

THE RELATIONSHIP OF SEXUAL AND GENDER-BASED VIOLENCE (SGBV) TO
SEXUAL-RISK BEHAVIORS AMONG REFUGEE WOMEN IN BOTSWANA: THE
MEDIATING ROLE OF DEPRESSION

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Johannes John-Langba, Ph.D., M.P.H.

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Sexual and Gender-based Violence (SGBV) is known to occur during all phases of the refugee experience: prior to flight; during flight; while in a country of first asylum and during repatriation and reintegration. Like other forms of violence against women, it has acute physical, psychological, and social consequences for refugee victims and only adds to the pain of uprooting and forced migration. This study investigated the relationships of SGBV, learned helplessness, depression, and sexual-risk behaviors among refugee women in Botswana. It was guided by the reformulated theory of learned helplessness.

A cross-sectional research design that was primarily quantitative was utilized to examine the relationship between SGBV and sexual-risk behavior in refugee situations and how depression and learned helplessness affect this relationship. A total of 402 female refugees who were at least 21 years old residing at the Dukwi refugee camp participated in this investigation.

This study found that about 75% of participants had experienced some form of SGBV either in their home country, during flight/transit, or in the host country. More than half (56.4%) had experienced SGBV in their home countries, 39.3% reported

experiencing SGBV during flight/transit, and about 37% of the participants reported having experienced SGBV while in Botswana.

Past SGBV was categorized into past physical violence, past intimidation and control, and past sexual violence. Simultaneous multiple regression analysis showed that overall past SGBV predicts current sexual-risk behavior among refugee women ($F = 2.018$; $p < .011$). However, when the standardized regression coefficients of the individual independent variables were examined, only past sexual violence was found to contribute significantly to the prediction of sexual-risk behavior ($Beta = .461$; $p < .024$).

Although, the hypothesized mediating roles of learned helplessness and depression on the relationship between past SGBV and current sexual-risk behavior were not supported in this study, more than half of the participants (55%) experienced learned helplessness and about 90% were depressed. Learned helplessness was moderately and significantly correlated with depression among this population. Past physical violence was also positively and significantly correlated with learned helplessness, although it was not significantly correlated with depression.

The findings of this study provide social work and public health practitioners who are faced with the multi-faceted task of program design and implementation in refugee situations with some vital indicators of the psycho-social and reproductive health needs of refugee women in a camp setting. It also underscores the need to adapt prevention and response measures to suit the different circumstances of the various phases of forced migration.

DEDICATION

This work is dedicated to my parents,
Pa-Langba and Tha-Musu, who I know are in heaven
smiling down at me as I fulfill my dreams.

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TABLE OF CONTENTS

| | Page |
|---|------|
| ACKNOWLEDGEMENTS | vi |
| CHAPTER 1: INTRODUCTION | 1 |
| The Global Refugee Crisis | 3 |
| Refugees and Sexual and Gender-based Violence (SGBV) | 5 |
| Learned Helplessness as an Explanation for Heightened Sexual-Risk Behaviors..... | 8 |
| Study Rationale and General Approach..... | 9 |
| Significance of Study to Social Work and Public Health Practice | 11 |
| CHAPTER 2: LITERATURE REVIEW..... | 13 |
| The Historical Evolution of the Refugee Concept..... | 13 |
| The Refugee Crisis in Africa | 20 |
| Sexual and Gender-based Violence (SGBV) in Refugee Situations | 21 |
| SGBV against refugee women in Africa..... | 23 |
| Physical, Psychological, and Social Consequences of SGBV among Refugees | 24 |
| Sexual and Gender-based Violence and Refugee Protection | 25 |
| HIV/AIDS and STDs in Refugee Settings..... | 27 |

| | |
|---|----|
| CHAPTER 3: THEORETICAL FRAMWORK | 29 |
| Learned Helplessness Theory | 29 |
| Overview of learned helplessness theory | 29 |
| Evolution of learned helplessness theory..... | 31 |
| The reformulated theory of learned helplessness | 33 |
| Learned Helplessness and Trauma | 35 |
| Learned Helplessness, Sexual Violence, and Depression | 37 |
| CHAPTER 4: METHOD | 40 |
| Research Design | 40 |
| Hypotheses | 41 |
| Instrumentation | 43 |
| Part I: Demographic data sheet | 44 |
| Part II: Learned helplessness scale | 44 |
| Part III: Hopkins symptoms check list | 45 |
| Part IV: Sexual and gender-based violence measure | 47 |
| Part V: Sexual-risk behavior scale | 51 |
| Part VI: The open-ended question data sheet | 53 |
| Sampling | 53 |
| The Population | 53 |
| Sampling design | 54 |
| Sample size | 55 |

| | |
|---|--------|
| Research Design Implementation | 55 |
| Instrument translation | 55 |
| Interviewer Selection and Training | 57 |
| The Research Setting | 60 |
| Pre-testing of the Questionnaire | 61 |
| Initial Contact with Study Participants | 62 |
| The Interview | 62 |
| Human Subjects Concerns | 64 |
| Risks and benefits of the study | 65 |
| Voluntary participation and informed consent | 66 |
| Anonymity and Confidentiality | 66 |
| Data Management and Analysis | 67 |
| CHAPTER 5: RESULTS | 68 |
| Descriptive Information | 68 |
| Background characteristics | 68 |
| Prevalence of sexual and gender-based violence | 76 |
| Prevalence of abduction/forced detention (AFD) | 78 |
| Descriptive statistics of the central study variables | 81 |
| The SGBV Score | 81 |
| The composite learned helplessness (LH) score | 82 |
| The composite depression score | 82 |
| The composite sexual-risk behavior (SRB) score | 84 |

| | |
|--|---------|
| Inferential Statistical Findings | 86 |
| Correlations of the central study variables | 86 |
| Dichotomized learned helplessness relative to past SGBV | 88 |
| Dichotomized depression relative to past SGBV | 88 |
| Assessment of depressive symptoms with learned helplessness.... | 90 |
| Test of Main Study Hypotheses | 91 |
| Findings of the Open-Ended Questions Data Sheet | 97 |
| What makes Refugees more likely to experience SGBV? | 97 |
| Reasons for increased and decreased likelihood of refugee women experiencing SGBV | 98 |
| Influences on decisions about sexual relations or partnerships..... | 98 |
| Prevention of sexually transmitted diseases (STDs)..... | 98 |
| Best ways for refugee women to prevent STDs..... | 99 |
| The prevention of SGBV against refugees | 99 |
| General comments and suggestions | 100 |
| CHAPTER 6: DISCUSSION | 101 |
| Summary of Main Findings | 101 |
| Limitations of the Study | 107 |
| My Reflections | 108 |
| Social Work and Public Health Implications | 109 |
| Conclusions | 113 |

| | |
|------------------|-----|
| REFERENCES | 114 |
|------------------|-----|

| | |
|------------------|-----|
| APPENDICES | 124 |
|------------------|-----|

| | |
|------------------------------|-----|
| Appendix A: Instrument | 125 |
|------------------------------|-----|

| | |
|--|-----|
| Appendix B: Botswana Research Permit | 256 |
|--|-----|

| | |
|---|-----|
| Appendix C: UNHCR Permission Letter | 259 |
|---|-----|

| | |
|--|-----|
| Appendix D: University of Pittsburgh IRB Approvals | 261 |
|--|-----|

| | |
|--|-----|
| Appendix E: Learned Helplessness Scale Authorization | 264 |
|--|-----|

| | |
|--|-----|
| Appendix F: SGBV Gold Standard Questionnaire Authorization | 267 |
|--|-----|

LIST OF FIGURES

| | Page |
|--|------|
| Figure 4.0: Hypothesized model of SGBV, depression, learned helplessness, and sexual-risk behavior | 42 |
| Figure 5.0: Path-analytic model: The influence of past physical violence, past intimidation and control, past sexual violence, learned helplessness, and depression on sexual-risk behavior | 96 |

