

Conceptualisation of Gender Based Violence in Zimbabwe

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Abstract

Gender based violence is a cause for concern the world over as it has emerged as a serious global health, human rights and development issue. It is a symptom of underlying gender inequalities and power imbalances which knows no borders it transcends the boundaries of geography, race, culture class and religion, hence affecting every community in the corner of the globe and Zimbabwe in particular. Several strategies have been employed by the Government of Zimbabwe and various pressure groups and lobby organisations to curb gender based violence through establishment of a legal framework and interventions on prevention, treatment and participation, however, gender based violence remains pervasive. This paper looks at the prevalent forms, pervasiveness and the effects of gender based violence and its relationship to development.

Key Words: Gender, Violence, Patriarchy, Abuse, Victims, Survivors

Introduction

According to the 1993 world development report, violence is a serious cause of death and incapacity among women of reproductive age as cancer and a greater cause of ill health than traffic accidents and malaria combined. Insights into the causes of gender based violence have been traced to the gender imbalances that exist between men and women. These have been identified as being caused by patriarchy. Literally, patriarchy means the rule by male head of social family where the societal elder has legitimate power over others in the social unit which is mainly the family (J. Pilcher and I. Whelehan, 2004). Through social construction, men are normally the leaders of these social units.

Defining patriarchy therefore explains the reasons for the treatment of women through the ages, in other words, the systematic domination of women and what it means to their future and success in life. Patriarchy not only explains how our society functions but how it controls women. In other words patriarchy is best defined as the control by men and how men have the power and control over women. This control has led to the perpetration of gender based violence by men on women. This paper brings an understanding of gender based violence from different perspectives.

Historical background of gender based violence in Zimbabwe

Gender based violence is regarded as being rooted in the historically unequal power relations between men and women. The reality is that violence against women and girls is the result of an imbalance of power between women and men. The history of violence against women is tied to the history of women being viewed as property and a gender role assigned to them to be subservient to men (The 2010 Gender based violence forum). Male tacit supremacy over women has historical extractions and its functions and manifestations change over time. Amongst the historical power relations responsible for violence against women are the economic and social forces, which exploit female labour and the female body.

The prevalence of ideologies justifying female subordination promotes the problem of gender based violence. In many ideologies, traditional legitimacy is given to using violence against women. There are cultural sanctions for husbands to beat their wives in certain circumstances. The ideologies base their discussion on a particular construction of sexual identity. Masculine construction requires manhood to be equated with the ability to exert power over others, especially through the use of force. Masculinity, it is espoused, gives man power to control the lives of those around him, especially women. Custom, tradition and religion are habitually invoked to rationalize the use of violence against women.

Thus, as a result of these unequal power dynamics, women have been placed into a subordinate position, one where the male sex is dominant over the female sex. In turn, this deprives women from realising their full potential and opportunities for personal development. As gender based violence is regarded as a major problem, it has been approached from three different perspectives. Sequentially, these are, the criminal justice perspective, the health and societal perspective and the universal human rights violation perspective (United Nations Economic Commission for Europe¹). This paper looks into gender based violence issues from a human rights perspective.

A criminal justice perspective has been primarily adopted initially in the early stages of examining gender based violence. As time moved on, gender based violence was later on approached from a health and societal consequences of gender based violence. This perspective viewed gender based violence as a cancer that brought untold suffering of women due to gender based violence abuse. The last perspective, which this paper is anchored upon, is the approach which identifies the problem of gender based violence as one of universal human rights violation. This perspective views gender based violence as a phenomenon that deprives women from their universal right to enjoy their freedom, security, and the right to equal opportunity and personal development.

The human rights perspective on gender based violence has a very important implication as it presents States with the obligation to protect women's rights and punish acts of gender based violence. Among the milestones in the campaign against gender based violence, there have been the two UN declarations of elimination of violence against women introduced in 1993 and 2003, respectively, as well as the Beijing World Conference on Women in 1995. The UN has assumed a leading role in the recognition and fights against gender based violence, whereas Canada has taken a leading role in the attempt to measure and assess the extent of gender based violence.

