Original Research Article

Effects of Sexual Violence on Girls' and Women's Well-Being in Meru District Council.

Abstract:
The study on the effects of sexual violence on girls' and women's wellbeing was conducted at Meru District Council. Sexual violence against girls and women has been increasing worldwide over time regardless of efforts made by government, communities and developmental organizations. For example, Tanzanian government implemented sexual offences special provisions act of 1998 which stipulates measures to be taken when sexual violence is reported. Despite of these efforts the problem of sexual violence among girls and women still prevails in Tanzania. This study examined the effects of sexual violence on girls' and women's well-being. It used a sample size of 154 girls and women who were obtained by using simple random sampling technique. Data were collected using questionnaire and documentary review thenanalysed using Likert Scale where statement(s) like highest, high, average, low and very low were used to show the level of sexual violence effects to the respondent(s). With the aid of Statistical Package for Social Science (SPSS) descriptive statistics were used and presented in tabular form.The study found that sexual transmitted infections and unwanted pregnancies are the most sexual violence effects to women and girls. This paper concludes that sexual transmitted infections and unwanted pregnancies are the most sexual violence effects noticed in the study area at the rate of 81.8% and 78.5% respectively. It is recommended that community, civil society organizations and the government should play their vital role to ensure sexual violence practices in the study area are reduced and eventually completely abolished.

Key word:
Sexual violence, Sexual transmitted infections, Unwanted pregnancies

1. Introduction

Sexual violence means 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, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (1). It is further contended that coercion can cover a whole spectrum of degrees of force. Likewise, apart from physical force, it may involve psychological intimidation, blackmail, or other threats; for instance, the threat of physical harm, of being dismissed from a job, or of not obtaining a job that is sought. Sexual violence occurs in all societies and across all social classes; it permeates all socioeconomic classes and affects millions worldwide(2)

(3)defined sexual violence as any sexual act that is perpetrated against someone's will and encompasses a range of offenses, including a completed non-consensual sex act (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment).

(4)defined sexual violence as sexual acts without consent or forced, sexual innuendo or groping, harassment, verbal comments or innuendos, gestures, offering of some benefit for sexual purposes or other promises of economic advantages or another nature. Sexual violence is defined as: being physically forced to have sexual intercourse when you did not want to, having sexual intercourse because you were afraid of what your partner might do, and/or being forced to do something sexual that you found humiliating or degrading(5).

(1) confirms that sexual violence may also occur when the aggressor is unable to give consent, for instance, while drunk, drugged, asleep, or mentally incapable of understanding the situation. It is obvious that sexual violence occurs throughout the world. Although in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced.

Sexual violence is highly prevalent in Tanzania: a study by the World Health Organization (WHO) in 2001/2002 of 1,820 women in Dar es Salaam and 1,450 women in Mbeya District found that 41 percent of ever-partnered women in Dar es Salaam and 87 percent in the Mbeya District had experienced physical or sexual violence at the hands of a partner at some point in their lives. In both areas, 29 percent of those experiencing physical intimate partner violence experienced injuries, with over a third of them had been injured in the past year (6).Sexual violence is universally condemned, but it is much more frequent than what people can realize. It bears a global human rights violation of vast proportions with severe immediate and long-term health and social consequences (7).

According to(2)prevalence estimates of rape victimization range between 56% and 79% of women having experienced sexual abuse from their husbands or boyfriends in their lifetime. Two population-based studies from South Africa have found that 28% and 37% of men, respectively, have perpetrated rape.

According to the data available worldwide for 2013, approximately 35% of women have experienced physical or sexual violence perpetrated by their partners or other people. For example, in Germany, 37% of women have experienced physical violence after the age of 16, and 58% of women reported various forms of sexual harassment (4).

(5)further states that globally, 35.6% have experienced either intimate partner violence and/or non-partner sexual violence. Nearly one-third of ever-partnered women (30.0%) have experienced physical and/or sexual violence by an intimate partner, and 7.2% of adult women have experienced sexual violence by a non-partner. Some women have experienced both. The National Violence Against Children Surveys showed that among women aged 18–24 years, nearly 38% in Swaziland, 27% in Tanzania, and 32% in Zimbabwe reported experiencing any form of sexual violence before the age of 18 (8).