LIST OF TABLES

| | Page |
|--|------|
| Table 4.1: SGBV Categories and Items | 50 |
| Table 5.1: Background of Participants: Country of Origin and Ethnicity | 69 |
| Table 5.2: Employment and Occupation Histories of Participants..... | 72 |
| Table 5.3: Background of Participants: Literacy | 73 |
| Table 5.4: Background of Participants: Household Information | 74 |
| Table 5.5: Demographics of Participants: Sexual Partner Information | 75 |
| Table 5.6: SGBV Occurrences and Main Perpetrators in Home Country; During Flight/Transit, in Botswana (Host Country), and Main Dates of Occurrence | 77 |
| Table 5.7: Most Serious SGBV Incidents, Perpetrators, and Dates of Incidents | 79 |
| Table 5.8: Reporting of Most Serious Incidents of SGBV | 80 |
| Table 5.9: Abduction and/or Forced Detention (AFD)..... | 83 |
| Table 5.10: Descriptive Statistics of Central Study Variables | 85 |
| Table 5.11: Correlation Matrix of Central Study variable | 87 |
| Table 5.12: T-test: High and Low Learned Helplessness Groups with Past SGBV | 89 |
| Table 5.13: T-test: Depressed and Non-depressed Groups with Past SGBV | 90 |
| Table 5.14: Co-efficient of the Simultaneous Multiple Regression of Past SGBV with Sexual-risk Behavior | 92 |
| Table 5.15: Coefficients of Regression of Learned Helplessness with Sexual-risk Behavior | 93 |
| Table 5.16: Coefficients of Regression of Learned Helplessness with Depression | 94 |

Chapter 1

Introduction

In most refugee populations, more than 50 percent of the uprooted people are women and girls. Stripped of the protection of their homes, their governments, and often their family structure, females are made particularly vulnerable. They face the rigors of long journeys into exile, official harassment or indifference, and frequent sexual abuse even after reaching an apparent place of safety (Ruud Lubbers, UN High Commissioner for Refugees, 2003)

The term *refugee* in common parlance constitutes those forced from their homes as a result of wars and natural/man-made disasters. However, in terms of the United Nations Geneva Convention (1951), a refugee is a person who:

owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.(p. 1)

This definition excludes *internally displaced persons* who have not crossed international borders and *economic migrants* who migrate for economic reasons. Persons defined as refugees under the Convention are entitled to protection and assistance by the United Nations High Commissioner for Refugees (UNHCR). The provisions of the Geneva Convention are not the only basis upon which a forced migrant may claim refugee status from another country. The criteria for refugee status eligibility vary from

one region of the world to the next. In Africa, for example, the Organization of African Unity (OAU) adopted the *Convention Governing the Specific Aspects of Refugee Problems in Africa* in 1967 to focus attention to the African refugee situation. The OAU adopted the basic elements of the definition of refugee in the Geneva Convention and added an extension clause that specifies the circumstances under which African refugees are uprooted. Article (1), Paragraph 2, of the OAU Convention (1967) defines a refugee as someone who:

owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either or part or the whole of his/her country of origin or nationality is compelled to leave his/her place of habitual residence in order to seek refuge in another place outside his/her country of origin or nationality.(p.1)

Unlike the OAU Convention, the *Catengena Declaration of 1984* takes into consideration the refugee situation in the Americas, where forced migrations are for the most part the result of regional hostilities and not merely persecution (Blavo, 1999). The Catengena Declaration's (1984) definition of refugees includes other dimensions of general conflict as stated below:

persons who have fled their country because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order.(p.2)

In the United States, however, the definition and admission of persons as refugees is based on the authority conferred by the Refugee Act of 1980. The Act allows the President to extend the definition to internally displaced persons. Thus, for instance,

under such a determination the U.S. regards persons still residing in Vietnam, the former Soviet Union, and Cuba as refugees if they can establish *well-founded fear of persecution* although they may be still residing in their home countries (U.S. Department of State, 2001).

In contrast to these legal or technical definitions, the mass media have in most instances employed popular definitions to highlight the plight of displaced persons around the world. Such definitions are often broader than that of the United Nations and include those persons who are forced out of their homes by natural disasters, such as earthquakes and flooding, or by man-made disasters, and other kinds of conflict related or unrelated to political upheavals (Blavo, 1999).

The Global Refugee Crisis

The growth of global refugee numbers through the past three decades has established an increasingly high profile for the issue of forced migration within political and public debates. Flows of refugees have brought major political, economic, social, cultural and personal consequences across all continents (Ager, 1999). About twelve million refugees worldwide are currently under the United Nations High Commissioner's jurisdiction (UNHCR, 2003), a percentage of whom will resettle in host countries (Gagnon, Merry & Robinson, 2003). The *refugee experience*, or the human experience behind such figures, and the complex political, physical, social and psychological factors have notably shaped contemporary debates about the issue of forced migration (Ager, 1999).

According to Ager (1999), the refugee experience is identified by four discrete phases within forced migration--pre-flight, flight, temporary settlement, and resettlement or repatriation. Krulfeld and Camino (1994) described it as a complex process that involves loss and generation of new ways of life. The loss occurs in most areas of refugees' lives—personal property, family members, friends, community, culture, and country. As waves of refugees are produced by political upheavals, persecution, war, and economic debacles, considerable losses are endured and traumas are suffered. This process usually necessitates unplanned and rapid adjustment to sometimes interim, but often long residence in refugee camps, and often, if not always, results in resettlement in alien cultures (Krulfeld & Camino, 1994).

According to Turner (1969), the refugee experience is also accompanied by some form of liminality in which the refugees are caught in positions of transition from a relatively stable to a less orderly and unpredictable future---they tend to be marginalized in their new societies and sometimes suffer lower status than they had in their home countries. Krulfeld (1993b) claims that in such positions of liminality and marginality, all aspects of refugee' lives are called into question, including ethnic and national identity, gender roles, social relationships, and socioeconomic status. Such liminality does not, however, begin abruptly at the point at which refugees leave their homes, but is rather founded in the turmoil of their lives even before flight and resettlement, and continues during the search for asylum and relocation (Krulfeld, 1993b).

During temporary settlement or resettlement, refugees also face the task of adapting to their new environments. This process of refugee adaptation as described by Krulfeld and Camino (1994), is a creative one of exploration and experimentation that

involves establishing a new culture and sometimes a new identity. It involves the process of losing country, community, family, status, property, culture, and even a sense of identity. Replacements for these losses must be created for refugees' lives to continue, as well as for adjustment to be made to the new and changing circumstances of their lives in the places they now find themselves (Krulfeld & Camino, 1994). Thus, refugee adaptation has far-reaching consequences, affecting almost every area of individuals' lives. Modified and newly created forms of culture must be negotiated and accepted both within the new communities, as refugees establish their new existence, and in the dominant societies of the countries in which they settle. This process takes place very rapidly, and continues as refugee culture is manipulated and renegotiated in response to changing circumstances (Harrell-Bond & Voutira 1992; Krulfeld 1993a)

Refugees and Sexual and Gender-based Violence (SGBV)

The office of the United Nations High Commissioner for Refugees ([UNHCR], 1999) reported that sexual and gender-based violence (SGBV) occurs during all phases of the refugee experience: prior to flight; during flight; while in the country of first asylum; and during repatriation and reintegration. According to UNHCR (1999):

SGBV encompasses a wide variety of abuses that include rape, sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution (sexual bartering), torture, insertion of objects into genital openings, and attempted rape. (p. 36)

Human Rights Watch ([HRW], 2000) claimed that although SGBV is widespread and constitutes a violation of basic human rights, it is still under-reported in most refugee situations around the world. The magnitude of SGBV in refugee situations in many areas

around the world is under-reported due to factors such as: fear of retribution; shame; powerlessness; lack of support; breakdown or unreliability of public services; and the dispersions of families and communities (UNHCR, 1999). There are generally two principal causes of under-reporting of SGBV in refugee situations: the apparent lack of reporting by victims that may result in distorted figures that suggest the absence of a problem; and the absence of official figures relating to sexual violence in refugee situations within official government and non-governmental statistics (UNHCR, 1999).

According to UNHCR (1999), the perpetrators of SGBV against refugees are usually fellow refugees; members of other clans; religious or ethnic groups; military personnel; relief workers; members of the host population; and family members. Refugee women and young girls, and less frequently men and boys, are vulnerable to SGBV during forced migration. Within refugee camps, women refugees may be subjected to rape because of their increased vulnerability or because of their actual or perceived political or ethnic affiliation (HRW, 2000).

HRW (2000) explained that rape and other forms of sexual assault are frequently gender-specific both in their form and in their motivation. Thus, refugee women and girls are raped because of their gender, irrespective of their age, ethnicity, or political beliefs. In host countries, local residents, fellow refugees, military and immigration officials, and police officers, often view refugee women as easy targets for assault (HRW, 2000).