Nature and scope of gender based violence in Zimbabwe

Gender based violence encompasses a wide range of abuses that range from sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution, torture, insertion of objects into genital openings to attempted rape. Female genital mutilation and other harmful traditional practices, including early marriage, which substantially increases maternal morbidity and mortality, are forms of gender based violence against women that cannot be overlooked nor justified on the grounds of tradition, culture or social conformity.

To varying degrees, women in Zimbabwe have been victims of political violence in all the past decades since the beginning of the liberation war. Studies of the survivors of the liberation war consistently showed large percentages of women amongst the victims, and this was hardly surprising given that the entire population was dragged, willingly and unwillingly, into the struggle (Research and Advocacy Unit, 2009). Studies have shown that 36% of the victims seen were women and this was against the background of the finding that nearly 1 adult in 10 over the age of thirty years was likely to be survivor of gender based violence.

Women were affected during the disturbances of the 1980s in Matabeleland. Although the groundbreaking report of the Catholic Commission for Justice and Peace and the Legal Resources Centre did not produce a gendered analysis of the violations that took place during that time, it was clear from the many case studies reported that women were not less likely to suffer gender based violations than their male counterparts.

A retrospective study of violations against women indicated that women from Matabeleland were significantly more likely to have experienced gross human rights violations in the 1980s than their Mashonaland counterparts. Since February 2000, women have been continuously reported as victims of the political violence, particularly during elections.

The most comprehensive data on the violations experienced by women has been provided by Women of Zimbabwe Arise who reported that violations against women have been steadily increasing since 2000, with the number of violations increasing very dramatically in past years (Research and Advocacy Unit, 2009). It is clear that women activists are very likely to suffer violence at the hands of the state, but it is not only activists that are targets as women are equal targets to men, both because of their political affiliation, but also because of the affiliation of their male partners or their family members.

As an example, the reports on the Presidential re-run in 2008 are replete with example of women being targeted in their homes because of their families perceived support to the different political parties being assaulted, tortured, their possessions stolen, and their homes burnt. Whilst there has been considerable anecdotal evidence about rape and sexual torture, the data contained in human rights reports has been scanty. This undoubtedly has much to do with the stigma attached to rape and sexual torture, as well as the fact that many of the victims will be the least powerful in Zimbabwean society, that is, the female, young, rural, generally less well educated, and hence less likely to make any kind of public complaint.

Some evidence for this assertion comes from an examination of the human rights reports of the past years. In the consolidated statistics from the Human Rights Forum, rape was less than 1% of the total number of violations (35,574) reported to the Forum. This is an extremely small number measured against the many anecdotal reports. A study on female Zimbabwean refugees in South Africa indicated a much higher prevalence of rape as 15% of the women reported as having been raped (Research and Advocacy Unit, 2009). Presumably it was much safer for women to report their rape when outside of course, fits with the general finding that women will infrequently complain of rape, and more so in situations of war or low intensity conflict like Zimbabwe. It is probable that further research, will show that the frequency of rape and sexual torture was much higher still.

Gender based violence has acute physical, psychological and social consequences. Survivors often experience psychological trauma which ranges from depression, terror, guilt, shame to loss of self esteem (UNFPA). They may be rejected by spouses and families, ostracised, subjected to further exploitation or to punishment. They may also suffer from unwanted pregnancy, unsafe abortion, sexually transmitted diseases, sexual dysfunction and chronic infections leading to pelvic inflammatory disease and infertility. Much of the available information and documentation on gender based violence establishes a universal pattern of abuse of women and girls which is differentiated in form and scope only by the specific cultural and social contexts within which it occurs.

One of the striking truths about the nature of the violence experienced by girls and women is that, in the great majority of the cases, it is perpetrated by male partners with whom they have an intimate or interdependent relationship with (UNFPA: Reproductive Health Effects of Gender Based Violence: Policy and programme implications). This means that, contrary to the conventional wisdom that the family or extended family is a safe haven of love and support, girls and women are at greatest risk of violence from the very members of their households who are socially responsible for their protection and welfare.

