Journal of Women Health Care and Gynecology
2024 Volume 3, Issue 4
DOI: 10.59657/2993-0871.brs.24.038

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Gender-Based Violence Against Young Women: A Comparative Analysis of Cross-Sectional Surveys of 11 Sub-Saharan Africa Countries

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Abstract

Despite several national and international strategic efforts against gender-based violence, the problem persists, particularly in sub-Saharan Africa (SSA), where thirty percent of women report experiencing of physical or sexual violence in their lifetime. This was to determine the prevalence of gender-based violence and its determinants among young women aged 15-24 in eleven selected countries in SSA. A total of 68,425 young women aged 15-24 were pooled from the Demographic and Health Surveys (DHS) data of eleven sub-Saharan Africa countries on the basis of availability of nationally representative and comparable data within the last five years, from 2017/2018 and 2021. The results showed that the proportion of young women aged 15-24 who ever experienced physical violence was highest (10%) in Zambia while Senegal had the lowest proportion (0.7%). Again, the highest proportion (15.3%) of young women in Liberia had ever experienced any sexual violence by their husband or partner while the least (4%) was found in Senegal. Furthermore, adherents of Islam were 59% less likely ($p < 0.001$, C.I: 0.326-0.508) to experience physical violence than their Christian counterparts. Women who reside in rural areas were 14% less likely ($p < 0.05$, C.I: 0.766-0.966) to experience physical violence than urban residents. Young women in polygynous union were 1.6 times more likely ($p < 0.001$, C.I: 1.258-1.920) to experience sexual violence than those in monogamous relationships. It was concluded that enhancing the poor socio-economic status of young women, particularly those with no formal education and women in polygynous unions is fundamental to eradicating gender-based violence against young women in sub-Saharan Africa.

Keywords: prevalence; associated factors; young women; physical violence; sexual violence; sub-Saharan Africa

Introduction

Gender-based violence (GBV) is a global public health, human rights, and protection concern that remains to be addressed despite multiple intervention programs and policies (García-Moreno et al., 2013; Raftery, Howard, Palmer, & Hossain, 2022). Gender-based violence is described as any form of dangerous activity that can cause mental health problems and sexual harm in girls and women (Okolie, Mohammed, Ononye, & Okolie, 2023). It is an umbrella term for any harmful act committed against a person's will that is based on a socially attributed difference between male and female. Gender-based violence is a widespread phenomenon affecting both developed and developing countries, young and old. Boys and girls, men and women are subject to gender-based violence, but girls and women are often more vulnerable. Basically, there are several types of gender-based violence. However, this study will be limited to physical violence and sexual violence. Physical violence includes hitting, kicking, biting, burning, or killing with or without a weapon, often in combination with other forms of gender-based violence, perpetrated by a spouse, intimate partner, family member, friend, acquaintance, stranger, or anyone in a position of power (Organization, 2013). Sexual violence on the other hand includes but is not limited to, rape, sexual intercourse through violence and intimidation. Sexual violence also includes spousal rape, where the spouse is forced to have sex without his/her consent through violence or intimidation (Organization, 2013). Another form of sexual violence is sexual abuse. This is known as threatened physical penetration of a sexual nature, including inappropriate touching, with force, or under unequal or coerced conditions.

Globally, 35 percent of women have experienced either physical and/or sexual violence from intimate partners or sexual violence without a partner. It is also worth noting that about thirty percent of all women

who have been in a relationship have experienced physical and/or sexual violence at the hands of their intimate partner (García-Moreno et al., 2013). The Africa region accounts for 45.6% of women reporting intimate partner violence (physical and/or sexual) or non-intimate partner sexual violence among women aged 15 years and older. This proportion is highest compared to other regions of the world, including 36.1% in the Americas, 36.4% in the Eastern Mediterranean, 27.2% in Europe, 40.2% in Southeast Asia and 27.9% in the Western Pacific (Organization, 2013).