SGBV during war and displacement is a well-known fact of history and has been reported in almost all modern armed conflicts (Watts & Zimmerman, 2002). According to Koss and Kilpatrick (2001), women are not only vulnerable to sexual violence during conflict, but also during the periods of social disruption and disintegration that follow

war---when they are fleeing the conflict and residing in camps for refugees or internally displaced persons. For example, a 1994 survey of 205 Liberian women and children aged 15-70 years found 49% had experienced at least one incident of physical or sexual abuse by Liberian soldiers during the 1989-1997 civil wars (Koss & Kilpatrick, 2001). Similarly, in the war in the Balkans, between 10,000 and 30,000 Kosovo Albanian women and girls are thought to have suffered war-related rape or other forms of sexual assault during the Serbian occupation and 1999 refugee exodus (Koss & Kilpatrick, 2001). In Sierra Leone, a household survey of women revealed that 9% experienced war-related sexual assault and an additional 9% have been sexually assaulted outside of a war situation (Ampwiz, Reis, Hare-Lyons, Vann, Mansaray, Akinsulre-Smith, Burkhalter, Askin & Iacopino, 2002). Garcia-Moreno (2000), in a study conducted in East Timor, found that 39% of respondents reported they had been tortured, with 5% reporting rape and other forms of sexual violence.

The injuries that refugee women sustain from SGBV persist long after the crime. Refugee victims of SGBV in different parts of the world have reported ongoing medical problems, including miscarriages by women raped when pregnant, hemorrhaging for long periods, inability to control urination, sleeplessness, nightmares, chest and back pains, and painful menstruation (HRW, 2000). They have also reported such medical problems as unwanted pregnancy, unsafe abortion, HIV and other sexually transmitted diseases, sexual dysfunction, trauma to the reproductive tract, and chronic infections leading to pelvic inflammatory disease and infertility. Survivors of SGBV in refugee situations have often experienced depression, guilt, terror, shame, and loss of self-esteem. They may also be rejected by spouses and families, ostracized, and subjected to further

exploitation or to punishment (UNHCR, 1999). These physical, psychological, and social consequences of SGBV only add to the pain of uprooting and forced migration.

Learned Helplessness as an Explanation for Heightened Sexual-Risk Behaviors

Learned helplessness is characterized by a person's failure to take harm-avoidant responses even when such responses lead to reduced exposure to harm or risk of harm (Hogben, Gange, Watts, Robinson, Young, Richardson, Cohen, & Dehovitz, 2001). It consists of three essential components: contingency, cognition, and behavior.

Contingency is the objective relationship between the person's action and the outcomes that are then experienced, whilst cognition is the way in which the person perceives, explains, and extrapolates the contingency. Behavior refers to the observable consequences of non-contingency and the person's cognitions about it (Peterson, Maier & Seligman, 1993).

When applied to risk-taking in general, learned helplessness typically develops when attempts to avoid harm (in this case, potential exposure to STDs due to sexual violence) do not yield diminished risks where the victim cannot avoid exposure. Through experience, the victim learns that trying to avoid risk is futile (Hogben et al., 2001). Learned helplessness has been shown to be a potential outcome of involuntary exposure to forced sex and attendant STD risk components (Eisenstein & Carlson, 1997; Seligman, 1975).

Depression is also a condition that has been shown to be a typical collateral outcome of learned helplessness. Higher rates of depression are attributable to forced sex or physical violence (Hogben et al., 2001). Depression, which is also related to a

perceived loss of control, has been positively correlated to sexual-risk behaviors among women who would normally avoid such behavior and has been shown to predict STD incidence (Isaac & Schneider, 1992).

Study Rationale and General Approach

Sexual and gender-based violence against refugees is a global problem and constitutes a violation of human rights as enshrined in international declarations and treaties. Although some reports are available, the nature and extent of SGBV and the particular implications for the incidence and transmission of STDs including HIV have not been systematically documented in the African refugee context.

The population of refugee women in Botswana is particularly at high risk for HIV and AIDS due to the high prevalence of HIV infection and AIDS in that country (about 39% of the sexually active population; UNAIDS, 2003) in addition to their experience of forced migration. This study investigated the relationships of SGBV, learned helplessness, depression, and sexual-risk behaviors among refugee women in Botswana. It was guided by the reformulated theory learned helplessness (Abramson, Seligman, & Teasdale, 1978). The possible mediating roles of depression and learned helplessness were explored as well. The specific research questions that were addressed in this investigation included the following:

1. What are the dimensions of the problem of SGBV (and its consequences for reproductive health in particular STD and HIV) among the refugees at the Dukwi camp?

2. What is the relationship between SGBV and sexual-risk behaviors in refugee situations and how does depression affect this relationship?
3. How does learned helplessness explain the relationship between SGBV and sexual-risk behaviors in refugee situations?
4. Does learned helplessness (as a result of SGBV) increase the likelihood of engaging in risk-sexual behaviors by refugee women?
5. Is depression an outcome of learned helplessness by refugees?

This study identified refugees as those persons who, owing to external aggression, occupation, foreign domination, or events seriously disturbing public order in either part or the whole of their country of origin, are compelled to leave their place of habitual residence in order to seek refuge in another place outside their country of origin or nationality (OAU Convention, 1969). Study participants included those female refugees who were at least 21 years of age, resided at the Dukwi refugee camp, and were registered with the UNHCR in Botswana.

A survey questionnaire that was informed by the relevant theoretical and empirical literatures served as the data collection instrument. The data collection approach was primarily quantitative, utilizing survey methodological techniques to obtain data relevant to test the central study variables. Trained female research assistants interviewed participants at their preferred locations in one of the four widely-spoken languages (Mbukushu, Lozi, Swahili, and English) at the camp. Participation in the interview was voluntary and all information obtained was made confidential. After completion of the interview participants were given a package containing a bathing soap,

educational materials on safe sex practices/HIV/AIDS, and information on referrals for physical and mental health services available to refugees in Botswana. Those refugees that declined to participate in the research were also offered the package.

Significance of Study to Social Work and Public Health Practice

The break-up of stable relationships and the disruption of social norms that govern sexual behavior are often exacerbated in refugee situations. The disintegration of community and family life creates conditions that increase the risk of STDs including HIV, which consequently affects the reproductive health of refugees as a population (UNHCR, 1999). Therefore, an understanding of the ways in which refugee women's reproductive health problems are similar to, or different from, those of women in settled populations can help both policy makers and practitioners in social work and public health address specific refugee needs (McGinn, 2000).

Public health social workers have a range of roles to play in the design and implementation of various intervention strategies to reduce the risk for STD/HIV exposure among refugees with histories of SGBV, and in particular those in psychological distress. As counselors, educators, relief workers, advocates, or evaluators of intervention programming, public health professionals and social workers may participate in efforts directed at reducing the influence of sexual coercion on sexual risk behaviors (Tubman, Langer & Calderon, 2001).

Social workers, in particular, are in a position to substantially reduce morbidity and mortality related to sexual-risk behaviors by identifying and targeting long-term adaptations to the process of resolving or treating the trauma or distress underlying such

risk behaviors (Bell & Bell, 1993). With their training in human behavior in cross-cultural contexts and knowledge of how to empower vulnerable groups to make positive life changes, social workers could assume a primary role in conducting psychological assessments and implementing interventions that target salient risk factors such as learned helplessness and depression among displaced populations (Tubman, Langer & Calderon, 2001).

This investigation was interdisciplinary in nature, benefiting from insights in the social and health sciences. By providing possible explanations of the relationship of the forced migration experience with refugee sexual-risk behaviors, I hope to contribute to the existing body of knowledge in the disciplines of social work and public health that will be useful to practitioners engaged in humanitarian relief services in refugee settings.

Chapter 2

Literature Review

Although there is a plethora of literature on the general phenomena of refugees and forced migration, there is paucity in the empirical literature on the interrelationship among forced migration, sexual and gender-based violence, and sexual-risk behaviors among refugee populations in general and refugee women in particular. This chapter reviews the literature related to the refugee experience and SGBV by describing the refugee concept and its historical evolution; the African refugee crisis; SGBV in refugee situations including SGBV against refugees in Africa and the consequences of SGBV; SGBV and refugee protection; and HIV/AIDS and other STDs in refugee settings

The Historical Evolution of the Refugee Concept

Based on events occurring in Europe and elsewhere after World War II, a refugee was characterized as: someone who is outside his/her country of origin; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail him/herself of the protection of that country, or to return there, for fear of persecution (UNHCR, 1999).