The violence experienced by women takes place mostly within the privacy of their homes and, to a large extent, has contributed to a culture of silence as regards the health consequences and, in particular, the reproductive and sexual health ramifications of gender-based violence in the lives of girls and women across all social strata. This is supported by the findings from the Zimbabwe Health and Demographic Survey of 2005-2006. A total of 34.7 % of the interviewed women reported as not having told anyone that they were being abused. The perception of violence against women as being essentially a domestic and family related issue has contributed, in large measure, to the serious gap in public health policy making and the resulting lack of appropriate programmatic responses.

Ascertaining the extent of gender based violence is difficult as inconsistencies in definitions of gender based violence are a major underlying reason for a scarcity of comparable studies. Another major difficulty is the extent of underreporting. Women, the main victims of gender based violence, have many reasons for not reporting incidences of violence as legal authorities seldom take appropriate action, many women are unaware of their legal rights and women may be victimized, either by insensitive, accusatory questions or by actual assault (UNFPA: Reproductive Health Effects of Gender Based Violence: Policy and programme implications). Another major obstacle to ascertaining the extent of gender based violence lies in the failure of health care facilities and police to consistently record data on violence against women, the sex of the perpetrators and the relationship of the abuser to the victim.

Prevalent forms of gender based violence in Zimbabwe

Acknowledged is that data on gender based violence is limited and largely incomparable. The data on gender based violence that currently exist is limited and largely incomparable from region to region and from one data source to the other. Depending on how the gender based violence phenomena is defined in each region, different rates of gender based violence are likely to be registered. Normally a narrow definition would lead to lower rates whilst a comprehensive definition will lead into higher rates being recorded.

Gender based violence is essentially socially sanctioned and by its nature, deep rooted and pervasive in the lives of girls and women. It is a form of violence to which girls and women are subjected primarily because of their female gender identity. As females, they face systematic discrimination from an entrenched and rationalized system of gender based power relations which then perpetuate an almost universal pattern of subordination that leave girls and women highly vulnerable to acts of physical, sexual or psychological harm from male members of their families and communities, including husbands, lovers, brothers, fathers, teachers and employers.

Acknowledged is that gender based violence is a worldwide problem. The scourge is difficult to eradicate in Africa, particularly in Zimbabwe were an unhealthy mix of tradition, inequality and even ignorance conspires against women. Despite numerous interventions, gender based violence is still widespread and goes unreported. There are three main types of gender based violence. Firstly, there is the family violence that is violence which is committed within ones family. Community violence is the second one were gender based violence is perpetrated by an outsider, that is, an unknown person or an unrelated person to the survivor of gender based violence. Lastly, is the state violence which is committed or condoned by individuals employed by the state. The most common type of gender based violence in Zimbabwe is the family violence.

Physical abuse is the most obvious form of gender based violence. The perpetrator assaults and injures his wife, partner or members of the family. Sexual abuse may or may not be associated with physical abuse (Musasa Project, 2008). It may involve pressuring or forcing the partner to perform certain sexual acts against her will or intentionally inflicting pain during sex. Preventing a partner to use birth control or refusing to use a condom when a partner is concerned about a sexually transmitted infection is also a form of sexual abuse. Psychological abuse comes in many forms. Often there has been at least one instance of physical assault and injury. The perpetrator then uses this experience to intimidate his or her spouse.

Economic abuse or economic deprivation is mainly characterised by the perpetrator holding back necessary household money, preventing his or her spouse from earning money, confiscating the money that might have been earned, control all household spending or spending money only to his or her benefit. Most of the gender based violence cases go unreported as a result of quite a number of issues. First and foremost, gender based violence has been treated as a private family affair which has been ignored by communities and some government policies. Secondly, as perpetrators are mainly males, the victims are normally economically dependent on their abusers hence the idea of not reporting them for fear that they might be imprisoned hence putting an economic burden on them (the survivors of gender based violence).