This means that the proportion of intimate partner violence in Africa outweighs the global figure. However, there is growing evidence that differences in female prevalence exist across communities, countries and regions. Certain factors, including economic, sociocultural, and social norms, are some of the factors responsible for variation (García-Moreno et al., 2013). For example, the social norms in many patriarchal African societies, the boys and men see themselves as superiors while women and girls are seen as second-class citizens. This often times create a breeding fertile ground for boys and men to seek power and authority over girls and women to enforce society with the belief that women and girls can be seen in the kitchen, tending to the household and, more importantly, procreation.

Some studies have been conducted to investigate the prevalence of gender-based violence in sub-Saharan Africa. Evidence from the literature established that the pooled prevalence of IPV in females was 44%, the pooled past-year IPV prevalence was 35.5%, and the pooled non-IPV prevalence was 14%. The highest reported prevalence rates of IPV included emotional (29.4%), physical (25.9%), and sexual (18.8%) violence. The sub-regional analysis found that women residing in western (30%) and eastern (25%) African regions experienced higher levels of emotional violence (Muluneh, Stulz, Francis, & Agho, 2020). Meanwhile, in another study which identified inequalities in physical or sexual IPV towards adolescents and young women aged 15-24 and beliefs about gender-based violence (GBV) in 27 selected Sub-Saharan Africa found that the proportion of adolescents and young women reporting IPV in the year prior to the survey ranged from 6.5% in Comoros to 43.3% in Gabon, with a median of 25.2%. Overall, reported IPV values in the countries of the Central African region were higher than in other sub-regions. (Wado et al., 2021).

In addition, other researchers such as Ward, Artz, Leoschut, Kassanjee, and Burton (2018), who examined the spatial distribution of intimate partner violence and its predictors among 2,687 women between the ages of 15 and 49 in Ethiopia found that pregnant women and the spouses of uneducated husbands/partners had a higher risk of experiencing sexual abuse. In contract, Akamike, Uneke, Uro-Chukwu, Okedo-Alex, and Chukwu (2019) who investigated the prevalence and predictors of gender-based violence established that the prevalence of gender-based violence ranged from 11.6% to 75.6% (Akamike et al., 2019). Akamike et al's opined that individual factors, family factors, spouse's/partner's habit, and experience in the past were the predictors of GBV. However, Ajayi, Mudefi, and Owolabi (2021), had a different finding in their study. They investigated the prevalence and correlates of sexual violence among 451 adolescent girls and young women aged 17 to 24 years in South Africa. The findings of Ajayi et al. (2021) revealed that having a strong religious background and having an adequate level of family financial support were linked to lower odds of experiencing sexual violence over the course of their lifetimes. A researcher, Ahinkorah (2021) investigated the relationship between polygyny and intimate partner violence in sixteen countries in sub-Saharan Africa. He found that polygyny was significantly associated with intimate partner violence. In another study by Tsegaw, Mulat, and Shitu (2022), factors such as the wife's characteristics, the husband's educational level, the gender of the householder, and alcohol consumption habits were relevant to predicting intimate partner violence among 2,100 ever-married women in Liberia.

Youth in sub-Saharan Africa make up the bulk of the population, with more than a third of those aged 10-24 years (Hervish & Clifton, 2012). Many of this population, especially girls and women, have experienced some form of gender-based violence (Wiersma-Mosley & Jozkowski, 2019) but most of these instances of gender-based violence appears to be unreported or under-reported due to the patriarchal nature and the norms of most African societies that promote women as inferior sexual violence, thereby exposing women to an increased risk. Many of the young girls and women who have experienced one or more gender-based violence appear to suffer from reproductive health problems, including sexually transmitted diseases (STDs) including HIV/AIDS, early marriage, unwanted pregnancy and, as a result,

mortality. Unless immediate and swift action is taken to reduce these consequences of gender-based violence, Africa may still be a long way from achieving the 2030 Sustainable Development Goals on health, hence this study.

Research Questions

The research questions for the study are as follows:

i. What were the prevalence of physical and sexual violence against female youths in the selected sub-Saharan Africa countries?
ii. What were the factors associated with physical and sexual violence against female youths in the selected sub-Saharan Africa countries?

