CHAPTER 4

Patterns and drivers of GBV

**Key facts**

- Women in the 18-29 age group reported the highest lifetime IPV, while women in the 45 years and above age group reported the lowest lifetime IPV.
- 88% of women and 66% of men reported being abused as children; most of this physical abuse. There is a correlation between experience of child sexual abuse and perpetration of physical or sexual IPV.
- A significantly greater proportion of men who drank alcohol in the 12 months to the survey were more likely to perpetrate IPV than men who did not drink alcohol.
- Eighty-three percent of women and eighty-two percent of men agreed that women and men should be treated equally, but contradicted themselves (especially men) in their views on such questions as women obeying their husbands.
- Women and men participating in the study perceived themselves to be more progressive than their communities.
- The rhetoric of gender equality has been internalised, but this is not yet translating into reality. Women are beginning to understand and assert their rights, but men are not yet walking the talk.
- Despite GBV being the most flagrant violation of human rights in Botswana and Southern Africa only 6% of the speeches by politicians over the last year focused on GBV while 15% made some mention of the scourge.
- GBV constituted 5% of media coverage in a 2009 study; with women comprising only 26% of news sources.
- Perpetrators of GBV are three times more likely than survivors to be heard in the news in Botswana.
"I (Kefilwe\textsuperscript{29}) am writing this story about gender based violence. This violence can take many forms. I got married to my husband in 1969. We were living happily without any problems. We were blessed with five children. In 1986 our marriage became sour and the love we used to share was no more.

My husband hardly stayed at home. He would go to work and not return until around 3 am. He would come home late at night, holding a beer in his hand and tell me that ‘... no matter where you go, you are still my wife’. He would start dancing until morning.

He continued to do this until I went again to see his parents to ask him whether I was now his girlfriend. He responded by saying that I was his wife. I continued to stay away from my matrimonial home. He did not provide for me and my children. I went to my mother in law to ask them to intervene but she never addressed the situation.

I went to the kgotla to ask the Chief to intervene in the matter but my husband never changed his ways. In 1994, one of my grandchildren passed away. My husband sent us away. We had to go and stay somewhere else for the burial of the child. He did not come to the funeral.

Once he left us on the 20 June and only returned on 18 August.

Sometimes when I went to our home to talk to him about the welfare of the children, he would close the door in my face and not talk to me. By that time we had six children, two boys and four girls. Two of our children are now deceased. My husband did not assist me with the burial of my children, especially our daughter who used to work at Mowana Lodge at the time of her death.

The management of Mowana Lodge assisted us with four thousand pula. My husband took the money and did not inform me. When I approach the Mowana Lodge management they told me that they had given my husband their contribution towards the burial. I heard that he used the money to buy cattle. I did not see those cattle before he died.

When my husband died, his sisters said that I was the only wife they knew and so I had to participate in his funeral. The family wanted me to wear mourning clothes. I refused to wear the mourning clothes because of the violence I suffered in this marriage.

When I got married to this man, he had a child from another woman. I raised this boy as my own. Now the same young man is accusing me of killing his father and taking his inheritance. That is the story of my encounter with gender based violence."

Kefilwe experienced emotional and economic abuse perpetrated by her husband. Her husband claimed to “own” her. She sought help from family and reported to the "kgotla". The family did not support her. Although the chief at the kgotla intervened, the husband still did not reform.

\textsuperscript{29} Not her real name.
Kefilwe's husband forced her out of the matrimonial home and did not support her or the children. She remained married to this man until his death and the family expected her to participate in the mourning rites as the deceased's wife.

This story highlights the strong patriarchal value system that underpins relationships. Kefilwe's in-laws turned a blind eye to the way he abused her during his life but insisted she mourn his death!

The high levels of GBV are rooted in gender inequality and patriarchy. These are critical factors in all strategies to end GBV particularly in Botswana were the prevalence of GBV amongst women in the sample is so high. This chapter explores individual, family/relationship, community and societal factors that impact on adult behaviours as shown by the ecological model framework. The chapter draws on the prevalence and attitude survey, as well as the political content analysis, to draw out the causes or drivers of gender violence in Botswana - both immediate and longer term.