The definition of a refugee that appears in the 1951 *Convention Relating to the Status of Refugees* is as follows:

(A). As a result of events occurring before 1 January 1951, a refugee is a person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. In the case of a person who has more than one nationality the term "the country of his nationality" shall mean each of the countries of which he is a national, and a person shall not be deemed to be lacking the protection of the country of his nationality if, without any valid reason based on well-founded fear, he has not availed himself of the protection of one of the countries of which he is a national. (p.16)

The UN Convention provides the internationally recognized general definition of the term *refugee*. Blavo (1999) argued that the definition was of special significance to all contracting or signatory governments in their efforts to identify persons as refugees and to protect their welfare because it provided the core basis upon which a forced migrant might claim refugee status from another state.

As new refugee matters came into the spotlight in various other regions of the world in the decades following 1951, there was a need by organizations and countries experiencing such refugee problems to make the provisions of the Convention applicable to new refugee situations. Thus, the UN General Assembly adopted the *Protocol Relating the Status of Refugees* in 1967. The purpose of the protocol was to

expand the 1951 Convention to include refugees in places other than Europe, thus eliminating the temporal and geographic limitations in the scope of the UN Refugee Convention. Although the protocol was an extension of the UN Refugee Convention, it was itself an independent instrument, access to which was not limited to countries that were party to the 1951 convention (Blavo, 1999). The major provisions relating to the definition of refugee in the 1967 Protocol are as follows:

considering that new refugee situations have arisen since the Convention was adopted and that the refugees concerned may therefore not fall within the scope of the Convention, considering that it is desirable that equal status should be enjoyed by all refugees covered by the definition in the Convention irrespective of the dateline 1 January 1951, have agreed as follows:

1. The States Parties to the present Protocol undertake to apply articles 2 to 34 inclusive of the Convention to refugees as hereinafter defined.
2. For the purpose of the present Protocol, the term "refugee" shall, except as regards the application of paragraph 3 of this article, mean any person within the definition of article 1 of the Convention as if the words "As a result of events occurring before 1 January 1951 and ..." "and the words"... a result of such events", in article 1 A (2) were omitted.
3. The present Protocol shall be applied by the States Parties hereto without any geographic limitation, save that existing declarations made by States already Parties to the Convention in accordance with article -4s- 1 B (1) (a) of the Convention, shall, unless extended under article 1 B (2) thereof, apply also under the present protocol (p. 1)

The late 1950s marked the beginning of independence of African countries from colonial rule, albeit with much turmoil and bloodshed (Blavo, 1999). The massive rural exoduses of persons uprooted during the wars of independence created concern among

member nations of the Organization of African Unity (OAU). The OAU therefore adopted the *Convention Governing the Specific Aspects of Refugee Problems in Africa* in 1967 to focus attention to the African refugee situation. The basic elements of the definition of a refugee in the UN Refugee Convention were adopted with an extension specifying the circumstances under which African refugees are uprooted:

1. For the purposes of this Convention, the term "refugee" shall mean every person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it.
2. The term "refugee" shall also apply to every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality (Convention Governing the Specific Aspects of Refugee Problems in Africa, 1969, p. 2)

According to Blavo (1999) the words *nationality* and *persecution* in the OAU Refugee Convention have been very critical in the determination of refugee status in the African context. Nationality implies the country or countries to which a person can prove citizenship by means of documents; of which he is simply a national by birth or parentage; or belongs to a particular ethnic group, and can be identified as such by his

culture. Persecution in the African refugee context refers to a life-threatening situation directed personally against an individual or a group to which the individual belongs. As a basis of establishing *well-founded fear*, Blavo (1999) explained that persecution should be seen as having been caused by the government of the country of origin, or else perpetrated by a sector of the community in collaboration or connivance with the government. Persecution also applies if the government knowingly tolerates it, or when the government on becoming aware of it, cannot offer effective protection.

The extended refugee definition of the OAU Convention brought international protection to a large number of people on the African continent who may not be covered by the 1951 Convention but who were forced to move for a complex range of reasons including persecution, widespread human rights abuses, and armed conflict and generalized violence. The extended definitions have particular importance in situations of massive influx where it is generally impractical to examine individual claims for refugee status. The broadening of the refugee definition in response to regional considerations provided the much needed flexibility for international action on behalf of individuals forced to flee their countries. However, it also introduced new complexities in refugee status determination in that a person recognized as a refugee in one region of the continent may not necessarily be considered so in another region (UNHCR, 1999).

Based on events occurring in Southern Africa at the time, the Republic of Botswana in 1967 promulgated legislation regarding the status of refugees called the *Refugee Recognition and Control Act*. This Act was enacted by the parliament of Botswana primarily to:

make provision for the recognition and control of certain political refugees: to prevent in certain circumstances their removal from Botswana under the immigration (consolidation) law, 1966; and to make provision incidental thereto or connect therewith. (Refugee Recognition and Control Act, 1967 of Botswana, p.2)

Although it incorporates the major elements of the UN and OAU conventions, the recognition of refugee status by this Act is based on Botswana Immigration Law. It falls short of other important aspects of international refugee protection in relation to the aspirations and provisions of international law.

There are other conceptualizations of refugees propounded by various non-governmental organizations such as the All African Congress of Churches (AACC); the Inter-governmental Committee for Emigration and Migration (ICEM); the Categena Declaration of 1984 of The American Region; and the mass media. The mandate and sense of mission of the AACC to serve anyone impels them to extend their concern beyond the category of refugees defined by either the UN Refugee Convention or the OAU Refugee Convention. Thus, most refugee programs of the churches embrace any person in urgent need, arising from any form of displacement from any society, irrespective of state considerations (AACC, 1971). Similarly, the ICEM contends that a refugee is any person who *has been the victim of war or a disaster which has seriously disadvantaged his condition of living*. Thus, the ICEM concept of refugee is considered to be broader than the legal definition of the United Nations (Blavo, 1999).

The Categena Declaration of 1984 takes into consideration the refugee situation in the Americas where forced migration has been in response to hostilities in the region

and not necessarily in response to persecution of individuals (Blavo, 1999). Thus, the Categena definition is also broader than the legal definition of the United Nations. It includes in its definition of refugees other dimensions of general conflict in addition to the elements of the 1951 UN Refugee Convention and the 1967 Protocol as stated below:

---to reiterate that, in view of the experience gained from the massive flows of refugees in the Central American area, it is necessary to consider enlarging the concept of a refugee, bearing in mind, as far as appropriate and in the light of the situation prevailing in the region, the precedent of the OAU Convention (article 1, paragraph 2) and the doctrine employed in the reports of the Inter-American Commission on Human Rights. Hence the definition or concept of a refugee to be recommended for use in the region is one which, in addition to containing the elements of the 1951 Convention and the 1967 Protocol, includes among refugees persons who have fled their country because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order (Categena Declaration, 1984, p.3).

The mass media have in certain circumstances also employed a much broader approach to the definition of refugee by considering all persons forced out of their homes by natural and man-made disasters including all kinds of conflicts, political or non-political, as refugees. For instance, the mass movements of displaced people within Afghanistan, Angola and Mozambique during periods of conflict were referred to as refugees (Blavo, 1999).

The Refugee Crisis in Africa

Political violence in civil wars and ethnic conflicts has generated millions of refugees across the African continent. About three-quarters of the countries of Africa south of the Sahara have been affected profoundly as either the origin or destination of significant refugee movements (Kalipeni & Oppong, 1998). The United Nations High Commissioner for Refugees reports that by 1995, Rwanda had produced 107,000 refugees, Liberia 750,000, Somalia 450,000, Sudan and Angola 450,000 and 400,000 respectively, while Eritrea had produced 300,000 (UNHCR, 1993, 1995; United States Committee for Refugees, 1993, 1996). Due to the continuous and unpredictable nature of many of the conflicts in Africa, exact numbers of refugees have been difficult to determine in recent years. However, by 2001, the total number of refugees in Africa amounted to about 6.6 million. This number excludes the many internally displaced persons (IDPs), who migrate to safer places within their own countries (UNHCR, 2001).