Globally, it is estimated that between 14% and 25% of adult women have been raped, and the prevalence of sexual violence varies between 2% and 62% (9). In Tanzania, physical or sexual violence by an intimate partner is reported by 44% of ever-married women aged 15–49 years (10). The same survey showed that 39% of the total sample of ever-married women reported having experienced physical violence, while 20% of the total reported having experienced sexual violence in their lifetime.According to(11) in its recent report from January to December 2018, a total of 31,863 sexual violence cases were reported, compared to 23,012 cases reported in a similar period in 2017. This is an increase of 8,851 cases, which is equal to 38.5 percent of 2017 cases.

A study by(6)shows that sexual violence experienced by a girl or woman can have a profound effect on core aspects of emotional, behavioural, and physical health and social development throughout life. Sexual violence can also result in immediate and chronic physical and

psychological consequences, ranging from heart disease to symptoms of posttraumatic stress disorder, depression, and attempted or completed suicide.

A study by(12) indicates that sexual violence is also associated with an increased risk of sexual and reproductive health problems, including unintended pregnancy, HIV, and other sexually transmitted infections. For example, in Tanzania, over 6% of females 13–24 years of age who were ever pregnant reported that at least one pregnancy was caused by forced or coerced sex. Girls involved in sexual activity across a generational continuum in the form of transactional sex or cross-generational sex are exposed to personal, social, academic, and health problems such as unintended pregnancy, abortion, sexual violence or abuse, poor academic performance, truancy, dropping out of school, and/or sexually transmitted infections (STIs), including HIV/AIDS (13–16).

Exposure to sexual violence as a child in Swaziland was associated with more than three times the risk of lifetime reported sexually transmitted infections, including HIV, compared to those not exposed (17). One study in rural South Africa showed that girls who experienced sexual abuse often in childhood had a 66% greater risk of HIV infection compared to young women who had not been abused (18).

The Tanzanian government, communities, and developmental organizations have been doing much to conquer the reoccurrence of sexual violence against girls and women. For example, the Tanzanian government implemented the Sexual Offenses Special Provisions Act of 1998, which stipulates measures to be taken when sexual violence is reported. For example, any person who commits rape (which is a form of sexual violence) is, except in the cases provided for in the renumbered subsection (2), liable to be punished with imprisonment for life, and in any case for imprisonment of not less than thirty years with corporal punishment and with a fine, and shall in addition be ordered to pay compensation of an amount determined by the court to the person in respect of whom the offense was committed for the injuries caused to such person (19).

Despite the efforts of the Tanzanian government, NGOs, CSOs, and CBOs, the problem of sexual violence among girls and women still prevails in Tanzania (20). For example, the community has been witnessing acts of sexual violence such as rape, unnatural offenses, child desertion, child stealing, and genital mutilation. In 2015, a total of 23,012 cases of sexual violence were reported, compared to 21,517 cases in 2014 (11). This is an increase of 1,495 cases, which is equivalent to 6.9 percent. Regions that have reported large numbers of sexual violence cases are Temeke (3,547), Ilala (2,479), Arusha (2,129), Morogoro (1,703), and Rukwa (1,498). Regions that have small numbers of such cases are Kusini Pemba (4), Kaskazini Pemba (13) and MjiniMagharibi (15) (11). The trend was observed to have increased between 2017 and 2018, with 8,851 in the former and 31,863 in the later (21) as compared to 2014, 2015, and 2016 and consequently sexual violence effects on the victims. Several studies have been conducted pertaining to sexual violence against children and girls. Such studies include that of (20,22–24). However, none of these studies focused on the effects of sexual violence on girls' and women's wellbeing. Thus, this study came in to fill up the knowledge gap in the body of knowledge.