Figure 4.1: The ecological model of factors associated with VAW

The ecological model in Figure 4.1 is used to explain why some of the violence occurs, why some men are more violent than others and why some women are consistently the survivors of abuse. Understanding the reasons for and the factors associated with experience or perpetration of gender violence is a precursor in the design of gender violence prevention interventions. The study investigated the association between the experience or perpetration of violence with individual, family, community and societal characteristics of participants. The study also explored social norms around gender relations.

Individual level factors

Individual level influences are personal factors that increase the likelihood of becoming a victim or perpetrator. Examples include socio-demographic factors, attitudes and beliefs that support IPV, isolation, and a family history of violence.

Socio demographic factors

Socio-demographic characteristics explored include age, education level and employment status.
Table 4.1 shows that age, education and employment status in the 12 months to the survey were significantly associated with lifetime or past 12 months experience or perpetration of IPV (p<0.05).

**Age**
Table 4.1 shows that there is a statistically significant difference in the proportion of lifetime IPV survivors and perpetrators by age. The proportion of survivors and perpetrators of lifetime IPV decreased with age. Women in the 18-29 age group were most likely to report lifetime IPV while women in the 45 years and above age group were the least likely to report lifetime IPV. Men in the 18-29 and 30-44 years age group were more likely to perpetrate IPV in their lifetime compared to men in the 45 years and above age group. Similarly younger women and men in the 18-29 age group were most likely to report IPV experience and perpetration in the 12 months to the survey.

**Education level**
A greater proportion of women that completed high school experienced IPV in the 12 months before survey. Thirty six percent of women who completed high school experienced IPV in the 12 months to the survey.

**Employment status**
Women who were employed in the 12 months before the survey were more likely to experience IPV in a similar period than women who were unemployed. About a third (34%) of women who were employed in the 12 months also experienced IPV in the same period.

Men who were employed in the 12 months the survey were more likely to perpetrate IPV in a similar period and in a lifetime. Fifty four percent of men who were employed in the 12 months prior to the survey perpetrated IPV at least once in their lifetime. Over a quarter (28%) of men who were employed in the 12 months before the survey perpetrated IPV in a similar period.

**Childhood abuse**
Childhood experiences explored include childhood neglect, sexual and physical abuse. Participants in the study were asked about experiences of childhood neglect and abuse. Child abuse was ascertained
through a series of questions about forced sex, unwanted sexual touching, being severely beaten leaving marks and neglect by family, teachers or other community members.

Figure 4.2 shows that the majority of women and men in this study experienced child abuse at least once in their lifetime. Eighty eight percent of women and 66% of men were abused as children. The most common form of child abuse experienced by women and men was child physical abuse whilst the least common form was child sexual abuse.

**Child physical abuse**
Child physical abuse was defined as ever experiencing an incident such as being beaten with a whip and left with a bruise or mark. This could have occurred at home, school or in the community. More men than women experienced child physical abuse. Seventy eight percent of women and 87% of men were physically abused before they turned 18.

**Witnessing mother abuse**
Participants were asked whether they had seen or heard their mother being beaten by her husband or boyfriend before they turned 18. More women than men reported experiencing this. Fifty six percent of women and 26% of men witnessed their mother being beaten.

**Child neglect**
Child neglect in this study included not being given enough food, parents being too drunk to care for their children, or children spending time outside the home without any adults aware where they were. More men than women experienced child neglect. Fifty two percent of women and 61% of men were neglected as children.

**Child sexual abuse**
Experiences of child sexual abuse were determined by asking participants whether they had ever been touched sexually or forced to touch someone, whether they had sex with someone of the opposite sex who was more than five years older, or whether they had been forced to have sex before they turned 18 years old. A quarter of women (25%) and a fifth of men (21%) had experienced some act of child sexual abuse.

Kamabe

participated in the “I” story workshops and shared his experience of child sexual abuse.

---

"The Girl Child"

Educating young girls and growing their confidence is key.

Photo by Vincent Galatlhwe

---

30 Not his real name.
“Now I know she (my half sister) was graduating from childhood into an adolescent and hormonal activities were at their peak, sexually. We had only one hut. She shared the same blankets with us.

I remember one night when I was fast asleep, I felt my half sister’s hand fondling my genitals. I slept still and she later pinched me gesturing for me to obey. Young as I was, I believe she was 18 by then. She put me on top of her as she continued directing my penis that was erect into her moist birth canal.

I slept still and she continued pressing against me, later my pubic area was damp. I was filled with a mixture of excitement and confusion. She pinched me once again and pushed me away. This continued for months before I left for rural life.