The spatial prevalence of the refugee problem in Africa appears to be heavily concentrated in a few regions that can be delineated into two main endemic regions of *refugee-creating* and *refugee-receiving* countries. The first region runs from the horn of Africa through parts of central and eastern Africa to the eastern portion of southern Africa, notably, Mozambique. The second region is the West African coastal crescent running along the coastal areas from Benin to Senegal (Kalipeni & Oppong, 1998).

An interesting phenomenon that emerges from a closer examination of refugee flows in Africa is that countries that receive and harbor refugees from neighboring countries are usually exporting their own refugees to these same countries, an ironic exchange of the persecuted. For example in 1992, Sudan, one of the top refugee

generating countries, harbored more than 730,000 refugees from neighboring countries. Simultaneously, thousands of Sudanese refugees sought safe havens in Ethiopia, Uganda, Kenya, and other surrounding countries (Kalipeni & Oppong, 1998).

Anthony (1991), in an effort to explain the intractable and persistent refugee problem in Africa, asserted that a colonial history of administrative divisiveness, favoritism, and social and economic inequalities is responsible for explosive political confrontations in many parts of post-independence Africa. However, Oppong (1997) warned against insinuating that every conflict in Africa has an international or colonial dimension; rather, some of the tyrants of Africa, such as the Late Mobutu Seseseko of Zaire and Samuel Doe of Liberia, were driven by greed, not the cold war rivalry of their colonialists.

Although conflict zones and refugee situations are concentrated in certain regions in Africa, the magnitude of the refugee problem and its implications for health and disease for host countries as well as for refugees themselves are huge. The violence that usually produces refugees has complex and multiple direct and indirect effects on health and disease. Sexual violence and exploitation are a shockingly frequent experience for refugee women before or during flight and even in refugee camps. Sexual exploitation or violence may be part of their experience with border officials, other refugees, and people in host countries in Africa (Kalipeni & Oppong, 1998).

Sexual and Gender-based Violence (SGBV) in Refugee Situations

The problem of SGBV in displaced populations is not a recent phenomenon. It dates as far back as the Second World War, when for example an estimated 100,000-

200,000 Korean women were abducted by the Japanese army and forced into sexual slavery (Swiss & Giller, 1993). An estimated 250,000-400,000 women were also raped during the Bangladesh war for independence in 1971 and 39% of Vietnamese women aged 11-40 fleeing their country by sea in 1985 were reported abducted or raped (Swiss & Giller, 1993).

The prevalence of self-reported SGBV in the general population is often difficult to assess and even more difficult to estimate in displaced populations such as refugees and internally displaced persons (World Health Organization [WHO]; 2002). According to UNHCR (1999), the magnitude of SGBV in refugee situations in many areas around the world remains underreported due to factors such as: fear of retribution; shame; powerlessness; lack of support; breakdown or unreliability of public services; and the dispersions of families and communities. SGBV has been reported to occur during all phases of a refugee situation: prior to flight, during flight, while in the country of first asylum, and during repatriation and reintegration. The perpetrators are reportedly fellow refugees, members of other clans, religious or ethnic groups, military personnel, relief workers, members of the host population, and family members (UNHCR, 1999).

Persons most vulnerable and at the greatest risk of SGBV in refugee situations include unaccompanied women and lone female heads of household. Children are very vulnerable to sexual abuse given their high level of trust. Unaccompanied, often orphaned minors who are on their own or who may be residing with families that are caring for them are also especially at high risk. Refugees of all ages and both genders face a significantly increased risk of sexual violence when in detention or detention-like situations. Those refugees who are the very old, infirm, or are physically or mentally disabled, may be particularly vulnerable to attack (HRW, 2000).

SGBV against refugee women in Africa. Most women in Africa who flee their homes in search of sanctuary from violence too often find that they have simply escaped violence in conflict to face a different type of violence in the refugee camps. They face protection and security risks in refugee camps, as well as the challenges of heading households while suffering from their disadvantaged status as women. African refugee women are often vulnerable to rape, sexual assault, and other forms of sexual violence (HRW, 1999).

Incidence and prevalence of SGBV are reportedly high in many refugee communities in Africa. In a UNHCR review of reproductive health services statistics from refugee camps, the annual number of women reporting rape was .2 per 1,000 among Rwandans in Ngara, Tanzania; .3 per 1,000 among Rwandans in Ngoma, Zaire, .5 per 1,000 among Somalis in Dadaab, Kenya; .6 per 1,000 primarily among the Sudanese in Uganda; and 3.1 per 1,000 among Burundian refugees in Kibondo, Tanzania (Bitter, 1998).

In most African refugee settings, pressures regarding housing, food, security, and other resources often strain domestic situations and erupt in violence. Moreover, extended networks of family, neighbors, and community leaders that may have acted as a deterrent to abuse under normal circumstances no longer exist in the abnormal conditions and unfamiliar territory to which women refugees are exposed. Thus, women refugees generally have limited, or no, legal remedies against sexual and domestic violence, due to their unfamiliarity with, and wariness of local police and judicial authorities, and because of a lack of proactive, timely, systematic, and sensitive responses by the relevant international and local authorities in Africa (HRW, 2000).

In Africa, the true scale of SGBV against refugees is shadowed by reasons such as: victims' reluctance to report; personal discomfort of refugee workers or humanitarian officials; and refugee workers' or officials' the frequent dismissals of reported rapes as a private matter (UNHCR, 1999).

Physical, psychological, and social consequences of SGBV among refugees. The conditions of refugee settings are particularly conducive to SGBV, both in the early stages of a complex emergency, when rape is often used by soldiers as a weapon of war, and later in the stable phase, when violence perpetrated by intimate partners or acquaintances may become more prevalent (McGinn, 2000). The injuries that refugees sustain from being raped persist long after the crime. Refugee women in different parts of the world have reported ongoing medical problems, including psychological trauma, miscarriages due to rape during pregnancy, hemorrhaging for long periods, inability to control urination, sleeplessness, nightmares, chest and back pains, and painful menstruation (HRW, 2000).

UNHCR (1999) reports that the psychological consequences of SGBV include paralysis by terror, emotional pain, trauma, intense self-disgust, powerlessness, worthlessness, apathy, denial, chronic depression, abandonment of babies, guilt, shame, and loss of self-esteem. Social consequences can entail rejection by the spouse or immediate family, stigmatization or ostracism by the community, subjection to further sexual exploitation and/or severe punishment, and deprivation of education, employment, and protection.

The strong cultural stigma often attached to rape also further intensifies the refugee victims' physical and psychological trauma. Women in refugee camps and those

who are internally displaced who acknowledge being raped may be ostracized or even punished by their families. As a result, refugee women survivors of sexual violence often are reluctant to seek medical assistance or to file police reports because they do not want to disclose their experience. Even when incidents are reported, however, effective responses may not be forthcoming, since international humanitarian organizations, as well as countries of asylum, often ignore or are not adequately trained and equipped to handle reports of rape and other sexual crimes (HRW, 2000).

Sexual and Gender-based Violence and Refugee Protection

The Geneva Conventions of 1949 and their Protocols prohibit sexual violence in both international and internal conflicts. The national and international legal, policy and programming implications of SGBV, and their consequences in refugee situations, involve issues of prevention, protection, education, information, communication and monitoring by host countries, refugee agencies and resettlement countries. Regional human rights laws applicable in Africa are similarly meant to protect the rights of refugees to personal dignity and integrity, and prohibit degrading treatment or punishment and violence against all persons (UNHCR, 1999).

International human rights law requires national governments to provide protection against violence to all persons within their territory, to investigate and punish perpetrators of violence, and to ensure equal access and protection under the law to all without discrimination on the basis of race, color, sex, national origin, or other grounds (HRW, 2000). These obligations extend to all refugees and asylum seekers within a host country. The international community has the legal responsibility

of ensuring that the rights of refugees are respected. Thus, local and regional offices of UNHCR are mandated to provide such international protection to refugees and should work in concert with host governments in pursuit of this objective.

Host governments have an affirmative obligation to protect refugees from sexual and gender-based violence and to ensure that victims have full access to the local legal system. By failing to ensure that police and court officials investigate, prosecute, and punish perpetrators of SGBV against refugee women, a host country is in breach of its international law obligations as mandated in the 1951 U.N. Convention Relating to the Status of Refugees to provide refugees equal protection of the law (HRW, 1999).

According to HRW (2000), the universal instruments protecting African refugee women against SGBV include the Universal Declaration of Human Rights (1948); the International Covenant on Civil and Political Rights (1966); the International Covenant on Economic, Social and Cultural Right (1966); the Convention on the Elimination of All Forms of Discrimination against Women (1979); UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984) and the African Charter on Human and Peoples' Rights (1981).