There is also fear that once reported, the perpetrators of violence might retaliate with more violence. Although there are various pieces of legislation that protect women against gender based violence, women fear to report such cases as they fear losing family income or even their homes as many a time they are not aware of their property rights. Concerns such as financial consideration, social stigma and family pressure all impact on women's ability to pursue legal recourse. Women's economic disempowerment and definitions of a good woman have therefore hindered women from even protecting themselves from gender based violence.

Psychological abuse comes mainly in the form of emotional abuse. There has been a new phenomenon of the extra marital affairs that men are engaging in. These on their own are bringing emotional torture as women are always in constant fear of being infected by HIV. This is also against their limited negotiating power for safe sex even if they suspect or know that their husband or sexual partner was or is engaging in extra marital affairs which are currently the major driver in the transmission of sexually transmitted infections, including HIV. Married women who request the use of condoms are often subjected to violence as it is suspected that they are committing adultery.

The Shona and Ndebele Culture, which are predominant in Zimbabwe, condone multiple sex partners for men, a practice that increases the risk for women to contract HIV. Unequal power relations within marriage have compromised women's ability to negotiate for safer sexual practices whilst social and cultural norms have pronounced silence and submissiveness and conformity for women in sexual relations. As a result, decisions on how and when to have sex therefore remains exclusively for men. Through this, women are subjected to psychological abuse as they cannot say no sex when they feel like not having it or when they are going through their menstrual period.

Economic abuse is the other major form of gender based abuse. In most households in Zimbabwe, husbands are the breadwinners. Prevalent cases of economic abuse are those when husband or male partners as bread winners fail to take care of their families. This is mainly as a result of extra marital affairs or 'small houses' as coined in the street lingo. The 'small house' phenomenon is a relatively recent cultural practice in which the western concept of monogamous marriage is upheld nominally, but in fact the husband has another secret family whom he keeps in a 'small house' (SAFAIDS,2009).

As a result of husbands not being able to be part of the 'small houses', normally these liaisons are not based on faithfulness and there is often an economic element which pushes these women into having other partners to improve the economic well being of their families. When the officially married women discover that their husbands are engaged in these other extra marital relationships this is when they seek refuge at organisations such as Musasa project. They can still go to the civil court to claim their maintenance and those of their children. Discovering these extra marital affairs brings psychological hurt to the married women. This is as a result of the fear of contracting STIs and HIV as these extra marital affairs often results in multiple concurrent partnerships without the use of the condom. These relationships therefore create a sex web, which is one of the major culprit in the spread HIV amongst married couples.

The fact that women are not empowered to decide their own destiny means that many a time they are economically dependent on their male sexual partners. This on its own makes them more prone to abuse by their male partners. Furthermore, there are male sexual partners who are excessively jealous of their sexual partners. As a result, restrictions are put on their female partners on what they can and cannot do. These include the type of friends one has to relate with. This excessive jealousy or '*kuchengera*' is one of the drivers of psychological abuse as women are made captives in their homes.

The advent of the dollarization of the Zimbabwean has brought challenges in families as the United States Dollar is hardly accessible to the low income households. Management of the family finances therefore becomes a problem were men end up controlling the use of the household income, especially supported by the patriarchal notion the husband is the head of the family. This is how women in marriages are economically abused by their partners. Economic and physical abuse is also as a result of alcohol abuse. As man are the breadwinners and in many instances the consumers of alcoholic beverages, they end up using more money on alcohol. This has ripple effects on the family as the wife and children will be deprived of the cash that they would be in desperate need of. In some instance, as a result of alcohol intake, men do come home very late and any enquiries on their late coming by their spouses or sexual partners ends up in violent behaviour..