In 1984 when I started school I was one of the most stupid pupils in my class. Full of complex questions that were too social and private for me to ask anyone, I remember as I grew up in the rural areas my cousins would tell me they were enjoying sex with older girls.

I could recall at the back of my head, “the moist thing”. One day, I was introduced to the formalities of sexual activity. I was 11 years of age then. I was told by my cousin who was 18 years old by then that I only needed to buy them drinks. Failure to do that, I would give each of them 50 thebe which was equivalent to two cans. I stole my grand-mother's money and bought sex.”

**Child abuse as a risk factor for IPV perpetration**
Experiences of abuse throughout life can influence an individual’s inclination to engage in family violence either as a victim or as a perpetrator. We explored the link between child abuse experience by women or men and experience or perpetration of IPV in lifetime using chi square tests of association.

<table>
<thead>
<tr>
<th>Experience of child sexual abuse</th>
<th>Any sexual IPV</th>
<th>Any physical IPV</th>
<th>Any rape</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% women survivors</td>
<td>% men perpetrating</td>
<td>% women survivors</td>
</tr>
<tr>
<td>Experience of child sexual abuse</td>
<td>19.6</td>
<td>18.7</td>
<td>45.7</td>
</tr>
<tr>
<td>No experience of child sexual abuse</td>
<td>12.9</td>
<td>4.3</td>
<td>31.7</td>
</tr>
</tbody>
</table>
| p=0.06 | p=0.000 | p=0.02 | p=0.02 | p=0.000 | p=0.000

Table 4.2 shows that experience of child sexual abuse is strongly associated with perpetration of physical or sexual IPV or rape later in life (p=0.05). A significantly higher proportion of male victims of child sexual abuse admit to being abusive: 19% of men sexually abused as children perpetrated sexual IPV compared to only four percent of men not sexually abused. Thirty nine percent of sexually abused men perpetrated physical IPV. A quarter of sexually abused men raped.

Women sexually abused in childhood were more likely to experience physical IPV and rape. Forty six percent of women sexually abused as children experienced physical IPV. 23% of women sexually abused as children experienced rape later in life.
Table 4.3: Witnessing mother abuse as a risk factor to experience or perpetration of GBV in adulthood

<table>
<thead>
<tr>
<th></th>
<th>Any emotional IPV</th>
<th>Any physical IPV</th>
<th>Any rape</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% women survivors</td>
<td>% men perpetrating</td>
<td>% women survivors</td>
</tr>
<tr>
<td>Witnessed mother being beaten by husband or boyfriend</td>
<td>52.1</td>
<td>48.8</td>
<td>41.2</td>
</tr>
<tr>
<td>Did not witness mother being abused by husband or boyfriend</td>
<td>35.6</td>
<td>34.7</td>
<td>28.2</td>
</tr>
<tr>
<td></td>
<td>p=0.000</td>
<td>p=0.03</td>
<td>p=0.000</td>
</tr>
</tbody>
</table>

Table 4.3 shows a correlation between witnessing mother abuse and perpetration of emotional or physical IPV and rape. A greater proportion of women that saw or heard their mothers being abused, compared to those women that did not witness this, experienced emotional and physical IPV. Over half the women (52%) who witnessed mother abuse also experienced emotional IPV. About four in every ten women (41%) who witnessed mother abuse also experienced physical IPV. Fourteen percent of women that witnessed mother abuse experienced rape.

A greater proportion of men who witnessed their mothers being abused became abusive themselves. Forty nine percent of men who witnessed mother abuse perpetrated emotional IPV. Forty five percent of men that witnessed mother abuse perpetrated physical IPV. Nineteen percent of men who witnessed mother abuse raped.

**Alcohol and substance use**

This study explored the links between alcohol and substance abuse and GBV. Questions relating to alcohol and drugs included whether the respondent had taken alcohol in the 12 months to the survey and if the response was yes, then how often. Participants were also asked whether their current or most recent partner consumed alcohol and how often they did this. Questions on substance use included whether the respondent or their partner used drugs and how often they did this.
Table 4.4 shows that 32% of women and 60% of men in the study drank alcohol in the 12 months to the survey. The majority of women drinkers (56%) were occasional drinkers while 40% of men were occasional drinkers. Twelve percent of women who drank alcohol did so regularly. Sixteen percent of men drinkers drank regularly. Thirteen percent of drinking women were binge drinkers consuming more than five drinks weekly or almost daily. Twenty eight percent of drinking men were binge drinkers.