2. Methodology

The study was conducted at Meru District Council (MDC), one of the seven councils that make up Arusha Region. According to the 2012 Census, Meru District Council had a

population of 268,144, growing at a rate of 2.7% per year. It is projected that as of 2020, MDC will have 331,165 people, including 162,115 males and 169,050 females. The study employed a cross-sectional research design to examine the effects of sexual violence on girls' and women's wellbeing. The sample size was determined by using the formula developed by Yamane (1967) with a 5% confidence interval, as shown below. The formula requires a population of girls and women in the study area. In this case, the population of girls and women in the study area was projected to be 169,050 as per the 2012 Tanzanian Census. After subjecting 169,050 girls and women to the formula, a sample size of 399 was obtained.

$$n = \frac{N}{1 + N*(e)^2}$$

Whereby;
n is the number of sample size
N is the total population of
e is the 5% sampling error

$$= \frac{169050}{1 + 169050*(0.05)^2}$$

Sample (n) = 399
Due to financial constraints and time constraints, 39% of 399, which is approximately 154 girls and women, were used as a sample size for this study.

The study employed probability to get the required sample size. In this case, simple random sampling was used to sample respondents from the sample frame of all girls and women in Meru DC. Firstly, a sampling frame (a list of women and girls) was obtained; thereafter, girls were randomly selected from the list. Simple random sampling was used because it gives every girl and woman in the population an equal chance to be included in the study. A sample of 154 girls and women was obtained using this sampling procedure. The study used both primary and secondary data sources to get the data. Data were collected using a structured questionnaire and documentary review methods. Data were analysed using a Likert scale, where statement(s) like highest, high, average, low, and very low were used to show the level of sexual violence effects on the respondent. With the aid of the Statistical Package for Social Science (SPSS), descriptive statistics were used and presented in tabular form.

3. Results and Discussions

3.1. Demographic characteristics of respondents

The study examined the demographic characteristics of the respondents based on age, marital status, and occupation, as presented and discussed underneath.

3.1.1. Age of respondents

Table 1 indicates that more than 64% of the respondents were aged between 15 and 24 years old, 1.3% were between 10 and 14 years old, and the rest, 33.8%, were aged between 25 and more than 29 years old. These findings entail that the study included both girls, who were mostly students in secondary school, as well as women in Meru DC.

Table 1: Age of respondents

Age of Respondents	Frequency	Percent
10 - 14	2	1.3

15 - 19	78	50.6
20 - 24	22	14.3
25 - 29	12	7.8
More than 29	40	26.0
Total	**154**	**100.0**

The study used girls and women, as indicated in Table 1, since they are the most affected by sexual violence incidences while in school or in socio-economic activities. These findings are in line with other studies showing that most forms of sexual violence, namely opportunistic rape, punishment, or "payback rape," sexual abuse of girls and incest, gang rape, abduction for rape, conflict-related rape, sexual harassment at workplaces and schools, and sexual exploitation of women and girls by husbands, brothers, and fathers(25). The findings are also supported by (26)who report that there are a high number of teenage pregnancies in the Cook Islands, many of which are the result of abuse, rape, and incest. Sexual assault and harassment are prevalent across all age groups, with the largest group of victims being between 11 and 15 years old (26).In addition, the study findings are in line with the study by(27) who found that men are less affected than women by the experience of sexual assault and that women wearing tight tops or short skirts are inviting rape.

3.1.2. Marital status of respondents

It was the intention of this study to examine the marital status of respondents so as to understand each respondent and their association with sexual violence. The study found that more than 57% of respondents were single, more than 39% were married, and the rest were either divorced or widowed, as indicated in Table 2.

Table 2: Marital status of respondents

Marital Status	Frequency	Percent
Single	89	57.8
Married	61	39.6
Divorced	3	1.9
Widow	1	.6
Total	**154**	**100.0**

This implies that the study collected data from all categories in terms of marital status. As a result, the collected data represents a wide spectrum of comments, views, and observations from single, married, divorced, and widowed women and girls in the study area. Also, the study revealed that data were mostly collected from girls and women who were not married. This implies that sexual violence is happening to both married and unmarried girls and women.