The issue of marital rape is common among women, especially those who experience gender based violence. Many men and women do not believe that there is marital rape as payment of 'lobola' (the bride prize) entitles men to have sex with their wives whenever they wish. The payment of lobola is often used to justify a man's infidelity as he might claim that since he paid for his wife he can expect her to be faithful without the same applying to him. Furthermore, gender based violence, specifically domestic violence has been accepted as explained by the proverb that plates in a basket will rattle, hence with people who live together clashes are inevitable.

Inheritance is one of the forms gender based abuse that is prevalent in Zimbabwe. When a husband dies, it is common practice for his brother to marry his widow who may have no choice in the matter as a result of economic reasons. If the wife refuses to be married then the husband's relatives would not allow the surviving spouse and children access to the deceased estate. These are the cases that have been brought to Musasa Project and the courts. The major reason for excluding widows from inheriting is that inheritance is traced through the male line so as to ensure that property remains within the family.

There are other forms of violence that goes unreported as these are considered normal practice by the society. There is the concept of 'chiramu', where young women are suffering at the hand of their brother in laws (sisters husband) as these men have the right to fondle the breasts of their wife's young sisters breasts. Many a time this will be forceful and usually ends in rape. These cases are swept under the carpet in order to protect the families. Children are a special group that is not spared by gender based violence. The most prevalent forms of gender based violence in Zimbabwe that affects children is physical, emotional, neglect and sexual abuse. More than 90% of the cases that are received indicate that the perpetrators of such violence are family members, relatives or custodians of children.

More than 70% of the cases of child abuse that are dealt with at Childline Zimbabwe involve a female child being abused and over 45% of all cases dealt with are occurrence of child sexual abuse. A special focus do need to be put on the girl child as more than 50% of the cases of child abuse reported are girls. Although there is an acknowledgement that women, men and boys can be victims of gender based violence girls have been discovered to be more vulnerable and primary victims because of their subordinate status of gender and age in the society. Based on the concept of gender and age, society is generally agreed that the girl child is the most vulnerable for she has to survive against a background where the woman fairer sex is unjustly treated and taken as a second class citizen in a society where as a child one solely depends on adults for survival.

There are also cases of sodomy that are evident in Zimbabwe. This form of gender based violence is perpetrated by adults on children and also on children by other children. This is as a result of learned behaviour through literature such as pornographic material. Cross generational exposure is also another source of gender based violence as children are not only restricted to interacting with those of their age group. Children are more vulnerable in the custodianship of guardians. To irk a living, most families are engaging in cross border trade. Women, mostly leave their children with relatives, friends or their sexual partners as they cross the borders to Botswana and South Africa or any other neighbouring countries. This makes children more vulnerable as has been with the cases of sexual violence that have been reported.

Part of the challenge the police forces face is how they respond to cases of domestic violence. Women have reported in the past, when they sought assistance from the police they were told to go back home and handle the domestic dispute within the family (SAFAIDS, 2009). This discourages women from seeking help at police stations. However, with the introduction of the police Victim Friendly Unit this has made the police stations more friendly to the victims of gender based violence. A challenge has been the way crime is interpreted as the in many cases police will only react where there has been physical or sexual assault, and will be at a loss as to how to manage emotional and psychological trauma brought about by gender based violence. There is no doubt that there is need to put into effect laws to protect women from violence within the homes.

The Zimbabwean society is a patriarchal one which teaches girls and women that there is nothing wrong with being beaten up by your husband or sexual partner (SAFAIDS, 2009). In some cases wife beating is seen as a sign of love. Women are taught to endure and to suffer through abusive relationships. In Zimbabwe, 80% to 85% of the country's estimated 13 million people are reported to belong to some sort of faith based institution hence creating an opportunity for re-socialisation which may exist within the churches or through traditional leaders (SAFAIDS, 2009). The church can therefore be a catalyst for changes in attitude and behaviour. However, the marriage vows at the altar say 'till death do us part' and this has been interpreted to mean that if your husband beats you up, you must pray and stay in the relationship, yet the bible is very clear about building peaceful, loving relationships.