Objectives

The main aim of this study is to examine the prevalence and associated factors influencing gender-based violence among young women in sub-Saharan Africa

Specifically, this study aims to:

i. examine the prevalence of physical and sexual violence among female youths in the selected SSA countries;
ii. determine associated factors influencing physical and sexual violence

Materials and Methods

Research Design

This study is a comparative design survey. Secondary data were sought from demographic and health survey records in selected sub-Saharan Africa.

Study population

The study's focus was on young women in Sub-Saharan Africa, specifically Benin, Cameroon, Gambia, Liberia, Madagascar, Mali, Nigeria, Rwanda, Senegal, Sierra Leone, and Zambia. These nations were chosen based on their inclusion in the Demographic and Health Survey dataset as of 2018 and above.

Sample and sampling procedure

Records of 68,186 young women aged 15 to 24 years from eleven selected sub-Saharan African countries were pooled. Eleven countries including Benin, Cameroon, Gambia, Liberia, Madagascar, Mali, Nigeria, Rwanda, Senegal, Sierra Leone and Zambia were purposively selected for this study on the basis of countries that have an indicator of gender-based violence and recent demographic and health surveys. Ethical approval to use datasets from sub-Saharan Africa was sought and approved by Measured Demographic and Health Survey.

Outcome variable

The outcome variable for gender-based violence was measured in two ways: first, by asking young women whether or not they had ever been the victim of physical violence and second, by asking them whether or not they had ever been the victim of sexual violence with their husbands or partners. The reaction was binary for each of those young women who had been subjected to physical and/or sexual violence. Physical violence was recorded as 1 for those who had experienced it, whereas it was coded as 0 for those who had never experienced it. In a similar manner, those who had experienced sexual assault were coded as 1 while those who had not were marked as 0.

Explanatory variables

The explanatory variables used in this study are the associated factors that can influence the outcome variable. These include Age, family type, religion, place of residence, education, husband/partner education, marital status, occupation and wealth index.

Data analysis procedure

Data was weighted because analysis because of the unequal selection probabilities as a result of factors such as non-response, over-sampling and under-sampling. Some of the socio-demographic variables such as religion and education among others were recoded to ensure uniformity across the selected countries. To answer the study questions, three levels of analysis were performed using the statistical software Stata version 16. At the univariate level, the prevalence of physical and sexual violence among young women was performed using bar charts. Chi-square test was employed at the bivariate level of analysis to determine the association between each of the physical and sexual violence and associated factors. At the multivariate level, binary logistic regression was used to establish the relationship between socio-demographic determinants and gender-based violence.

Results

In all, a total of 68,186 female youths were pooled from the eleven selected sub-Saharan Africa countries namely Benin, Cameroon, Gambia, Liberia, Madagascar, Mali, Nigeria, Rwanda, Senegal, Sierra

Leone and Zambia. The associated factors of respondents are presented below:

Table 1: Percentage Distribution of Respondents by Associated Factors.

Associated factors	Number (%)
Age	
15-19	37,278 (54.7)
20-24	30,908 (45.3)
Family type	
Monogamous	20,479 (30.0)
Polygyny	4,265 (6.3)
No response	43,443 (63.7)
Religion	
Christianity	47,694 (70.0)
Islam	12,003 (17.60)
Others	8.489 (12.5)
Place of residence	
Urban	29,929 (43.9)
Rural	38,257 (56.1)
Education	
No formal education	13,911 (20.4)
Primary	16,559 (24.3)
Secondary or higher	37,716 (55.3)
Husband/partner's education level	
No education	8,879 (13.0)
Primary	5,036 (7.4)
Secondary	8,210 (12.0)
Higher	1,640 (2.4)
Not known	44,420 (65.1)
Marital status	
Single	41,623 (61.0)
Married	24,743 (36.3)
Formerly married	1,820 (2.7)
Occupation	
Not working	35,269 (51.7)
Professional/technical/managerial	1,113 (1.6)
Clerical/sales/Agriculture/services	25,134 (36.9)
Manual labour	6,670 (9.8)
Wealth index	
Poorest	10,795 (15.8)
Poorer	12,747 (18.7)
Middle	13,446 (19.7)
Richer	15,195 (22.3)
Richest	16,004 (23.5)

