

# CHAPTER 2

## SCOPE AND METHODOLOGY



A GBV research indicators stakeholder planning meeting in Polokwane, Limpopo.

Photo by Ntombi Mbadlanyana

### Key facts

- The GBV Indicators research in Limpopo measured VAW experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men.
- GL conducted a prevalence and attitudes household survey based on a two-stage cluster random sampling strategy.
- The survey comprised women and men aged 18 years and above.
- GL collected and analysed available administrative data from the province.
- TVEP co-facilitated the collection of the "I" Stories or first-hand accounts of VAW experiences from the province.
- GL collected political speeches given during the period 2011-2012, dissected and analysed them in order to assess how often politicians mentioned VAW, who mentioned it and to what audience.
- GL triangulated the findings from the different methods to strengthen the survey findings.



On 7 March 2012, I (Mulalo) was coming back from a spaza shop where I had bought bread. Next to a mango tree I saw a man, who grabbed me and covered my mouth and eyes. In an attempt to free myself we started fighting. However, I became tired and he defeated me. He told me that he wanted to rape me and if I didn't let him then he would kill me. I felt that it was better to be raped than to be killed.

He tied my hands with shoe laces and he put a piece of cardboard in my mouth. He then opened my legs and started raping me. I was crying silently until he finished with me. He untied me and he began to talk to me nicely. When I looked at him I realised I didn't know who he was at all. He ran away and I started screaming.

People in a house close by came out and started looking for him but they couldn't find him. They accompanied me home. When I got home my sister said that in the morning she would take me to Vhufuli Hospital.

When I got to the hospital they told me that I should start at the clinic so we went there and were given a letter that I had to take to the trauma centre. When I got there I was helped by two women who were asking me what happened and at what time. They called the police so that I could open a case. They took me inside the hospital for a doctor to examine me. I had an HIV test and they gave me medicine and counselled me.

Until now I still don't know the person who raped me. I have a problem that the police are not finding him and if he got arrested I would be very happy so that he could feel the pain that I am feeling. I got help from my parents and my sister. They told me to accept it because I am not the first person in life to go through such and there are many people who are experiencing things that are even worse than being raped. "Just

thank God that He protected you because if that man had a weapon he would have killed you," they said.

Mulalo's story epitomises the circumstances and effects of rape in South Africa. She is raped by a stranger under threats of death. Like many victims of rape, she is forced to choose life at the expense of her dignity. Through a supportive family and community, Mulalo manages to accept what befell her, marking the beginning of her healing process. However, like many victims, she lives with the wish to see her rapist held responsible for the crime.

This chapter outlines the project aim, key research questions and methods employed in this study to measure the different forms of VAW, including rape. The five tools provide several different prisms from which to view VAW. The use of several tools - quantitative and qualitative - reflects the complexity of the subject and the need for more than one tool to triangulate, interrogate and interpret the data in ways that strengthen policy-making and action planning.

### Working definition

The 1993 UN Declaration on the Elimination of GBV defined GBV as "any act which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."<sup>8</sup> It indicated that this definition encompassed, but was not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation

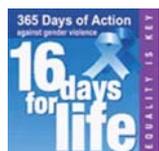
<sup>8</sup> Cited in (2008), Population Council, "Sexual and Gender-based Violence in Africa - A literature review", available at: [http://www.popcouncil.org/pdfs/AfricaSGBV\\_LitReview.pdf](http://www.popcouncil.org/pdfs/AfricaSGBV_LitReview.pdf)

- at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and
- Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.<sup>9</sup>

For the purposes of this study GBV is used interchangeably with VAW and it comprises:

- Physical, sexual, psychological and economic intimate partner violence;
- Rape and sexual assault by a partner, stranger, acquaintance or family member, experienced by adults and in childhood; and
- Sexual harassment.