The government of Zimbabwe should ensure that women have equal access to education and opportunities that allow economic empowerment, be it through formal or informal sector paid work. Some studies have even shown that where women have independent salaries and security of employment, they are less likely to stay in abusive relationships because they are able to fend for their own and their children's needs. Eliminating women's economic subordination, taking urgent measures to prevent and deal with the increasing levels of violence against women and children and repealing and reforming all laws, amending constitutions and changing social practices which will still subject women to discrimination and enacting empowering gender sensitive laws, are all things the heads of states of the Southern African Development Community (SADC) committed themselves to doing by signing the Gender and Development Declaration in 1997 and its amendment in 1998 (R. Mukumbira, Article).

Progress on the implementation of the declaration has however been slow and in some cases very little has changed in Zimbabwe.

The impact of gender based violence on health

Sexual violence is a serious public health and human rights problem with both short and long term consequences on women's physical, mental, and sexual and reproductive health. Whether sexual violence occurs in the context of an intimate partnership, within the larger family or community structure, or during times of conflict, it is a deeply violating and painful experience for the survivor. The World Bank estimates that violence against women and girls aged between 15 and 44 is responsible for more deaths and cases of sickness worldwide than cancer, road traffic accidents and malaria put together. (I. Baumgarten, 2003) Thus, violence impairs the health of women and girls.

Gender based violence has long lasting adverse consequences for women's reproductive health. These include unwanted pregnancies, pregnancy complications, maternal death, miscarriage, injury and sexually transmitted infections, such as HIV and AIDS. Intimidation and male dominance within the family exacerbated by gender based violence hinders women from seeking out reproductive health services and lessens women's ability to negotiate safe sex, as well as the number and spacing of their children. Female infanticide, incest, rape, child abuse and prostitution, early marriage and female genital mutilation or cutting, are among the gender based violent actions accepted as cultural norms in many countries.

Studies of the health consequences of abuse on women underscore that the psychological effects of abuse can be just as damaging as physical effects. These, in turn, have major implications for the reproductive health behaviour and decision making capacity of abused women and girls (UNFPA). The trauma of sexual coercion and assault experienced by women and girls at different stages of their life cycle leaves them with irreparable loss of self worth and autonomy, leading to the acceptance of victimization as part of being female. Furthermore, violent experiences severely undermine women's self respect as they begin to neglect themselves and tend to take greater risk behaviours in their sexual relations.

Gender based violence has a direct effect on women's ability to exercise reproductive and sexual autonomy. Many women's decision making on contraceptive use is shaped by fear of violence from disapproving male partners. The prevailing view in many developing countries is that family planning provides protection against pregnancy and, hence, promotes promiscuity among women. A significant majority of cultures measure a man's virility by the number of children he is able to father. Consequently, a woman's use of contraceptives may be perceived as a challenge to her partner's masculinity. Studies from countries such as Zimbabwe provide strong evidence that fear of abuse from male partners is a critical factor in women's decision making regarding contraceptive use.

Women and girls' ability to protect themselves from HIV and STIs is greatly influenced by the threat of male violence. Violence promotes the risk factor for women by exposing them to forced and unprotected sex. Their ability to negotiate condom use by their male partners can be linked to the extent or degree of abuse in their relationship. Many HIV and AIDS prevention strategies are implemented on the basis of negotiated condom use between partners. However, this is based on the mistaken assumption that there is equality of power between men and women. Such programmes fail to take into account inequalities in the social relations based on gender that have a bearing even in consensual unions in which women lack full control over their sexual lives.

As a result of this, then women's lower bargaining power in married life is related to sexual and reproductive aspects. The serious reproductive health consequences of gender based violence translate into an even higher demand for curative care in the reproductive health services sector. This means that the culture of secrecy and silence concerning the causes of injury and pain suffered by many women and girls results in an inefficient use of available services, because treatment will provide only temporary reprieve unless the root causes are addressed directly. Women victims of violence suffer serious health problems significantly more frequently than women who have not been harmed. Amongst women with comparable health problems, the healing process is slower and more costly for those who have experienced violence than for those who have not (I. Baumgarten, 2003).