Source: Demographic and Health Surveys of 11 selected SSA countries

Table 1 shows the percentage distribution of the respondents by associated factors. More than half (55%) of the respondents were aged 15-19 years while those aged 20-24 years constituted 45%. Furthermore, 30% of the respondents were monogamists, more than two-third (70%) was Christians. The Table goes on to show that more respondents (56%) lived in the rural areas. A sizeable proportion of respondents (55%) had secondary school education or higher. A substantial proportion (65%) of young women did not know the husband's/partners education attainment. Slightly above two-third (61%) were single, majority (52%) among the respondents were

not working and less than a quarter (24%) were richest.

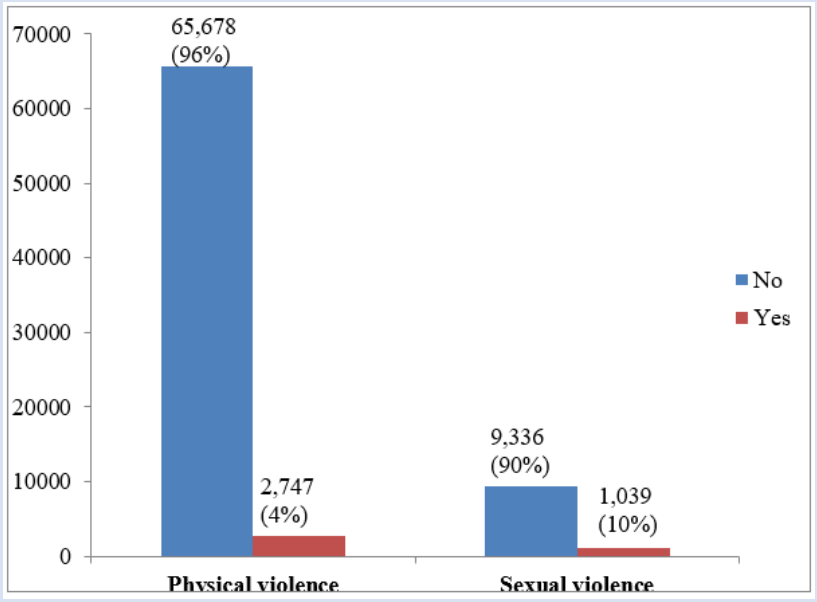

Figure 1: Prevalence of Gender-based Violence among female youths in selected SSA countries

Source: Demographic and Health Surveys of 11 SSA countries.

Figure 1 shows the prevalence of physical and sexual violence among young women in selected sub-Saharan Africa countries. Out of 68,425 young women who were interviewed on physical violence with husbands/partners, only 2,747 or 4% had ever experienced any form of physical violence. Similarly, in a total of 10,375 respondents interviewed on their experience on sexual violence, one-tenth (10%) had ever experienced any sexual violence with husbands/partners. Figure II below shows the prevalence of physical and sexual violence among young women by countries. The population sizes for each of the eleven countries include: Benin (929), Cameroon Zambia and Liberia had the highest proportion of physical and sexual violence. It is reported that 15% each had ever experienced any sexual violence in Zambia and Liberia while 10% and 7% of respondents in Zambia and Liberia had experienced physical violence. In contrast, Senegal had the lowest proportion of respondents who experienced physical and any form of sexual violence.