### Project aim



Inspired by the SADC Protocol, which sets a target to reduce the current levels of GBV by 50% by the year 2015, this study seeks to test the GBV indicators developed through expert consultation, and provide extensive data of GBV in Limpopo province of South Africa. The GBV Indicators research in Limpopo province will contribute to the reduction of GBV by providing data to be used to monitor and evaluate the efforts of government and civil society to halve the current levels of VAW by 2015. The findings from this study will be useful for a comprehensive assessment of the extent, effects and the response to VAW as provided by the National Action Plan to end gender violence (NAP).

The study's main objective is to pilot the methodology and measures of VAW experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men in Limpopo. Specifically the project aims to:

- Quantify the prevalence of GBV in all its different forms and determine the extent of under-reporting; track and report changes;
- Quantify the economic, social and psychological costs of violence;

- Assess the effectiveness of the response by the police; courts; health; social and all related services;
- Assess the way GBV is covered by the media, how this is perceived by audiences and the extent to which the media is playing its role in helping to end or perpetuate gender-based violence;
- Assess the level of political commitment to address GBV;
- Map the underlying attitudes towards gender equality that fuel GBV;
- Assess the effectiveness of prevention campaigns from the point of view of some of the respondents to the prevalence study; and
- Provide pointers for government and civil society in Limpopo to strengthen strategies for preventing and responding to GBV.

### Key research questions

The research sought to answer the following questions:

- What is the scope and extent of GBV perpetration and survivor experiences in Limpopo?
- What is the physical, social, and economic impact of GBV on society?
- What is the response of public services to GBV in Limpopo?
- What is the level of political commitment to address VAW shown by the national government?
- To what extent is the media helping to end or to perpetuate GBV in Limpopo?
- What is the impact of prevention interventions and mainstream media on VAW in Limpopo?

### Key elements of the project

The study used a combination of research methodologies to test a comprehensive set of indicators and establish extensive GBV data in Limpopo. The project components comprise:

- Prevalence and attitudes household survey;
- Analysis of administrative data gathered from the criminal justice system (police, courts), health services, and government-run shelter;

<sup>9</sup> ibid.

- Qualitative research and collection of first-hand accounts women's experiences and men's perpetration of GBV;
- Media monitoring; and
- Political content and discourse analysis.

### Prevalence and Attitudes Household survey

The prevalence and attitudes survey is used to investigate the extent and individual effects of VAW, the underlying factors that influence GBV and to find ways to use this data to improve prevention messages and interventions.

#### Study design

Researchers conducted a cross-sectional household survey of women and men. The women's survey described the prevalence and patterns of women's experience of GBV, HIV risk behaviour, pregnancy history, mental health, help seeking behaviour after experiences of VAW, gender attitudes, and exposure to prevention campaigns in Limpopo. The men's survey described men's perpetration of GBV, gender attitudes, HIV risk behaviour, fathering, and exposure to prevention campaigns.

#### Description of the questionnaire

Researchers administered two questionnaires: one for women as survivors and the other for men as perpetrators. The women's questionnaire aimed to describe the prevalence and patterns of women's experience of GBV, HIV risk behaviour, pregnancy history, mental health, help seeking behaviour after experiences of GBV, gender attitudes, and exposure to media and prevention campaigns. The men's questionnaire aimed to describe men's perpetration of GBV, gender attitudes, HIV risk behaviour, fathering, and exposure to prevention campaigns.

The questionnaire provides information about the following areas:

- A description of gender attitudes, attitudes towards rape and relationship control among women and men;
- A description of the prevalence and patterns of childhood trauma among women and men;