3.1.3. Respondents' occupation

The study intended to explore the occupations of the respondents with the intention of understanding where sexual violence occurs in daily activities. Sexual violence has been reported to occur in various places, including schools, colleges, farms, and work places on the way home. The study revealed that 63% of respondents were students, and very few, about 7.1%, were employed, as indicated in Table 3. This implies that sexual violence occurs to all categories of women and girls.

Table 3: Respondents' Occupation

Occupation	Frequency	Percent
Student	97	63.0
Farmer	31	20.1
Business Owner	15	9.7
Employed	11	7.1
Total	**154**	**100.0**

3.2. Effects of Sexual Violence

In order to assess the effects of sexual violence on girls and women's wellbeing (objective and subjective wellbeing), the study used the statements highest, high, average, low, and very low. The highest indicates the highest effect sexual violence has on girls' and women's wellbeing. Very low, meaning sexual violence has very low effects on women's and girls' wellbeing. The finding indicates that 107 (69.5%), 126 (81.8%), 115 (74.7%), 113 (73.4%), 121 (78.6), 103 (66.9%), 121 (78.5%), 113 (73.3%), 113 (73.4%), 114 (78.0%), and 107 (69.5%) of respondents rated death, sexual transmitted infections, psychological effects (depression), stigma, school dropout, social exclusion, unwanted pregnancies, single parenting, early marriage, financial cost on medical care and medication as well as loss of economic contribution sexual violence effects, respectively, as major effects on girls and women's wellbeing, as shown in Table 4. This implies that itemized effects affect women and girls when encountering sexual violence.

It was further found that 20 (13.0%), 5 (3.2%), 5 (3.2%), 4 (2.6%), 1 (0.6%), 3 (1.9%), 6 (3.9%), 3 (1.9%), 7 (4.5%), 5 (3.2%), and 4 (2.6%) of respondents rated death, sexual transmitted infections, psychological effects (depression), stigma, school dropout, social exclusion, unwanted pregnancies, single parenting, early marriage, financial cost on medical care and medication, as well as loss of economic contribution and sexual violence effects, respectively, as shown in Table 4.

Table 4: Effects of Sexual Violence

Type of Sexual Violence Effects	Effects of Sexual Violence	Rate				
		Highest	High	Average	Low	Very Low
Health Related	Death	76 (49.4%)	31 (20.1%)	16(10.4%)	11 (7.1%)	20 (13.0%)
	Sexual Transmitted Infections(STIs)	90 (58.4%)	36 (23.4%)	18 (11.7%)	5 (3.2%)	5 (3.2%)
	Unwanted pregnancies	92 (59.7%)	29 (18.8%)	11 (7.1%)	16 (10.4%)	6 (3.9%)
Social Related	Psychological effects(depression)	93 (60.4%)	22 (14.3%)	25 (16.2%)	9 (5.8%)	5 (3.2%)
	Stigma	72 (46.8%)	41 (26.6%)	21 (13.6%)	16 (10.4%)	4 (2.6%)
	School dropout	89 (57.8%)	32 (20.8%)	15 (9.7%)	17 (11.0%)	1 (0.6%)
	Social exclusion	66 (42.9%)	37 (24.0%)	32 (20.8%)	16 (10.4%)	3 (1.9%)
	Single parenting	84 (54.5%)	29 (18.8%)	18 (11.7%)	20 (13.0%)	3 (1.9%)
	Early marriage	74 (48.1%)	39 (25.3%)	20 (13.0%)	14 (9.1%)	7 (4.5%)

Economic Related	Financial costs on medical care and medication	69 (44.8%)	45 (29.2%)	28 (18.2%)	7 (4.5%)	5 (3.2%)
	Loss of economic contribution	68 (44.2%)	39(25.3%)	25 (16.2%)	18(11.7%)	4 (2.6%)

According to the Oxford English Dictionary, wellbeing is defined as "the state of being comfortable, healthy, or happy." However, it also includes other things, such as how satisfied people are with their life as a whole, their sense of purpose, and how in control they feel. In view of this definition, the wellbeing of girls and women can be completely disturbed when they encounter sexual violence actions that lead to the above-listed effects. In such a state, girls and women cannot concentrate on their daily activities; henceforth, their daily operations might be affected given the magnitude of the resulting sexual violence effect(s).