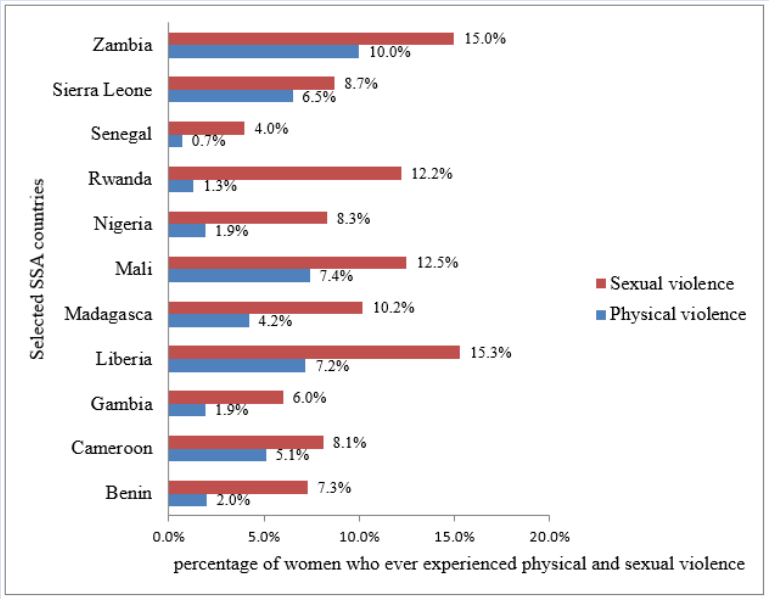

Figure 2: Prevalence of Gender-based Violence among female youths by SSA countries

Source: Demographic and Health Surveys of 11 SSA countries.

Table 2: Cross-tabulation showing Association between Associated Factors and Physical Violence.

Associated factors	Physical Violence		χ^2	P value
	No (N=65,678)	Yes (N=2,747)		
Age				
15-19	64,627 (98.4%)	3,798 (1.7%)	1174.5579	0.0000
20-24	63,772 (93.2%)	4,653 (6.8%)		
Family type				
Monogamous	61,377 (89.7%)	7,048 (23.8%)	3589.1754	0.0000
Polygamous	63,156 (92.3%)	5,269 (7.7%)		
No response	68,014 (99.4%)	411 (0.6%)		
Religion				
Christian	65,209 (95.3%)	3,216 (4.7%)	241.5362	0.0000
Islam	67,330 (98.4%)	1,095 (1.6%)		
Others	66,099 (96.6%)	2,326 (3.4%)		
Place of residence				
Urban	66,304 (96.9%)	2,121 (3.1%)	111.8925	0.0000
Rural	65,209 (95.3%)	3,216 (4.7%)		
Highest education				
No education	64,935 (94.9%)	3,490 (5.1%)	298.3863	0.0000
Primary	64,593 (94.4%)	3,832 (5.6%)		
Secondary or higher	66,509 (97.2%)	1,916 (2.8%)		
Husband/partner's education				
No education	63,841 (93.3%)	4,584 (6.7%)	3685.7972	0.0000
Primary	60,693 (88.7%)	7,732 (11.3%)		
Secondary	59,803 (87.4%)	8,622 (12.6%)		
Higher	62,609 (91.5%)	5,816 (8.5%)		
Not known	67,809 (99.1%)	616 (0.9%)		
Marital status				
Single	68,425 (100.0%)	0 (0.0%)	4577.8409	0.0000
Married	61,651 (90.1%)	6,774 (9.9%)		
Formerly	58,024 (84.8%)	10,401 (15.2%)		
Occupation				
Not working	66,304 (96.9%)	2,121 (3.1%)	168.1142	0.0000
Working	64,798 (94.7%)	3,627 (5.3%)		
Wealth index				
Poorest	64,662 (94.5%)	3,763 (5.5%)	274.0120	0.0000
Poorer	64,887 (94.8%)	3,558 (5.2%)		
Middle	65,414 (95.6%)	3,011 (4.4%)		
Richer	66,030 (96.5%)	2,395 (3.5%)		
Richest	66,988 (97.9%)	1,437 (2.1%)		

Source: Demographic and Health Surveys of 11 selected SSA countries.

Table 2 shows the association between socio-demographic characteristics of respondents and experience of physical violence. The table reveals that all the socio-demographic characteristics were significantly associated with physical violence: age (χ^2=1174.6, p<0.001), family type (χ^2=3589.2, p<0.001), religion (χ^2=241.5, p<0.001), place of residence (χ^2=111.9, p<0.001), highest education (χ^2=298.4, p<0.001), husband's/partners education (χ^2=3685.8, p<0.001), marital status (χ^2=4577.8, p<0.001), occupation (χ^2=168.1, p<0.001), and wealth index (χ^2=274.0, p<0.001).