- A description of the experiences of witnessing and intervening with domestic violence among women and men in all countries;
- A description of the risk/protective factors for experiencing GBV among women including socio-demographic characteristics, attitudes, partner characteristics, substance use;
- A description of the prevalence and patterns of women's experience of GBV, and associated health risks, including HIV risk factors, condom use, concurrent partners, number of sexual partners and transactional sex;
- A description of the health consequences associated with experience of GBV including self-reported STIs, HIV testing, unwanted/unplanned pregnancy, substance use, depression and post-traumatic stress disorder among women;
- A description of the prevalence and patterns of men's perpetration of GBV, associated risk factors and health risks;
- Association between gender attitudes, relationship control and perpetration of GBV among men;
- Association between men's perpetration of GBV and HIV risk factors including condom use, concurrent partners, number of sexual partners, substance use and transactional sex;
- A description of the health consequences associated with perpetrating GBV including STIs, HIV testing, fathering an unplanned pregnancy;
- A description of the awareness of campaigns against GBV and relevant legislation including the Domestic Violence Act and the Sexual Offences Act;
- An exploration of men's experience of IPV; and
- An exploration of economic abuse and its relationship to GBV.

#### Sampling

In order to ensure random sampling (statistical/scientific) the researchers:

- Used the list of all wards in Limpopo compiled by Statistics South Africa to randomly select 80 wards in the province. This ensured that the entire province (geographically) is represented.
- Randomly selected 80 Enumerator Areas (EA's), one in each ward. Enumerator areas are smaller than wards.

- Used printed maps for each selected EA to ascertain boundaries.
- Randomly allocated the selected EAs into male and female EAs.
- Visited selected EAs. In each selected EA, the researchers listed and randomly selected 35 households to be interviewed using the interval method. In each household, researchers selected either one male or one female using kish grids.
- Did not substitute preselected households or participants within households. Researchers visited households on at least three different days at three different times in those exceptional circumstances when the selected individual or households could not be reached at first contact.

### **Inclusion criteria**

In order to be eligible, men and women needed to be aged 18 years or older. They also had to reside in the sampled household and be mentally competent. A person should have slept in the selected household for at least four nights a week to be considered part of it.

### **Strengths of the sampling method**

This sampling method has several merits, including:

- It ensured that each member of the population had an equal chance of being selected;
- It ensured random selection of the sample, a characteristic which gives the possibility of carrying out further inferences such as standard errors, confidence intervals and hypothesis testing;



Participants at the VAW Baseline Study reference group meeting held in Harare in August 2012. *Photo by Trevor Davies*

- The fixed number of sample members within each EA allowed better administration of fieldwork and supervision;
- The stratification ensured representativeness of the sample over the province and thus improved precision compared to a simple random sample;
- The selection of one person per selected household reduced the risk of contamination of the responses and protection of survivors, which is considered high for such type of surveys involving sensitive questions.

### **Limitations of the sampling method**

The survey sampling methods also presented limitations, such as:

- Some questions applied to only some respondents, for example survivors or perpetrators. The result is that only a small proportion of the sample responded to these.
- The sampling method did not allow substitution of non-respondents and so researchers made three follow-up visits in an attempt to contact a potential participant.

### **Fieldworker training**

GL facilitated the training session in June 2012. It focused on project content, orientation, ethics training, understanding methodology, and engagement with the questionnaire. The programme also included familiarisation with the questionnaire and training on the Personal Digital Assistants (PDAs) and related activities, adherence to methodology, and communication of the deployment schedule. The training sessions included the following:

- Presentation on the domestic violence and research results generated during preceding studies;
- Ethics and gender sensitivity training;
- Extensive sessions on utilising the PDA equipment (focusing on requirements such as keeping the equipment charged and frequent synchronisation);
- Logistics and field-work implementation planning (including setting up accountability structures);
- Methodology and sampling (and adherence to this); and
- Follow-up training on PDA utilisation and methodology implementation.

### *Ethical considerations*

The researchers invited participants to take part voluntarily. Researchers told participants that non-participation would not affect them and that they could skip any question or withdraw from the interview at any time. Participants received an information sheet about the study, which researchers read to them if necessary. After the full briefing, respondents signed a consent form before the interview. To ensure anonymity, researchers identified all questionnaires using non-consecutive study ID numbers. The study thus cannot link individuals to their questionnaires.

Due to the sensitive nature of the questions, trainers provided interviewers a session on the basic principles of trauma counselling. In addition, researchers distributed a package of support material that includes contact details for organisations that provide support and counselling to each woman interviewed.