Table 4.4: Alcohol consumption patterns by women and men

<table>
<thead>
<tr>
<th>Have you drunk alcohol in past 12 months</th>
<th>% Women</th>
<th>% Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>62.9</td>
<td>40.5</td>
</tr>
<tr>
<td>Yes</td>
<td>32.1</td>
<td>59.5</td>
</tr>
</tbody>
</table>

How often do you take a drink containing alcohol

| Monthly or less                       | 55.7    |
| 2-4 times a month                     | 23.5    |
| 2-4 times a week                      | 8.2     |
| 4+ times a week                       | 12.6    |

More than 5 drinks on one occasion

| Never                                  | 31.9    |
| Less than monthly                      | 29.1    |
| Monthly                                | 25.8    |
| Weekly                                 | 7.7     |
| Daily or almost daily                  | 5.5     |

Current partner alcohol frequency

| Every day/nearly every day             | 7.0     |
| Only at weekends                      | 19.4    |
| A few times in a month                | 12.9    |
| Less than once a month                 | 9.2     |
| Never drank                            | 50.1    |
| Stopped drinking                       | 1.4     |

Figure 4.3 shows that a significantly greater proportion of men who drank alcohol in the 12 months to the survey perpetrated IPV than men who did not drink alcohol (p<0.05). Nineteen percent of men who drank alcohol perpetrated IPV in a similar period. Fourteen percent of men drinkers perpetrated emotional IPV in the 12 months prior the survey. Nine percent of men drinkers perpetrated economic IPV in the 12 months to the survey. Five percent of men drinkers perpetrated sexual IPV in the 12 months to the survey.
Drug use

The survey asked if participants had used dagga in the 12 months prior to the survey; also whether their partners had used drugs in a similar period.

<table>
<thead>
<tr>
<th>Table 4.5: Drug consumption by women and men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Used drugs in past 12 months</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Current or most recent partner drug use</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 4.5 shows that a greater proportion of men than women used drugs in the 12 months prior to the survey. Sixteen percent of men and two percent of women used drugs in this period. Thirty five percent of women had partners who used drugs while less than one percent of men had female partners who used drugs.

Figure 4.4 shows that having a partner who drank alcohol in the 12 months to the survey was associated with experience of emotional, economic and physical IPV. (p<0.05). Thirteen percent of women whose partners drank alcohol experienced emotional IPV. Twelve percent of women whose partners drank alcohol experienced economic IPV. A tenth of women whose partners drank alcohol experienced physical IPV.

Galebolelwe* attributed her partner’s abusiveness to alcohol abuse. She said, “He was 25 years old when I was only 18 years. He had the habit of drinking or he was a drunkard. After getting drunk he would force me into having unprotected sex with him despite my advice on unprotected sex” *Not her real name.

Experience of sexual IPV in the survey was not associated with whether a partner drank alcohol. However the women who told their stories like Galebolelwe mentioned that alcohol was a precursor to their sexual IPV experiences.
Figure 4.5 shows that a significantly greater proportion of male drug users perpetrated IPV in the 12 months to the survey compared to non-drug users. Use of drugs was associated with the perpetration of all four forms of IPV ($p < 0.05$). Thirty three percent of drug users perpetrated emotional IPV. Twenty one percent of drug users perpetrated economic IPV. Sixteen percent of drug users perpetrated physical IPV. Twelve percent of drug users perpetrated sexual IPV.

**Relationship factors**

Relationship level influences are factors that increase risk due to relationships with peers, intimate partners, and family members. A person’s closest social circle—peers, partners and family members—can shape an individual’s behaviour and range of experience.

Infidelity within marriage is common in Botswana, where men are known to keep “small houses”. “Small houses” are extramarital affairs resembling marriage, where the man has one or more girlfriends he is providing for and in some cases has children with. Male infidelity in relationships is deemed acceptable based on the male’s traditional role as the ultimate head of the household. Traditionally, women are not to question their husband’s behaviour. It is a known societal norm that “a woman should never ask about her husband’s whereabouts.”

The broader society also views having multiple sexual relationships as a sign of successful manhood and masculinity. Often men do not use contraceptives in their multiple sexual relationships, which exposes the women to infection of STI’s or HIV and AIDS.