To be noted also is that, treatment for victims of violence ties down resources and personnel that are already overstretched in the health services in Zimbabwe. Furthermore, training health staff to deal properly with victims of violence consumes yet more scarce resources. Gender based violence has made women more susceptible to health problems. The links between HIV and AIDS and gender based violence are becoming increasingly apparent based on the findings of various studies that were conducted primarily in Sub-Saharan Africa, inclusive of Zimbabwe.

Women have even become the face of AIDS in Africa and particularly in Zimbabwe as 60% of all HIV positive adults are women.(SAFAIDS,2009) This is as a result of lower socio economic and cultural status that inhibits them from making informed sexual and reproductive health choices to prevent HIV infection. Findings show that there is an increased risk of HIV and AIDS among women victims of gender based violence and also show that being HIV positive is a risk factor for violence against women(Fact sheet: Gender Based Violence and HIV and AIDS) This relationship has grave consequences for global health and human development, especially with regard to adult women, adolescents, and girls, who are most affected by sexual violence and are consequently more susceptible to HIV and AIDS.

It is also prudent to consider the importance of examining the connections among gender equity, various types of gender based violence, and HIV and AIDS as these are apparent within the context of achieving the Millennium Development Goals (MDGs). This is to be considered with reference MDG number 3, which promotes gender equality and women's empowerment. Increasingly, as gender violence and gender inequality are cited as determining factors in women's risk of contracting HIV, it implies that there is need for urgent inter programmatic efforts to increase women's access to health, health care, and their ability to make decisions regarding their health if the growing rates of HIV/AIDS infection among women are to be curbed as well as reducing women's susceptibility to HIV infection due to gender based violence.

The relationship between gender based violence and HIV and AIDS infection are especially evident in the areas of sexual abuse of children and adolescents, sexual violence between partners. There is also a positive relationship between sexually transmitted infections (STIs) and domestic violence, and the reciprocal relationship between sexual violence and HIV and AIDS (UNIFEM gender fact sheet #5, 2006). In some countries almost one out of four women reveals having been violated by her partner at some point in the relationship. The sexual exploitation of girls and women is one of the most extended forms of gender violence and an ongoing factor in the spread of HIV and AIDS.

Gender based violence can also be perpetrated as a result of one being HIV positive. When women reveal that they are HIV positive they face the risk of abandonment by their partners, families, and friends as well as violence due to their HIV positive status. Violence restricts women's ability to exercise their sexual and reproductive rights and has a direct and dangerous impact upon effectively addressing preventable maternal mortality and morbidity. Harmful practices, such as female genital mutilation or cutting and forced and early marriages, all manifestations of deep rooted gender inequalities, have a life changing impact on young girls' sexual autonomy (UNDP). These increase their risks to death or permanent injury during pregnancy and childbirth. Violence, of course, also constitutes a cause and a consequence of HIV/AIDS.

Violence hinders women's full and equal access to social and economic policies, full and productive employment and decent work which could lift them out of extreme poverty and hunger. Violence is also a major obstacle to ensure that women have equal access to adequate housing, property, land and other resources, including safe drinking water and basic sanitation, thus hampering their social and economic empowerment. Although important progress has been made in establishing gender based violence as a human rights concern, little headway has been made in addressing violence against girls and women as a public health issue (UNFPA). There is a notable absence of attention to this issue in reproductive health policy making, a critical and strategic entry point if the consequences of violence against women are recognized as an important and integral part of women's health concerns.

Impact of gender based violence on development

Human development is a development paradigm that goes beyond the rise or fall of national incomes.

It is about creating an environment in which people can develop their full potential and lead productive, creative lives in accordance with their needs and interests. Therefore, people are the real wealth of nations. Development is thus about expanding the choices people have to lead lives that they value. The expansion of such choices cannot be achieved if there is an un-enabling environment such as that which is characterised by gender based violence. Gender based violence therefore affects development as it hinders women to achieve their full potential.