Table 3: Cross-tabulation showing Association between Associated Factors and Sexual Violence by husband/partner.

Associated factors	Sexual Violence by husband/partner		χ^2	P value
	No (N=9,336)	Yes (N=1,039)		
Age				
15-19	9,338 (90.0%)	1,037 (10.0%)	0.1877	0.7494
20-24	9,307 (89.7%)	1,069 (10.3%)		
Family type				
Monogamous	9,441 (91.0%)	934 (9.0%)	107.9658	0.0000
Polygamous	9,006 (86.8%)	1,369 (13.2%)		
No response	8,176 (78.8%)	2,199 (21.2%)		
Religion				
Christian	9,182 (88.5%)	1,193 (11.5%)	37.5421	0.0000
Islam	9,587 (92.5%)	788 (7.5%)		
Others	9,669 (93.3%)	706 (7.7%)		
Place of residence				
Urban	9,286 (89.5%)	1,089 (10.5%)	0.3470	0.7388
Rural	9,327 (89.9%)	1,048 (10.1%)		
Highest education				
No education	9,472 (91.3%)	903 (8.7%)	33.0455	0.0000
Primary	9,057 (87.3%)	1,318 (12.7%)		
Secondary or higher	9,400 (90.6%)	975 (9.4%)		
Husband/partner's education				
No education	9,441 (91.0%)	934 (9.0%)	70.4078	0.0000
Primary	9,317 (89.8%)	1,058 (10.2%)		
Secondary	9,358 (90.2%)	1,017 (9.8%)		
Higher	9,680 (93.3%)	695 (6.7%)		
Not known	8,559 (82.5%)	1,816 (17.5%)		
Marital status				
Married	9,389 (90.5%)	986 (9.5%)	87.8948	0.0000
Formerly	8,165 (78.7%)	2,210 (21.3%)		
Occupation				
Not working	9,317 (89.8%)	1,058 (10.2%)	2.3667	0.6848
Professional	9,732 (93.8%)	643 (6.2%)		
Clerical	9,307 (89.7%)	1,069 (10.3%)		
Manual	9,286 (89.5%)	1,089 (10.5%)		
Wealth index				
Poorest	9,307 (89.7%)	1,069 (10.3%)	2.9357	0.7799
Poorer	9,265 (89.3%)	1,110 (10.7%)		
Middle	9,275 (89.4%)	1,100 (10.6%)		
Richer	9,358 (90.2%)	1,017 (9.8%)		
Richest	9,421 (90.8%)	954 (9.2%)		

Source: Demographic and Health Surveys of 11 selected SSA countries.

Table 3 shows the association between associated factors and experience of any form of sexual violence. The table reveals that most of the associated factors were significant with any form of sexual violence: family type (χ^2= 107.9658, p<0.001), religion (χ^2=37.5421, p<0.001), highest education (χ^2=33.0455, p<0.001), husband's/partners education (χ^2=70.4078, p<0.001), and marital status (χ^2=87.8948, p<0.001).

Table 4: Logistic regression showing relationship between physical violence and influencing Factors.

Socio-demographic Characteristics	Odd Ratio	P value	95% C. I
Age			
15-19	RC	RC	RC
20-24	1.39	0.000	1.26 - 1.54
Family Type			
Monogamy	RC	RC	RC
Polygyny	0.91	0.152	0.79-1.04
No response	1.12	0.407	0.86-1.45
Religion			
Christian	RC	RC	RC
Islam	0.41	0.000	0.33-0.51
Others	0.68	0.000	0.58-0.80
Place of Residence			
Urban	RC	RC	RC
Rural	0.86	0.011	0.77-0.97
Education			
None	RC	RC	RC
Primary	1.11	0.111	0.98-1.25
Secondary or Higher	0.98	0.750	0.86-1.12
Husband/partners education			
None	RC	RC	RC
Primary	1.30	0.001	1.12-1.50
Secondary	1.36	0.000	1.19-1.56
Higher	0.99	0.995	0.79-1.27
Not known	1.43	0.003	1.13-1.82
Occupation			
Not working	RC	RC	RC
Working	1.33	0.000	1.18-1.49
Wealth index			
Poorest	RC	RC	RC
Poorer	0.99	0.855	0.88-1.12
Middle	0.88	0.056	0.77-1.00
Richer	0.90	0.191	0.77-1.05
Richest	0.76	0.006	0.63-0.92

Source: Demographic and Health Surveys of 11 selected SSA countries.