Women participating in the study were asked whether they thought their current or most recent partner was having sex with someone else. We explored whether the probability of infidelity was a factor associated with women’s experience of IPV in the 12 months to the survey.

![Figure 4.6: Suspicion of infidelity associated with IPV experience](image)

Figure 4.6 shows that women whose partners were probably or actually having concurrent multiple sexual partners were more likely to experience IPV in the 12 months to the survey compared to women whose partners were probably or definitely not.

These findings are supported by the stories told by women in this study. In most of the “I” Stories the women referred to another woman or girlfriend whom their partner had a sexual relationship with. Women often blamed their traumatic experience on the presence of the “other woman” in their partner’s life. An example is Martha’s story.

---

31 UN 2009, Situation analysis on Gender-Based Violence in Botswana.

32 Not her real name.
“I was a shebeen queen with a strong and powerful shebeen. At the age of thirty I first met my current boyfriend. I had four children and my last born was 8 years old. After staying with my boyfriend for three years, in January 1996, I fell pregnant. It was only then that he told me he had a woman in Nata who he had a son with. He planned to marry her because she had his first child. When I was four months pregnant he ordered me to stop coming to his place because his wife to be was preparing for marriage. I stayed at my house where I was renting and doing my shebeen business. One of my landlords was sick of AIDS and later died. When he died I was accused of bewitching him to promote my business. I was then chased away from that place. I was given two hours to have moved out of their place. I struggled to find a place because I was labelled a witch, a person who poisons others. I finally got a place about four kilometres from town.

My boyfriend did not even bother finding me a place to stay yet I had spent my money helping him build his home of about seven houses before discovering that he had a wife. I even helped him connect water in his plot. People used to tell me that my boyfriend was once a lunatic, but I did not believe them.

In my new home there is no water so I fetch water at the river about a kilometre away from where I am staying. I gave birth to a boy, who is eleven years younger than his oldest brother. While pregnant, I was told that I needed specialists because I was almost 40 years old. I had a difficult delivery. My boyfriend did not bother helping in any situation.

But my son loves his father so much. He wanted me to stay with his father and has tried everything to bring us together. Sometimes he would go to his father’s place after school and ask him to take him to where I live. His father would do so and even spent a night with us, but sometimes he would just drop him off and go back. This hurt the child because he wanted to live with his father. When schools closed, he would go and stay with him and return after three days to stay with me.

The father used to tell my son what he had bought for his child who is in Nata. My son would tell me and ask why his father did not care for him. I would tell him that I reported his father to the magistrate but his payments for maintenance were not consistent. The father would tell me to return the money so that he pays three or four times the same amount so that he covers the arrears to avoid going to prison. When I refused, he would say that he would commit suicide.

Up to now he still owes large amounts of money in court. He comes home any time he pleases. I am not comfortable bringing any other man because my children knew him from when they were young and they even know he is their father. I respect my children.

I am now HIV positive and he is also HIV positive. He does not want to use any condoms yet he has
many girlfriends. He is currently staying with a woman who is always provoking me. Whenever she meets my child she enquires if her 'husband' slept over at my place. Sometimes the man calls her telling her that he is at my place. Sometimes he can stay for about six months without coming over or even calling. That is when the woman ‘challenges’ me, laughing at me. The man usually comes over when there is commotion at their house.

What pains me the most is that it emotionally affected my child causing him to drop out of school while he was still young. I have tried to put him in different schools but still failed because if he goes to the father, the father sends him back to me. The other time he told my son that he was going to Nata to buy clothes for his other son. My son also followed him to Nata in a truck, hoping that when his father finds him there he will buy something for him.

I am now living under very painful circumstances because I do not have a proper home, no water, no toilet, no proper house but shacks, yet I built seven houses at his plot because he had promised to help me when I get my own plot. I am the only one in my area drinking water from the river, my son is not going to school because of stress, I am HIV positive, I do not have a boyfriend and I have a patella knee problem where he kicked me years back. I always pray that he leaves all his girlfriends to marry me or that he will go forever so that I will find a man of my dreams.”

Maritha’s partner deserted her after she became pregnant at the age of 40. After philandering with other women, he came back to her demanding unsafe sex. Maritha* is now HIV positive. She has also had to deal with the emotional harm to her son who is now a school dropout.