### *Data collection*

The research team took part in community mobilisation in the first week of July. This involved contacting the relevant elected political representatives or traditional authorities in each area to explain the purposes and content of the research. In farming areas, the team sought permission to access properties from landowners in order to interview farm workers and other residents. In some areas field managers informed local police stations of their activities. The team at all times referred to the project as a relationship study.

Researchers collected data from 6 July to 5 August 2013. Within each household, the researchers recruited only one randomly-selected eligible person (male or female depending on the EA allocation over the age of 18 years). If the sampled household member was not at home at the first visit, the researchers made three further attempts to interview the sampled participant. The researchers did not substitute if they could not interview the sampled participant. To ensure safety of respondents, the researchers did not interview men and women from the same households or EA.

Researchers administered the questionnaires using PDAs. An interviewer read each question and associated answer choices as presented on the PDA screen. The participants chose their language of preference. A skip button allowed participants to skip over any question they did not wish to answer. If participants completed the questionnaire without the assistance of the fieldworkers, the fieldworkers remained nearby so they could assist respondents or help answer any questions.

### *Data management and analysis*

The researchers downloaded data daily from the PDAs and merged it into a complete dataset. GL conducted data analysis using Stata version 11, taking into account the survey's two stage sample design. The study design provided a self-weighted sample. All procedures took into account the two stage structure of the dataset, with the Primary Sampling Units as clusters. Researchers did not attempt to replace missing data. They used standardised formulae to calculate response, refusal, eligibility and contact rates.

Researchers summarised data as percentages (or means), with 95% confidence limits calculated using standard methods for estimating confidence intervals from complex multistage sample surveys (Taylor linearisation). Pearson's chi was used to test associations between categorical variables.

To meet objectives, this report presents descriptive statistics for the relevant variables and constructs. Data analysts compared the proportions or means for the different variables using tests of statistical significance. This report presents the results of bivariate analyses for the chi-squared tests of association between exposures and outcomes.

### *Characteristics of women and men participating in the prevalence and attitude study*

The survey included women and men permanent residents in randomly preselected households aged 18 years and older.

**Table 2.1: Sample description of participants in the prevalence and attitudes study**

Characteristic	Women		Men	
	Number	%	Number	%
<b>Age</b>				
18-29	336	38	611	61
30-44	228	27	208	21
45 +	276	35	181	18
Total	840	100	1000	100
<b>Highest standard of education completed</b>				
High school incomplete and lower	591	70	690	69
High school complete and higher	250	30	310	31
Total	841	100	1000	100
<b>Race</b>				
Black African	828	98	996	99
Coloured, Indian and other	4	1	0	0
White	8	2	4	1
<b>Nationality</b>				
South African	827	99	972	97
Southern African	12	1	23	3
African	0	0	3	0
Other	1	0	2	0
Total	840	100	1000	100
<b>Worked to earn money in last 12 months</b>				
No	706	84	667	64
Yes	134	16	333	36
Total	840	100	1000	100
<b>Have you ever had sex</b>				
No	54	7	74	7
Yes	759	93	901	93
Total	813	100	975	100
<b>Ever in an intimate relationship</b>				
No	38	5	83	8
Yes	803	95	917	92
Total	841	100	1000	100
<b>Currently in an intimate relationship</b>				
No	209	25	180	19
Yes	623	75	804	81
Total	832	100	1000	100
<b>Currently living with intimate partner</b>				
No	301	48	506	53
Yes	322	52	298	47
Total	623	100	804	100

### Description of the sample

Women (38%) and men (48%) aged between 18 to 29 years formed the majority of respondents. Only 30% of both women and men had completed high school and obtained a higher qualification. The sample group comprises Black Africans. Almost all (98%) participants hailed from South Africa while 2% came

from within the SADC region. The majority of women (84%) and men (64%) said they'd been unemployed in the 12 months before the survey. Ninety-seven percent of women and 92% of men had been involved in intimate relationships, while 75% women and 81% said they lived in an intimate relationship at the time of the survey. About half (52%) of women and men (47%) lived with their intimate partners.