Other effects, such as sexually transmitted infections and diseases, early marriage, and psychological effects (depression), affect means of earning income and incur more costs for medication and taking care of the pregnancy. Single parenting as an effect of sexual violence creates a future generation that possesses behaviours that might not be acceptable in society as they missed the parenting of both parents. Further, as a result of sexual violence, especially raping, unwanted pregnancy could be the effect. If that is the case, the kids might become street children due to the fact that most girls coming from poor families cannot take care of their kids, and as a result, they become street children.

(28) categorized sexual violence effects into the following categories

(i) Reproductive health (gynaecological trauma, unintended pregnancy, unsafe abortion, sexual dysfunction, sexually transmitted infections including HIV and traumatic fistulae
(ii) Mental health (depression, post-traumatic stress disorder, anxiety, sleep difficulties, somatic complaints, suicidal behaviour and panic disorder)
(iii) Behavioural (high-risk behaviour (e.g., unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse)
(iv) Fatal outcomes Death from (suicide, pregnancy complications, unsafe abortion, AIDS, murder during rape or for 'honour' and infanticide of a child born of rape.

4. Conclusion and Recommendations

4.1. Conclusion

The paper concluded that death, sexually transmitted infections, psychological effects (depression), stigma, school dropout, social exclusion, unwanted pregnancies, single parenting, early marriage, financial costs of medical care and medications, as well as loss of economic contribution, are among the effects of sexual violence in the study area. However, sexually transmitted infections and unwanted pregnancies are the most common sexual violence effects noticed in the study area, at a rate of 81.8% and 78.5%, respectively.

4.2. Recommendations

It should be noted that preventing the occurrence of sexual violence and controlling its effects requires efforts from stakeholders not limited to the community, civil society organizations, and the government. In this case, the study recommends that the community report the cases to the responsible authorities so that respective actions are taken against the perpetrators. The community should also avoid practicing unlawful traditions and norms that empower men in such a way that they feel superior and can do anything to girls and women. Communities

should report to the respective authorities when gang groups that use drugs or alcohol arise in their localities so that authorities can take appropriate action.

It is also recommended that civil society organizations (CSOs) prepare educational programs where communities will be educated on issues regarding sexual violence so as to raise their awareness on the matter. This will help girls and women know where to report when encountering sexual violence practices. CSOs should empower communities to understand laws and regulations that safeguard girls and women against sexual violence, e.g., SOSPA.

It is well known that the government plays a great role in ensuring its people remain safe by maintaining peace, security, and harmony by setting up and reinforcing laws, policies, and regulations. In this regard, it is recommended that the government implement various strategies and plans regarding the established laws, regulations, and policies. Governmental officials such as social welfare officers and police gender desk officers should play their roles effectively to ensure that victimizers and perpetrators are held accountable and their cases are reported to the respective judiciary.

Reference

1. Hakimi M, Hayati E, Ellsberg M. Silence for the sake of harmony. Domestic violence and womens health in central Java Indonesia. Gadjah Mada Univ. 2001;4(23):2–12.
2. Ben-noun L. CHARACTERISTICS OF RAPE AND SEXUAL ASSAULT. 2016. 136 p.
3. United Republic of Tanzania (URT). Violence Against Children in Tanzania Findings from a National Survey 2009. 2011.
4. Brendel C. Fighting violence against women is a business issue too ! Coop Alem. 2018;1(2):1–30.
5. WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013.
6. WHO. Violence against women Intimate partner and sexual violence against women. 2019.
7. ACPF. The African Report on Violence against Children. 2014.
8. Reuben M, Mohamed F, Mutasa F. The Effects of Community-Based Child Protection Mechanisms on Sexual Violence against Children in Rombo District, Tanzania. Open J Soc Sci. 2022;10(01):57–71.
9. Murphy BA, Manning-Geist B, Conrad A, Chao SJ, Desalegn D, Richards A, et al. Sexual Assault in Ethiopian Contexts: Data From a Large Sample of Women and Girls Presenting at Two Hospital-Based, Limited-Resource Sexual Assault Treatment Clinics. Violence Against Women. 2018;25(9):1074–95.
10. Kuo C, LoVette A, Slingers N, Mathews C. Predictors of Resilience Among Adolescent Girls and Young Women Who Have Experienced Intimate Partner Violence and Sexual Violence in South Africa. J Interpers Violence. 2021;
11. URT. Crime and Traffic Incidents Statistics Report. National Bureau of Statistics Ministry of Finance and Planning Dar es Salaam; Tanzania Police Force Ministry of Home Affairs Dar es Salaam. 2016.
12. UNICEF. UNICEF Annual Report Tanzania [Internet]. 2015. Available from: https://www.unicef.org/about/.../files/United_Republic_of_Tanzania_2015_COAR.pdf
13. Smith DE, McLean Cooke WC, Morrison SS. A discussion on sexual violence against girls and women in Jamaica. J Sex Aggress [Internet]. 2020;26(3):334–45. Available