Galebolelwe* spoke of her husband who brought girlfriends home: “He then started bringing other ladies during the night, and used the other room that we were not using. What he would do is take a blanket from our bed while I am asleep to use it with his ladies. He had given away most of the blankets and collected money from those I had given credit to and used it to feed his ladies in hotels while we starved. When his friends from work came over, he would laugh and tell them to my face how bad I am in bed, that I am not marriage material and that he married me out of pity since nobody in his right mind would look at me twice.”

Community factors

Community level influences are factors that increase risk based on individual experiences and relationships with community and social environments such as schools, workplaces, and neighbourhoods.

Attitudes towards gender relations

Previous research has shown that social norms that legitimise male dominance are key drivers of GBV. This prevalence and attitude study explored the personal attitudes of women and men and their perceptions of their communities’ attitudes towards gender relations.

Culture is dynamic: Botswana delegates dancing at the cultural evening, Gender Justice and Local Government Summit.
husband. Significantly high proportions of both women and men agree that a wife needs the permission of her husband to pursue paid work; also that a wife should hand over her income to her husband.

It is also significant that almost double the proportion of men (54%) than women (28%) believe that a man should have the final say in family matters.

These reflect a society in transition. The rhetoric of gender equality has been internalised, but this is not yet translating into reality. Women are beginning to understand and assert their rights, but men are not yet walking the talk!

Yet almost 79% of women and 89% of the men in the sample strongly agree that a woman should obey her husband. Significantly high proportions of both women and men agree that a wife needs the permission of her husband to pursue paid work; also that a wife should hand over her income to her husband.

The rhetoric of gender equality has been internalised, but this is not yet translating into reality.
Figure 4.8 shows that generally both men and women perceived that their community held conservative attitudes towards gender relations. In fact a greater proportion of women and men perceived themselves to be more progressive than their communities on the notion of gender equality. Seventy two percent of women and 75% of men agreed that their community thought women and men should be treated equally. These proportions are considerably lower than the personal attitudes in Figure 4.7 where 83% of women and 82% of men agreed to the notion of gender equality.

Generally men perceived their communities to be more conservative than women. A greater proportion of men than women perceived that their communities expected men to have the final say, women to obey their husbands, to get permission for paid work and to hand over their income.

These findings point to a society that on the one hand has achieved a high level of economic growth, is a stable democracy and has high proportions of women in decision-making in the public and private sectors but where gender inequality has not been addressed in private spaces and in communities.

There is a need to better understand the factors leading to GBV such as socialisation, culture, religion, societal expectations, values and norms. This would assist in developing more targeted interventions. Further, it illustrates a lack of awareness and education about GBV especially in at local and community level.

Working and sensitising men to the impact of GBV on the lives of the women and children is critical. Engaging with men on how they can contribute to ending GBV is very important.

**Sexual entitlement in marriage and legitimacy of violence**

Sexual violence committed by men is rooted in societal norms that promote male sexual entitlement and limit women’s options to refuse sexual advances. This is especially true when traditional norms regarding marriage demand women to always be sexually available to their husbands. In this study we explored personal and perceived attitudes around sexual entitlement.

Figure 4.9 shows that a higher proportion of men than women hold conservative views on sexual entitlement and use of violence to control women. A greater proportion of men than women agreed that if a man has paid lobola, he owns his wife; she must have sex when he wants it and cannot refuse to have sex with him. In contrast, a greater proportion of women than men agreed that it is possible for a woman to be raped by her husband. Over a third of men (and nearly a quarter of women) agreed that a husband has the right to punish his wife for wrongdoing. These results again reflect the reality of patriarchal norms, with women beginning to understand and exercise their rights, but men believing that they have control over the lives of women.
Societal factors

The political environment

The ecological model recognises the importance of societal factors in reinforcing or challenging gender stereotypes that create a conducive environment for GBV. As illustrated by the campaign against HIV and AIDS in Botswana, mentioned in Chapter one (Introduction), and in Chapter seven (Prevention) political leadership plays a key role in influencing public opinion, policy and social change.

An analysis of 188 available speeches by politicians from 2009-2011 obtained through the government, website, websites of political parties and the media show that politicians hardly refer to GBV in their speeches.

Figure 4.10 shows that women and men perceived that their communities had a high expectation of sexual entitlement to follow marriage. However a slightly greater proportion of women perceived their community to be more progressive than men.