## Speaking out can set you free: the “I” Stories experience



In 2004 GL started the “I” Stories project as a part of the 16 Days of No Violence Campaign. GL staff worked with women who had experienced violence, as well as men who used to perpetrate violence, to help them write their stories. GL published these personal accounts in a booklet called the “I” Stories.

This study used the GL “I” Stories methodology to gather the experiences of violence against men and women. GL gathers women's and men's experiences of physical, sexual, psychological and economic abuse. Support organisations assist in the identification of survivors and perpetrators. During the writing workshops, facilitators share examples of published “I” Stories with participants so they can see what the final product will look like.

The stories from women survivors aim to assist in identifying the following key research questions for violence against women:

1. Are women able to identify the various forms of abuse? (Physical, sexual, psychological or economic).
2. How many women interviewed are experiencing the various forms of abuse?
3. What are the causes of violence against women?
4. What are the effects of violence against women? (Physical, psychological, economic or social).
5. How does abuse impact on ability of women to leave abusive relationships?
6. What support has been available for women experiencing abuse?

### Process

TVEP project facilitators conducted the “I” Stories workshops in this Limpopo project and showed participants copies of other “I” Stories published by GL. This helped to build rapport and made participants feel comfortable because facilitators explained how

their stories would be used. Those who felt uncomfortable using their real names also came to understand how to use a pseudonym. The facilitators told survivors that participation is voluntary and for research purposes. They translated the consent form from English into Venda to avoid confusion for participants who speak very little English. Participants completed the consent form and signed it, consenting to writing their story and specifying where and how it could be used and if they wanted to be photographed or interviewed in future.

### Ethical considerations

The facilitators:

- Informed participants how their stories would be used and distributed;
- Sought permission from the participants to use their photographs and reveal their identities;
- Gave participants the option of using a pseudonym and not revealing their identities; and
- Required participants to sign off the final versions of their stories and approve any changes or revisions.

### Administrative data

GL gathered administrative data to document the extent of GBV as recorded in public services, namely the Department of Health, SAPS, Department of Justice and Constitutional Development and Department of Social Development.

The main purpose of collecting and analysing administrative data is to complement the results of the prevalence and attitudes survey data. It is widely accepted that administrative data does not accurately provide information on the extent of VAW, more especially of intimate partner violence, mainly due to the high levels of underreporting.

In the words of gender studies expert Sylvia Walby: “It would be most unwise to treat such data as a guide to the actual level of violence in that if it were used as an indicator it might create a perverse incentive to minimise the amount of violence over time in order to suggest improvements”<sup>10</sup>

<sup>10</sup> Walby, S, op cit.

This data provides a basis for assessing the costs of GBV and - most importantly - it can provide information on the use of services by survivors and the areas in need of improvement.<sup>11</sup>

### Description of data

Data requested from the respective institutions included:

- Numbers and nature of cases relating to the DVA, SOA; femicide and other cases reported to the police or justice related to GBV service providers for the period 2011-2012;
- Numbers, nature and status of cases relating to the DVA and SOA where charges had been brought against the alleged perpetrator for the period 2011-2012;
- Number, nature and the treatment required for health centre GBV cases for the period 2011-2012; and
- Number, nature and type of support provided by identified shelters for the period 2011-2012

This report analyses administrative data in conjunction with the results of the household survey to provide some indication on the current levels of under-reporting of GBV as well as on the adequacy of public service responses and their compliance with legislation and policies.

### Media monitoring

The *GL Gender and Media Progress Study* launched in 2010 covered the nature and extent of VAW coverage in South Africa. This project analysed VAW content in the media over a period of one month. The media monitoring on GBV assessed the extent of VAW coverage, sex of sources, topics covered, depiction of survivors and sex of the journalist.

The study sought to answer the research questions outlined below.