from: https://doi.org/10.1080/13552600.2019.1643505
14. Mlyakado BP, Timothy N. Effects of students' sexual relationship on academic performance among secondary school students in Tanzanis. Acad Res Int [Internet]. 2014;5(4):278–86. Available from: www.savap.org.pk%5Cnwww.journals.savap.org.pk
15. Silberschmidt M, Rasch V. Adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam: Vulnerable victims and active social agents. Soc Sci Med. 2001;52(12):1815–26.
16. Wamoyi J, Fenwick A, Urassa M, Zaba B, Stones W. Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. Reprod Health. 2010;7(1):1–18.
17. Reza A, Breiding MJ, Gulaid J, Mercy JA, Blanton C, Mthethwa Z, et al. Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. Lancet [Internet]. 2009;373(9679):1966–72. Available from: http://dx.doi.org/10.1016/S0140-6736(09)60247-6
18. Jewkes RK, Dunkle K, Nduna M, Jama PN, Puren A. Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. Child Abus Negl [Internet]. 2010;34(11):833–41. Available from: http://dx.doi.org/10.1016/j.chiabu.2010.05.002
19. URT. Sexual Offences Special Provisions 1998. 1998; Available from: https://www.hsph.harvard.edu/population/trafficking/tanzania.sexoffenses.98.pdf
20. Mahanyu MS, Mhina JA, Mtei R. Sexual Violence Prevalence Against Girls and Women: A Case of Meru District Council. J Adult Educ Tanzania. 2022;4(1):24–36.
21. URT. TAKWIMU ZA HALI YA UHALIFU NA MATUKIO YA USALAMA BARABARANI JANUARI — DESEMBA 2019. 2019.
22. Lukumay D, Rwegoshora H, Mtae H. Challenges of Lack of Community Awareness and Its Impact on Child Sexual Assault in Tanzania: The Case of Arusha, Tanzania. Asian Res J Arts Soc Sci. 2023;20(3):47–54.
23. Tano S, Kitula PR. Sexual Harassment among Female Students and Its Effects on Their Education : A Case of Universities in Arusha Region. J Res Innov Implic Educ. 2022;6(3):451–60.
24. Nguma LS, Isango ES. Cultural Factors Influencing Child Sexual Abuse in the Society : A Case of Arusha City. Account Bus Rev. 2022;14(2):24–33.
25. Basile KC, D'Inverno AS, Wang J. National Prevalence of Sexual Violence by a Workplace-Related Perpetrator. HHS Public Access. 2020;58(2):1–13.
26. UNICEF. Situation Analysis of Children in the Cook Islands [Internet]. United Nations Children's Fund. 2017. Available from: https://www.unicef.org/pacificislands/media/1086/file/Situation-Analysis-of-Children-Cook-Islands.pdf
27. McGee H, O'Higgins M, Garavan R, Conroy R. Rape and child sexual abuse: What beliefs persist about motives, perpetrators, and survivors? J Interpers Violence. 2011;26(17):3580–93.
28. WHO. Violence against Women: Prevalence estimates, 2018. World Report on Violence and Health. 2021. 1–112 p.