Table 4 analyzes the multivariate logistic regression and shows the relationship between associated factors such as age, family type, religion, place of residence, education, husband/partner's education, occupation and wealth index who have experienced physical violence. The table reveals that those aged 20-24 years were 1.4 times more likely to experience physical violence than those 15-19 years (OR = 1.39, C.I: 1.26-1.54). The Islam were 59% less likely to experience physical violence (OR = 0.41, C.I: 0.33-0.51). Similarly, people belonging to other religion were 32% less likely to experience physical violence (OR = 0.68, C.I: 0.58-0.80). Again, young women who lived in rural areas were 14% less likely to experience physical violence than those who lived in the urban areas (OR = 0.86, C.I: 0.77-0.97). Young women whose husband/partner had primary education were 1.3 times more likely to experience physical violence (OR = 1.30, C.I: 1.12-1.50). Those whose husband/partners had secondary education were 1.4 times more likely to experience physical violence (OR = 1.36, C.I = 1.19-1.56). Young women whose husband/partners had higher education were 1% less likely to experience physical violence (OR = 0.99, C.I = 0.79-1.27). Respondents who were working were 1.3 times more likely to experience physical violence than those who were not working (OR = 1.33, C.I = 1.18-1.49). Again, the richest young women were 24% less likely to experience physical violence when compared with the poorest (OR = 0.76, C.I = 0.63-0.92).

Table 5: Logistic regression showing relationship between sexual violence and influencing Factors.

Socio-demographic Characteristics	Odd Ratio	P value	95% C. I
Age			
15-19	RC	RC	RC
20-24	0.98	0.810	0.84-1.15
Family Type			
Monogamy	RC	RC	RC
Polygyny	1.55	0.000	1.26-1.92
No response	1.88	0.003	1.23-2.86
Religion			
Christian	RC	RC	RC
Islam	0.76	0.087	0.55-1.04
Others	0.66	0.001	0.52-0.84
Place of Residence			
Urban	RC	RC	RC
Rural	0.87	0.156	0.73-1.05
Education			
None	RC	RC	RC
Primary	1.30	0.010	1.07-1.60
Secondary or Higher	1.01	0.933	0.81-1.26
Husband/partners education			
None	RC	RC	RC
Primary	1.02	0.858	0.81-1.29
Secondary	1.08	0.525	0.86-1.35
Higher	0.74	0.167	0.48-1.13
Not known	1.23	0.296	0.83-1.82
Occupation			
Not working	RC	RC	RC
Working	1.22	0.050	1.00-1.48
Wealth index			
Poorest	RC	RC	RC
Poorer	1.11	0.282	0.92-1.35
Middle	1.02	0.803	0.83-1.27
Richer	0.97	0.791	0.75-1.24
Richest	0.89	0.472	0.65-1.22

Source: Demographic and Health Surveys of 11 selected SSA countries

Table 5 shows the multivariate logistic regression and shows the relationship between associated factors such as age, family type, religion, place of residence, education, husband/partner's education, occupation and wealth index who have experienced sexual violence. The table reveals that the polygyny were 1.6 times more likely experience any sexual violence than the monogamist (OR = 1.55, C.I = 1.26-1.92). Young women belonging to other religion where other religion was 34% less likely (OR = 0.66, C.I: 0.52-0.84). Young women with primary education were 1.3 times more likely to experience sexual violence than those with no education (OR = 1.30, C.I: 1.07-1.60).