The provisions protecting refugee women in the Universal Declaration of Human Rights of 1948 includes the right to life, liberty and security of one's person and the protection against torture or cruel, inhuman or degrading treatment or punishment. Similarly, the International Covenant on Civil and Political Rights of 1966 states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment and that everyone has the right to liberty and security. The International Covenant on Economic, Social and Cultural Rights (1966) requires countries that are party to the Covenant to recognize the right of everyone to enjoy the highest attainable

standard of physical and mental health. The Convention on the Elimination of All Forms of Discrimination against Women (1979) mandates signatory countries to take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation or prostitution of women. The African Charter on Human and Peoples' Rights (1981) states that all human beings are inviolable and therefore should be entitled to respect for life and integrity and should be accorded the right and respect of dignity inherent in human beings and to the recognition of legal status (HRW, 2000)

HIV/AIDS and STDs in Refugee Settings

It is obvious that several characteristics of refugee life would logically increase exposure to STDs including HIV/AIDS. Several assessments of the point prevalence of HIV and other STDs have been conducted in refugee settings (McGinn, 2000). For example, a 1989 prospective study of 179 pregnant Vietnamese refugees in Hong Kong found 3% prevalence of syphilis and no gonorrhea (King, Duthie & Ma, 1990). The International Rescue Committee (IRC), 1999) reported similar syphilis rates in a 1998 survey of 876 Sudanese and Somali refugees attending an antenatal clinic at the Kakuma Refugee Camp in Kenya.

A number of other studies have linked the spread of HIV and other STDs to conflicts and the populations shifts they propel (McGinn, 2000). UNAIDS (1998) reported a HIV seroprevalence rate of about 9% among Rwandans who had lived in refugee camps in Tanzania or Zaire, representing a 6-8 fold increase over the rates in the rural areas from which they originated. However, the increase was even greater for the

internally displaced who remained in Rwanda during the conflict years. Of the women raped, 17% were reportedly HIV-positive (UNAIDS, 1998).

Among Mozambican refugees in two camps in Swaziland, Van Rensburg, Lemmer and Joubert (1995) found a 11% HIV seroprevalence rate among those refugees residing in a camp located near Swaziland's two major cities (with estimated HIV seropravalence of 18%) compared to 1% among refugees residing in an isolated camp in a sparsely populated area further south of Mozambique.

McGinn (2000) argued that the location of refugees, rather than refugee status per se, was important in the examination of the spread of HIV infection in Angola in 1997 and 1998. In a study of 1,695 relatively healthy individuals and patients (seeking treatment for tuberculosis and other illnesses) in six provinces, Santos-Ferreira et al., (1990) concluded that seropositivity for HIV was highest among patients and healthy individuals in the northern areas (near Zaire), among refugees in the most affected war zones and among military personnel. Although it is evident that conflict situations increase the spread of STDs including HIV, in most cases through displacement and military presence, the direction of spread often depends on the relative prevalence levels in countries of origin and destination.

Chapter 3

Theoretical Framework

This study utilized the reformulated theory of learned helplessness (Abraham et al., 1978), an extension of Seligman's (1975) theory of learned helplessness, to investigate the relationship of SGBV and sexual-risk behaviors among refugee women in Botswana. Learned helplessness theory was further used to explore the mediating role of depression symptoms on the hypothesized relationship of SGBV and sexual-risk behaviors. Thus, this chapter describes the history of learned helplessness theory and the association of SGBV with learned helplessness factors. Research concerning the relationship between SGBV and learned helplessness is then presented. This is followed by literature concerning the relationship between learned helplessness and violence including sexual violence. The relationships between learned helplessness factors and depression, and the resulting influence of trauma are also subsequently examined.

Learned Helplessness Theory

Overview of learned helplessness theory. According to Walker (2000), learned helplessness had often been confused with being helpless, rather than its original meaning of "having lost the ability to predict that what you do will make a particular outcome occur" (p.116). The conceptualization of learned helplessness originated in the experimental work with dogs of Martin Seligman and his colleagues (e.g., Overhear & Seligman, 1967; Seligman & Maier, 1967). As a theory, learned helplessness is characterized by a person's failure to take harm-avoidant responses even when such

responses lead to reduced exposure to harm or risk of harm (Hogben, Gange, Watts, Robinson, Young, Richardson, Cohen, & Dehovitz, 2001).

According to Peterson, Maier, and Seligman (1993), learned helplessness theory consists of three essential components: contingency, cognition, and behavior.

Contingency refers to the objective relationship between an individual's action and the resulting outcomes experienced. The two most important contingency are controllability and uncontrollability; the former occurs when the individual's actions reliably produces outcomes and the latter is the random relationship between actions and outcomes.

Cognition refers to the way in which the person perceives, explains and extrapolates contingency. The process of cognition consists of several steps in which the person first comprehend the contingency. Next, the person explains what is, and finally, the person uses his perception and explanation to form an expectation about the future. If a failure is experienced that is believed to be caused by stupidity, then failure is expected again when the individual finds himself in situations requiring intelligence (Peterson, Maier, & Seligman, 1993).

Behavior refers to the observable consequences of non-contingency and the individual's cognitions about it. Learned helplessness studies measure someone's passivity versus activity in a situation different from the one in which uncontrollability was first encountered. In, addition, learned helplessness theory claims that "other consequences may follow as well from the individual's expectation of future helplessness: cognitive retardation, low self-esteem, loss of aggression, immune changes, and physical illness" (Peterson, Maier, & Seligman, 1993, p.8).

Therefore, an apparent and clear case of learned helplessness must have all three components: non-contingency between the person's actions and outcomes, the expectation that the outcome will not be contingent in the future, and passive behavior (Peterson, Maier, & Seligman, 1993).

Evolution of learned helplessness theory. Learned helplessness theory was originally developed to explain why dogs experiencing uncontrollable electric shock failed to learn escape or avoidance behavior (Overmeier & Seligman, 1967). Seligman and his colleagues discovered that when laboratory animals were repeatedly and non-contingently subjected to shock, they became unable to escape from the painful situation, even when escape was possible and readily apparent to animals that had not been subjected to helplessness training (Walker, 2000).

The early experiments found that dogs learned to be completely passive when faced with unpleasant environments that the animals could not control. In order to create such environments, dogs were exposed to series of electric shocks that they could neither avoid nor control. When placed in similar situations that involved shocks that could actually be controlled by a simple response, the dogs that had experienced the uncontrollable situations passively submitted to the controllable shocks. Conversely, the dogs that had not had uncontrollable experiences quickly learned to avoid the shocks altogether (Walker, 2000).

Walker (2000) explained that the dogs were thought to have learned that their behaviors had no influence over external events, and therefore learned to be completely passive, or helpless, in response to stressful situations. Seligman (1975) likened this

phenomenon to a kind of human depression, and showed it has cognitive, motivational, and behavioral components. He labeled this phenomenon “learned helplessness.” This cognitive explanation for the dogs’ passive behaviors soon came to be known as the “learned helplessness theory” (Maier & Seligman, 1976). However, this original theory proved to be too simple for humans. Whereas the original model hypothesized that all humans would become totally dysfunctional and completely passive in response to all uncontrollable situations, it soon became clear that not all people respond in the same way to perceivably uncontrollable situations (Abramson, Seligman, & Teasdale, 1978; Peterson & Park, 1998).

Several theoretical inadequacies were subsequently identified in the original theory relative to the effects of uncontrollability on human behavior (Abramson, Seligman & Teasdale, 1978). The possibility of more than one type of perceived helplessness existing (universal versus personal) was the first inadequacy identified. No apparent consideration had been given to the likelihood that an individual’s behavioral repertoire of controlling responses might be an important element in the development of learned helplessness. A second concern was the failure to consider the means whereby generalizability of the helplessness response occurred across situations. Finally, the theory failed to deal with the chronicity of the helplessness response over time (Olson, 1983).

