provide an opportunity to participants to challenge male dominance and notions of masculinities.

In conclusion, the data showing effectiveness of intervention strategies in some controlled trials may not be generalizable due to small sizes of the intervention populations. Equally, success rates (data) of some intervention strategies in relevant contexts of low- and middle-income countries may not be applicable to South Sudan's situation as there are usually multiple factors influencing the effectiveness of interventions.

The ecological conceptual framework in its five layers of individual, interpersonal relations, community, policies and society levels has proved to be very comprehensive in the study of this thesis as it captures all the relevant factors that contribute to IPV in South Sudan. Through this framework, the results show great similarities with findings of IPV studies in many other low- and middle-income countries. This shows that the ecological conceptual framework is a good fit for holistic approach to the study of IPV in many different contexts.

In summary, a combination of multiple strategies is needed to combat IPV in South Sudan in order to gender equality. There is equally greater need for political commitment and accountability by national and local political leadership in the South Sudan, to end conflict and engage communities towards the transformation of gender norms. Strategies with proven effectiveness should be aimed at addressing IPV factors at various levels of the ecological

conceptual framework such as individual, interpersonal relations, community, policies, and society levels.

6.2   LIMITATIONS

The research was limited to intimate partner violence for women who ever married, hence, the other forms of gender-based violence were not prioritised. There was limited published and grey literature on IPV in South Sudan to meet the scope of the study. Therefore, peer-reviewed literature from other relevant low- and middle-income countries was included to provide enough evidence for the research, however, some findings from these contexts may not be of much significance to South Sudan.

Data on self-reporting of violence by men and women in intimate partner relationships, as presented, might have introduced underestimation bias on the magnitude of the problem due to sensitive nature of IPV in patriarchal societies like the context of South Sudan. Sexual IPV particularly might have been underreported making it seem the least occurring form of violence compared to physical and psychological IPV.

The evidence of effectiveness of various interventions might have been underestimated. This is because most studies reviewed had short duration (time) between the end of intervention and evaluation. To ascertain enough evidence of effectiveness, transformation of gender norms may take much longer duration as realistic change in attitudes and unequal gender practices take time to manifest in the community.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1   CONCLUSION

In South Sudan, intimate partner violence is the leading cause of gender-based violence with physical and sexual violence as its dominant forms in the households. The main influencing factors contributing to IPV include history of household violence, child abuse and alcohol consumption at individual layer of ecological framework. Men's controlling behaviours, low educational levels, and marital conflict emerged to be the main contributing factors to IPV at interpersonal level of the ecological framework. Low educational levels as well are a cause of psychological and physical IPV as women lack the communication and negotiation skills to deal with abusive situations in the intimate partner relationships.

The main influencing factors for IPV at community level include poverty and unemployment as majority of women are of low socio-economic status. Lack of knowledge and skills prevent women from acquiring formal jobs that can elevate them from poverty and financial dependency. Additionally, rigid cultural norms do not allow women to acquire jobs without approval from their husbands. This restriction further reduces the feasibility of jobs acquisition by women. Customary laws as well restrict women from owning property and inheritances, hence, increasing women's poverty levels and dependency on men for financial support.

The ongoing civil war in the country is found to be the cause militarised masculinities that continue to increase IPV even after the conflict has ended as the ex-combatant return home to find that they are economically marginalized by the system. The life's hardships and resultant stress force ex-combatant to inflict violence against their wives as a way of relieving off frustrations.

Interventions to respond to IPV in South Sudan include advocacy and community mobilisation that are aimed at transforming gender norms in order to achieve gender equality. Dealing with IPV requires economic empowerment for women through capacity building and provision of microfinance to enable women to start financial enterprises that allow them to be financially independent from men. There is also need for re-alignment of customary laws with the national constitution of South Sudan so that women's safety is protected by law, including the right to own and inherit property. The militarised masculinities can be reduced through commitment to accountability and good governance by political leaders. These interventions need synergy of intersectoral collaboration to ensure effective policy coordination and implementation by all stakeholders. The ministry of health and higher centres of learning should prioritise research on IPV to ascertain evidence to inform future intervention

strategies. Evidence-based multi-sectoral approaches are needed to ensure effective gender norms transformation and IPV prevention.

6.2   RECOMMENDATIONS

The following recommendations have been selected based on the strength of evidence of effectiveness as was shown by the study findings. These multi-faceted approaches are aimed at primary prevention of IPV as the leading form of GBV in South Sudan.

➢ POLICY FORMULATION: The National Legislative Assembly (NLA) should enact policies that are gender inclusive and promotive of gender equality. There should be strong punitive measures against perpetrators of violence against women to ensure protection from harm and ill-health as a result of IPV. Strong leadership is needed to ensure political commitment and strengthen accountability and to make people understand that IPV is unacceptable.

➢ STAKEHOLDER ENGAGEMENT: The Government of South Sudan (GOSS) should organise a stakeholders' conference, by bringing together religious leaders, policy makers, and women organisations in order to discuss social behavioral change and transformation of gender roles. There should be mobilisation of resources by researchers, policy makers, media, government, non-governmental organisations, and religious leaders to support campaigns on prevention of IPV. There should be widespread dissemination of IPV prevention IEC materials such as community-based video shows aimed at raising awareness about negative effects of IPV and the need to transform rigid traditional gender roles.

➢ HUMAN RIGHTS-BASED APPROACH: There should be increased community mobilisation, group training of men and women on human rights. The national, local leaders, and civil society organisations should show political commitment to promote human rights at community level and to remind the population about punitive measures that will always be taken in case of violation of women's rights. There should be community engagement that strengthens women's self-esteem, promotes gender equality, and raises awareness on violence against women and health-related consequences.

- WOMEN EMPOWERMENT: The GOSS should ensure increased enrolment of girl child in school so that more women could achieve formal learning beyond secondary education, which is protective of women of IPV. The government should also initiate women-centered programmes that mitigate unequal power relations through capacity building and training aimed at providing lifelong skills that strengthen communication, negotiation and business enterprises for women. Women should be availed economic empowerment opportunities such as employment and microfinance to help reduce poverty and economic dependency on men.

- RESEARCH: The Ministry of Health (MoH) and allied institutions should initiate further research to find the best strategies to progressively transform or change South Sudanese traditional norms and achieve gender equality.

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