Discussion

The study found that the pooled prevalence of sexual violence is higher than the physical violence in SSA countries. In all, the proportion of young women who experienced sexual violence is more than those who experienced physical violence. This means that more women experienced sexual violence more than the physical violence. This result is contrary to the findings of Ahinkorah, Dickson, and Seidu (2018) who reported a more proportion of women who experienced physical violence than sexual violence. Furthermore, Zambia and Liberia had the highest of both physical and sexual violence when compared with other countries. By implication, it means that many women still suffer violence in the hands of their husbands/partners in Zambia and Liberia. The possible reason for this could be insufficient

sensitization, awareness campaign against all forms of violence and inadequate programmes and policy against girls and women on violence against girls and women in those two countries. Another reason for this finding could be due to patriarchal nature of Africa societies which encourage male dominance over women and portray women as inferior and consequently more vulnerable to increased risk (Wiersma-Mosley & Jozkowski, 2019). Women are easily humiliated, intimidated and often denied their legal rights such as inheritance and basic family living expenses without serious consequences.

This finding corroborates the findings of Odimegwu, Bamiwuye, and Adedini (2015) who established a highest reported prevalence of gender-based violence in Zambia and Gabon. Also, Malama et al. (2021) found that gender-based violence is high among the female sex workers in Zambia. Nevertheless, this study contradicts the result of a study by Muluneh et al. (2020) who found that the highest reported pooled prevalence rate of intimate partner violence among women in sub-Saharan Africa was emotional, followed by physical and sexual violence. The likely reason for the differences could be partly due to economic, sociocultural, and social norms (García-Moreno et al., 2013). This study found that unlike Zambia which is one of the Southern Africa had the greatest prevalence of physical and sexual violence, Wado et al. (2021) opined that the overall reported gender-based violence is in the Central African region.

This study found that age, religion, place of residence, husband/partners education and occupation significantly predict physical violence. This result was in line with the findings of (Doku & Asante, 2015) who found that age, education level, occupation, marital status, place of residence, religion and wealth index significantly influence any form of physical violence. Similarly, Ajayi et al. (2021) in his study found a strong religious background and adequate financial support were associated with lower odds of gender-based violence experiences. Nevertheless, this present study does not correlate with the findings of Akamike et al. (2019) who established that individual factors, family factors, marital/partner habits are related to gender-based violence experience.

Conclusion and Recommendations

Based on the above results, this study concludes that the proportion of female adolescents who have experienced emotional violence is higher than for sexual and physical violence in the six selected SSA countries. Again, South Africa has the lowest rates of sexual and physical violence, while Rwanda has the highest rates of emotional, physical, and sexual violence. Also, Egypt has the lowest emotional violence. The study also concludes that more than two-thirds of young women in the selected SSA countries have never experienced any form of gender-based violence.

All related factors, including age, family structure, religion, education, decision about health care, decision about purchasing a household, decision about visiting family and friends, and decision about who should do what with the husband's income are significantly related to having at least one gender-specific experience of violence. Meanwhile, decisions about health care for the place of residence and decisions about purchasing a household are not significantly associated with at least one gender-based violence. The study recommends that government at all levels in the selected SSA should create more sensitization and awareness campaign, and to also enact policies that will help mitigate against emotional violence among young women in Africa societies. Also, the study recommends that every victim of gender-based violence should report the case for better justice and sanction. By so doing, this will help reduce the re-occurrence and enhance a healthier and violence free environment.

Acknowledgements

The authors would like to express our deep gratitude to Ford Foundation in conjunction with University of Medical Sciences, Ondo State that sponsored Strengthening Programming for Adolescents and Youths through Resource and Knowledge Generation and link to Evidence Project (SPARKLE). My credit also goes to the Measured DHS for approving the application and releasing the data set of all available sub-Saharan African countries for data analysis.

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Cite this article: Kazeem A. Sunmola, Sunday A. Adedini. (2024). Gender-Based Violence Against Young Women: A Comparative Analysis of Cross-Sectional Surveys of 11 Sub-Saharan Africa Countries, *Journal of Women Health Care and Gynecology*, BioRes Scientia Publishers. 3(4):1-11. DOI: 10.59657/2993-0871.brs.24.038

Article History: **Received:** February 13, 2023 | **Accepted:** March 06, 2024 | **Published:** March 28, 2024