Resolution of the identified inadequacies was attempted by incorporating elements of attribution theory into the original theoretical model that became known as the *Reformulated Learned Helplessness Theory* (Abramson et al., 1978; Abramson, Garber, & Seligman, 1980). Abramson et al. (1978) explained the apparent variability in

human responses by looking at individual causal attributions for negative events; that is, how an individual explains the apparently uncontrollable and unpleasant event. The new model suggested that such attributions were influenced by the perceived salience of situational cues; the more ambiguous the event, the more likely an individual will be subject to his/her attribution biases. These attribution biases, in turn, were thought to reflect an individual's common belief about what caused the negative and uncontrollable event. An associated belief concerned the individual's own ability to influence the final outcome of the event, or locus of control (Rotter, 1966). In such a way, individuals were found to be subject to their beliefs about both the cause of the event (attributional bias) and the outcome (locus of control) (Peterson, Maier, & Seligman, 1993).

The reformulated theory of learned helplessness. Abramson et al.'s (1978) reformulated theory of learned helplessness posits that causal attributions for unpleasant and perceivably uncontrollable events have three dimensions: global versus specific (globality), stable versus unstable (stability), and internal versus external (internality). Any one of eight combinations can be made from these three dimensions and an attributional bias is represented by the most persistently applied combination.

The reformulated theory suggests that a global, stable, and internal attribution bias for unpleasant events represents the quintessential state of learned helplessness and has therefore come to represent the concept. A global causal attribution occurs when the individual presumes that the cause of negative events is consistent across multiple situations, whereas a specific causal attribution occurs when the individual presumes that the cause is unique to only one situation. A stable causal attribution occurs when the individual presumes that the cause is consistent across time, whereas an unstable causal

attribution occurs when the individual presumes that the cause is specific to one point in time (Abramson et al., 1978).

Finally, the reformulated learned helplessness theory asserts that an internal causal attribution connotes *personal helplessness*, or a belief that the uncontrollable situation occurred due to some inherent personal characteristic. Not surprisingly, internal causal attributions are associated with lowered self-esteem (Olson, 1983). External causal attributions, on the other hand, indicate *universal helplessness*, or a belief that the perceivably uncontrollable situation came about because of independent external forces (Abramson et al., 1978).

The assumptions of the reformulated theory include the expectation that events are uncontrollable as the critical determinant of non-contingency and postulates that attributions by an individual serve a mediating role between perception and expectation of non-contingency. Thus, reactions to uncontrollable events are determined by the causal attributions about the event (Olson, 1983).

Although the reformulated theory of learned helplessness has not been scientifically tested in refugee populations with histories of SGBV, it has had wide spread applications in the social, behavioral and health sciences in understanding behavior in a variety of situations. For example, in describing the relevance of learned helplessness theory to nursing practice, Stoner (1985) examined its possible applicability to understanding individuals' psychological adjustment to cancer. Stoner demonstrated that it is likely that learned helplessness is experienced by some individuals with cancer and this knowledge of patients' perceived controllability, attributions for uncontrollable events, expectations that actions will improve outcomes, and the knowledge that cancer

patients lack motivation will help nurses determine appropriate interventions (Stoner, 1985).

Learned helplessness has also been utilized as an interacting variable with self-care agency (McDermott, 1993) among healthy working adults. In this study, self-care agency, which was defined as the enabling ability a person must possess in order to engage in self care (McDermott, 1993) was examined in relationship to learned helplessness and adults' perception of their power to perform self care. Learned helplessness was found to be inversely related to self-care agency with the implication that an interaction of learned helplessness and self-care agency can affect self-care behaviors.

Learned Helplessness and Trauma

Learned helplessness theory posits that organisms learn non-contingency or independence between voluntary response and outcome (Maier & Seligman, 1975). Therefore, ordinarily the incentive to initiate a voluntary response to a traumatic event has as its primary source the expectation that the response will bring about relief. However, the experience of the futility of action results in objective information from the learning situation that responding is futile (Southwood, 1986). This means that when non-contingency is experienced a cognitive representation of that non-contingency or expectancy for the futility of action results, followed by reduced or no response initiation. When subjected to circumstances perceived to be similar to the non-contingent situation, passive behavior is demonstrated.

Learned helplessness attributions have been associated with post-traumatic stress disorder (PTSD) in adults. For instance, Roth and Newman (1992) observed learned helplessness factors in several of their adult clients diagnosed with PTSD. Roth and Newman's clinical experience, although not substantiated by larger empirical studies, indicated that such maladaptive cognitions tend to globalize across situations and restrict individuals' interpretations of otherwise benign situations. Theoretically, then, increasingly more situations are interpreted as being life threatening, which in turn serves to maintain a pathological level of anxiety. This visceral sense of impotence leads to decreased self-esteem (e.g., Peterson, Maier, & Seligman, 1993), and potentially to increased susceptibility to the development and maintenance of trauma symptoms (Olson, 1983).

McCormick, Taber, and Kruegelbach (1989) were among the first researchers to empirically test the potential link between learned helplessness, causal attributions and PTSD. In accordance with the reformulated learned helplessness theory, McCormick et al. (1989) hypothesized that internal causal attributions decrease self-esteem, stable causal attributions increase the chronicity of learned helplessness, and global causal attributions increase the generalizability of learned helplessness. Their study included 99 male veterans receiving inpatient psychiatric treatment for alcohol addiction and/or gambling problems at a Veterans Administration Medical Center. Four assessment instruments were administered to each of the 99 patients. A non-standardized set of questions, followed by a clinical interview, was administered in order to determine the diagnostic presence or absence of PTSD predicted adolescent adjustment. When combat exposure severity in general was considered in addition to specific types of abusive

violence, combat exposure was the only variable that predicted PTSD symptom severity. Hiley-Young et al. (1995) had also concluded that a history of SGBV and the degree of combat violence exposure predicts the development of PTSD symptoms.

Learned Helplessness, Sexual Violence, and Depression

Learned helplessness has been shown to be a potential outcome of involuntary exposure to forced sex and attendant STD risk components (Eisenstein & Carlson, 1997; Seligman, 1975). When applied to risk-taking in general, learned helplessness typically develops when attempts to avoid harm (e.g. potential exposure to STD through sexual-risk taking) does not yield diminished risks where the victim cannot avoid exposure (Hogben et al., 2001). Thus, through experience, the victim learns that trying to avoid risk is futile.

Motivational, cognitive, emotional, and behavioral deficits that lead to depression have also been identified in humans experiencing learned helplessness (Southwood, 1986). Similar to helpless animals, depressed humans were found to have negative, pessimistic beliefs about the efficacy of their actions and the likelihood of obtaining future rewards. Both depressed humans and helpless animals exhibited motivational deficits in the laboratory. Both exhibited signs of emotional upset with illness, phobias, sleep disturbances, and other symptoms similar to those described as being part of the battered woman syndrome, a subcategory of post traumatic stress disorder (Walker, 2000).

Depression is a condition that has been shown to be a typical collateral outcome of learned helplessness (Klein et al., 1976; Klein & Seligman, 1976; Miller & Seligman,

1975). Klein et al. (1976) demonstrated the relationship between learned helplessness and depression in a study of performance measures of depressed and non-depressed college students. Performance measures for anagram solutions were obtained from depressed and non-depressed students previously exposed to either “solvable” or “no discrimination” problem sets. Consistent with predictions generated by the learned helplessness theory, both depressed students given solvable problems (induced learned helplessness) and the depressed control group (no discrimination problem) manifested similar performance deficits relative to a non-depressed control group (Southwood, 1985).

Abramson et al. (1978) postulated the existence of a depressive attributional style among individuals with depression. Thus, depression-prone individuals are likely to attribute negative outcomes to global, stable, and internal causes. Olson (1983) argued that the learned helplessness-depression model also implies that attributing positive outcomes to external, specific, and unstable factors might increase vulnerability to depression.

Raps, Reinhard, Peterson, Abramson, and Seligman (1982), in a comparative study of the relationship of attributional style and depression in a psychiatric population, found that depressive patients attributed negative outcomes to internal, stable, and global factors and positive outcomes to external and unstable factors. Garber and Hollon (1980) also suggested that depressives’ expectations of response-outcome and non-contingency are restricted to situations in which they are personally involved and do not represent generalized beliefs regarding uncontrollability in the world.

Higher rates of depression and a putative increase in depression are attributable to forced sex or physical violence (Hogben et al., 2001). Victims of forced sex in general are typically more depressed than non-victims (Fishbach & Herbert, 1997). According to Isaac and Schneider (1992), depression, which is also related to a perceived loss of control, may be associated with sexual-risk behaviors among women who normally avoid such behavior and may predict sexually transmitted diseases (STDs). In this study learned helplessness is hypothesized to result in increased risk for passive sexual behaviors by refugee victims of SGBV.