Similar proportions of women and men agreed that their communities subscribed to wife ownership based on traditional marriage or payment of lobola. Forty five percent of women and men agreed that their communities prescribed that if a man paid Lobola for his wife then he owns her.

More men than women perceived that their communities had expectations of sexual entitlement to follow payment of lobola. Fifty nine percent of men and 56% of women thought that in their community a woman could not refuse to have sex with her husband. Fifty three percent of men and 45% of men agreed that their community expected a woman to have sex with her husband whenever he wants it.

Women and men perceived their communities as legitimising the use of violence to control women. Thirty eight percent of women and half of the men agreed that there was expectation in their community for men to punish their wives for doing wrong.
Figure 4.11 shows that of the 188 speeches analysed, 15% referred to GBV but only six percent had GBV as the main topic.

An example of a GBV speech is the speech by the assistant Minister of Local Government, Botlogile Tshireletso, at the start of the commemoration of the 2011 Sixteen Days of Activism to End Violence Against Women and Children. Speaking on behalf of the Parliamentary Women caucus, Tshireletso said that the theme, “From peace in the home to peace in the world: Let’s End violence against women and children is well placed.” She said that without peace in the home, there is no hope of building a healthy, productive and peaceful nation.33

The study analysed speeches for reference to the different forms of GBV and reference to the extent of GBV in Botswana.

Figure 4.12 shows that although the prevalence study shows emotional violence to be the most widespread, politicians talk most about rape, femicide and domestic violence; these topics also dominate the media coverage. While they are serious concerns, they tend to obscure the “hidden” forms of violence, which get little state support.

The media
Political discourse and the media work hand in hand. What politicians say has a strong influence on what the media reports. Like politicians, the media can be part of the problem, or part of the solution, where fighting gender violence is concerned.

In October 2009, GL monitored 880 news items in Botswana as part of the Gender and Media Progress Study (GMP5) to examine amongst others the proportion of GBV coverage, GBV topics, who speaks, and who reports on GBV in Botswana.

Figure 4.13 shows that GBV stories and stories that mention GBV accounted for only 5% of all stories monitored in Botswana.

---

Figure 4.14 shows that domestic violence, and legislative and political issues received the most coverage in Botswana. None of the stories monitored concerned gender violence and HIV and AIDS, femicide, maintenance and economic topics, or support for those affected. Other topics that also received little coverage include rape, child abuse and non-physical violence. Women in the sample are experiencing emotional violence more than any other form of GBV.

Figure 4.15 illustrates the proportion of stories on GBV per media in Botswana. Yarona FM had the highest proportion followed by Mmegi. Radio Botswana did not carry any stories on GBV during the monitoring period.

Who speaks on GBV?
Figure 4.16 shows that women constitute 26% of sources on GBV in Botswana, compared to 27% in the region. These figures reflect the relative silence of women on a subject that clearly affects them far more than men. It is a telling indicator of the multiple layers of the conspiracy of silence that shrouds GBV.

**Function of GBV sources**

![Function of GBV sources](image)

Figure 4.17 shows that in Botswana the alleged perpetrators are more than three times more likely to be heard in the media than the victims and survivors of GBV. The police and judicial systems and, ironically, perpetrators themselves, are the voices of authority in this instance.

**Who reports on GBV?**

![Who reports on GBV](image)

Figure 4.18 shows that men constitute the vast majority of media workers reporting on GBV. However, there are variations across media. BTV has reached the 50/50 benchmark, while in other media the representation of women is low with Mmegi/The Reporter and the Sunday Standard at not quite 15%

Figure 4.18 reveals that Botswana is one of the worst performers in this sector, with only one-fifth of women reporting on GBV. This figure is lower than the regional average of 35%.

**How GBV is reported**

As in other Southern African countries, the media in Botswana often reports GBV in sensational ways that trivialise the experiences of women. Coverage of femicide referred to as “passion killings”, pose particular concerns. Use of the term passion suggests that these killings are justified. There needs to be a public dialogue on the term and its implications.

**Conclusions**

This chapter shows that GBV is rooted in the deeply patriarchal traditions and norms that are only beginning to be challenged by society. The voices of politicians and the media are still not loud enough in the campaigns against GBV. Women and men know about gender equality but information is still not resulting in attitude change. Age, education and employment status, alcohol and drug use, multiple sexual relationships and experience of violence in childhood exacerbate GBV.