What is fundamental in enlarging these choices is building human capabilities, which is, the range of things that people can do or be in life. The most basic capabilities for human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, as with the case with women who experience gender based violence, many choices are simply not available, and many opportunities in life remain inaccessible. The centrality of gender equality for sustainable human development has been well articulated, in UN conferences of the 1990s.

At these global conferences, governments recognised the contributions that women make to economic development and the costs borne by societies as a result of the multiple disadvantages and gender discrimination women face in nearly every country (UNFPA). Among world leaders, a general consensus acknowledges the pivotal role of gender equality in achieving all the other MDGs. Hence, the differentiated needs of men, women, girls and boys are extensively integrated within the MDGs. The third goal among the eight MDGs seeks to achieve gender equality and the empowerment of women through the education of the girl child

Despite commitments made through the national poverty reduction strategies and programmes of the past decade, the number of people living in poverty in Africa rose by over 82 million, with women constituting 70% of the increase (UNFPA). The major causes of women's poverty are embodied in unequal power relations between women and men, discriminatory inheritance rights and lack of access to property and productive resources. Widespread poverty also adversely affects women's health and education. Violence against women and girls is regarded as one of the most pervasive human rights violations throughout the world. It is deeply rooted in discriminatory attitudes, practices and systems.

Violence against women has been considered by many as the missing Millennium Development Goal (MDG) (UNDP). New challenges have however emerged in the fight against such violence due to phenomena such as the global financial and economic crisis, the acceleration in environmental degradation, or the continued use of brutal violence against women as a weapon of war in conflict situations. In this context, multiple and intersecting forms of discrimination have contributed to and exacerbated violence against women. Considerable progress has been achieved in the past ten years on some MDG targets. Yet, structural inequality and discrimination against women and girls remains pervasive, and information on the intersections between gender based discrimination and other forms of discrimination is too often overlooked.

As long as such discrimination persists, and as long as the achievement of the MDGs is not pursued by closely looking at the increased risks and challenges faced by women, be it in law, policies and practices, the MDGs will fail in the promotion and protection of women's human rights hence have a major blow on development.

Universal primary education for girls and boys is essential, yet enrolment of girls into schools alone is not enough. Education needs to be rights based, rooted in the principles of gender equality, so that girls can have a voice to contest discrimination, demand justice and live a life free of violence (UNDP). Violence against girls at and on the way to schools, which today constitutes a major barrier to girls' school enrolment and achievement, should be combated as a matter of priority.

Apart from gender based violence causing immeasurable suffering as well as physical and psychological damage, it has substantial costs to society. These costs are incurred both for the medical care of gender based violence survivors and the prosecution of the perpetrators of gender based violence. Furthermore, there is also reduced labour productivity of abused women as well as lost man hours. All this negatively affects development.

Women often spend their income on the survival, health, schooling and vocational training of their children. As a result of this, they play a crucial part in offering children the prospects of a better life and in reducing poverty as a whole. A study in Managua (Nicaragua) concluded that abused women earn over 40 percent less than other women who are not abused (I. Baumgarten 2003).

This in turns provides a vicious circle where children who experience domestic violence are more often sick and perform worse at school than the other children. Violence against women thus has a direct impact on the development opportunities of families and of society as a whole.

Conclusion

Appreciated are the pervasiveness of gender based violence and its effects. Gender based violence is a deterrent to development as it inhibits realisation of full potential which is critical to development. In Sub-Saharan Africa, HIV and AIDS is not only the most challenging problem, it tends to affect women and children more negatively than men. Poverty makes women in the 19-24 age group twice as likely to be infected as men, due to prostitution, limited power in decision making and intergenerational sex. Poor women affected by HIV and AIDS, already economically insecure, are often deprived of their rights to property, adequate health services and displaced from their usual habitat with gender based violence further accelerating women's exposure to HIV infection.

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