- What topics are given the most and least coverage in the media?
- What proportion of coverage is specifically on GBV?

- What proportion of coverage mentioned GBV?
- How do media houses in each country compare with each other in their coverage of GBV?
- Of the coverage on GBV, what proportion is on prevention, the effects on victims and others, support and response?
- How do the VAW topics further break down into sub-topics?
- What is the overall breakdown of genres (news and briefs, cartoons, images and graphics, editorial opinion, features, analysis, feedback, interviews, profiles and human interest)?
- How does VAW coverage break down with regard to these genres?
- Where do the stories come from (international, regional, national, provincial, and local)?
- How does VAW coverage break down with regard to origin of stories?
- On average, how many sources does each GBV story have?
- On average, how many stories indicate the connection between GBV and HIV and AIDS?
- Overall, what is the proportion of women and men sources?
- How do individual media houses in each country compare with regard to male and female sources?
- What is the breakdown of women and men sources in the stories about, and stories that mention, GBV?
- What is the breakdown of women and men sources in the further breakdown of the GBV topic category into prevalence, effects, support and response?
- In the case of GBV sources, what proportion are persons living with HIV and AIDS, persons affected by HIV and AIDS, traditional or religious figures, experts, civil society, official and UN agencies or other?

### Research tools

The media monitoring combined both quantitative and qualitative research methods. Monitors gathered quantitative data on the media's coverage of gender, HIV and AIDS and GBV. Team leaders in each country selected articles for further analysis to give more in-depth analysis to the quantitative findings.

<sup>11</sup> Ibid.

### Quantitative research

The quantitative monitoring consisted of capturing data on the media's coverage of gender, VAW, and HIV and AIDS using a coding instrument. Researchers captured findings into a database pre-designed for this research. Monitors had to capture a specified set of data from each item.

This included information about the item itself, who generated or presented the story (presenter, anchor, reporter, and writer) and who featured in the item.

The process included:

- Daily completing standard forms for each item monitored with the assistance of a user guide prepared by GL;
- Submitting forms for checking to the team leader who generally monitored at least one medium to better understand any difficulties encountered by the monitors;
- Entering of data into a database;
- Quality control by GL;
- Delivery of the database by email to GL to be synthesised into one central database for a regional overview report, as well as country comparisons with regional averages; and
- Data analysis and generation of graphs.

### Qualitative research

After the quantitative monitoring, monitors selected articles for further analysis. The qualitative analysis enhances and strengthens the quantitative findings. These case studies highlight best practices in the coverage of gender, HIV and AIDS, GBV as well as areas that need to be improved. The case studies serve to further elaborate and support many of the observations made in the quantitative analysis and answer the following questions:

- How are women and men labelled as sources in the media?
- Is there a good balance of men and women sources? Do women and men speak on the same topics, or do media reserve specific topics for men only and specific topics for women?
- Does the language promote stereotypes of men and women?
- Are physical attributes used to describe women more than men?
- How are women portrayed in the story? How are men portrayed in the story?
- Are all men and women in a society represented and given a voice in the media?
- What are the missing voices, perspectives in the story?
- What are the missing stories?

**Table 2.2: Project components and tools used to gather data**

Research tool/ indicators	Prevalence and attitudes survey	Administrative data	"I" Stories	Media monitoring
Extent	X	X	X	
Effect	X		X	
Response	X	X	X	X
Support	X	X	X	X
Prevention	X		X	X

Table 2.2 shows how these tools interrelate and how the research uses them to triangulate findings throughout the research to answer the key questions relating to extent, effect, response, support, and prevention. The flagship tool is the prevalence/attitude study, justified on the basis that statistics obtained from administrative data do not cover many forms of

gender violence, and because there is underreporting for those which have been covered. However, the "I" stories, or lived experiences, give a human face to all aspects of the research. The administrative data and media monitoring provide key insights in relevant areas. Triangulation helps to verify and strengthen the findings as well as provide important information for policy-making and action planning.