Chapter 4

Methods

This chapter describes the research methodology used for examining the relationship of sexual and gender-based violence (SGBV) to sexual-risk behaviors among refugee women in Botswana and the mediating effects of depression and learned helplessness on the predicted relationship. The research design, hypotheses, instruments, sampling procedures, research design implementation, human subjects concerns, and data management and data analysis procedures are described in this chapter.

Research Design

A cross-sectional research design was used to test the main hypotheses of the study. A structured questionnaire, developed for this study was administered by trained female interviewers to adult female refugees at the Dukwi camp in Botswana. As stated in chapter one, the study addressed five main research questions. These included:

1. What are the dimensions of the problem of SGBV (and its consequences for reproductive health in particular STD and HIV) among the refugees at the Dukwi camp?
2. What is the relationship between SGBV and sexual-risk behaviors in refugee situations and how does depression affect this relationship?
3. How does learned helplessness explain the relationship between SGBV and sexual-risk behaviors in refugee situations?

4. Does learned helplessness (as a result of SGBV) increases the likelihood of engaging in risk-sexual behaviors by refugee women?
5. Is depression an outcome of learned helplessness by refugees?

Hypotheses

This study utilizes the reformulated theory of learned helplessness (Abraham et al., 1978) to investigate the relationship of SGBV to sexual-risk behaviors (SRB) among refugee women in Botswana and the possible mediating roles of depressive symptomatology and learned helplessness.

Based on the reformulated theory of learned helplessness, the following major hypotheses were proposed:

1. A history of past SGBV (uncontrollable event) predicts engagement in sexual-risk behaviors among refugee women.
2. Learned helplessness predicts sexual-risk behaviors among refugee women.
3. Learned helplessness predicts depression among refugee women.
4. Depression and learned helplessness mediate the relationship between past SGBV and sexual-risk behaviors among refugee women.

The hypothesized relationship between the central study variables is shown in figure 4.0.

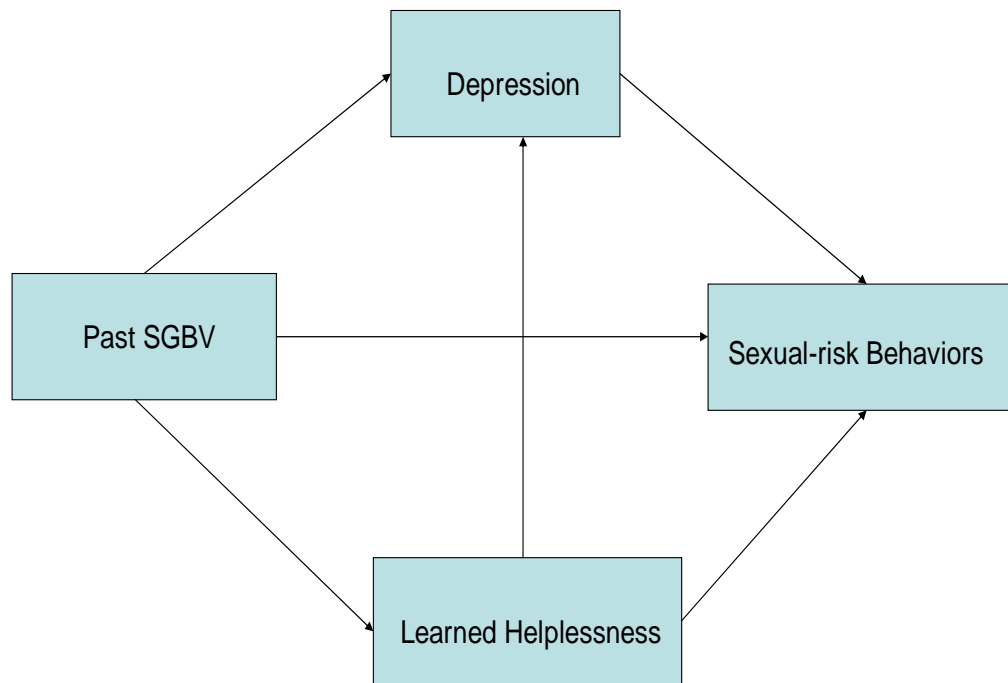


Figure 4.0

Hypothesized Model of SGBV, Depression, Learned Helplessness, and Sexual-risk Behavior

Instrumentation

The survey instrument (see Appendix A) was a self-report questionnaire consisting of predominantly closed-ended questions and eight open-ended questions. The central study variables that tested the aforementioned hypotheses are defined below:

Sexual and gender-based violence (independent variable). This was defined as any type of abuse that includes rape, sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution (sexual bartering), torture, insertion of objects into genital openings, and attempted rape (UNHCR, 1999).

Learned helplessness (mediating variable I). This was characterized as the failure to take harm-avoidant responses even when such responses lead to reduced exposure to harm or risk of harm as measured by the Learned Helplessness Scale (Quinless & McDermott, 1988).

Depression (mediating variable II). This was defined as encompassing the depressed mood symptomatology. It comprised the symptoms of depression in the last week as measured by the Hopkins Symptoms Check List-15.

Sexual-risk behaviors (dependent variable). These were taken to be a constellation of behaviors involving inconsistent or no condom use during vaginal, oral and anal intercourse with primary and non-primary male partners (Jones, 1999). It also included having sex with partners who are perceived by the participant to be having sexual intercourse with other women and/or men, take drugs, or alcohol (Aral & Wasserheit, 1995).

The survey instrument consisted of six parts: a demographic data sheet, a learned helplessness scale, a depression scale, a SGBV scale, a sexual risk behavior scale, and an open-ended question data sheet (see Appendix A).

Part I: Demographic data sheet. This section consisted of items that elicited background information on age, country of origin, and length of stay in Botswana, occupation, income, reading and writing abilities, household and relative information.

Part II: Learned helplessness scale. The Learned Helplessness Scale (LHS) is a 20-item scale that measures learned helplessness. Developed by Quinless and McDermott (1988), each item on the LHS was rated on a 4-point likert scale from strongly agree (1) to strongly disagree (4). The LHS addresses the three dimensions outlined in Abramson et al.'s (1978) reformulated model of learned helplessness, i.e. globality, stability, and internality. It produces a composite score representing learned helplessness. Total possible scores range from 20 to 80. The higher the LHS score, the higher the individual's level of learned helplessness (Post, 1999). Thus, the LHS does not attempt to produce separate scores for the three theoretical dimensions of internality, globality, and stability. This measure has been used successfully to establish a significant positive correlation between the degree of learned helplessness and both procrastination and dysphoria, as well as a significant negative correlation between the degree of learned helplessness and grade point average in undergraduate college students (McKean, 1993). Wilson et al. (1992) used the LHS to show that help-seeking abused women evidenced higher degrees of learned helplessness than non-abused women and those abused women not seeking help.

In their determination of the reliability and validity of the LHS, Quinless and McDermott (1988) administered the LHS to a sample of 241 healthy adults (mean age of 39.9 years) to investigate the link between learned helplessness, self-esteem, and hopelessness. The majority (72%) of the sample was married female high school graduates with either technical or professional jobs. The alpha reliability coefficient of the LHS was .85. To establish content validity, the authors of the LHS scale utilized recommendations from Martin Seligman, Lyn Abramson, and Christopher Peterson.

An adapted version of this scale was used in this investigation with only 19 items, deleting the item: *I am unsuccessful at most tasks I try*. This item was considered inappropriate for the current study population when the study was designed based on what is known about the state of refugees in a camp setting. Internal consistency for the 19 items was Cronbach's Alpha = .80. The composite learned helplessness score was the average of the individual scores. Thus, possible scores for the learned helplessness scale in this research ranged from 1 to 5. The composite LH score was used to categorize participants into low and high groups of learned helplessness based on the median split for descriptive purposes only. Those participants who scored above the median (55.3%; $n = 211$) were classified as the high-learned helplessness group and those who scored below the median (44.7%; $n = 187$) were the low group.

Part III: Hopkins symptoms check list. The HSCL-25 is a well-known and cross-nationally used screening instrument with a history that dates to the 1950s. Originally designed at Johns Hopkins University by Parloff, Kelman and Frank in 1954, the HSCL-25 is a symptom inventory that measures symptoms of anxiety and depression. It consists of two parts with a total of 25 items. Part I consists of 10 items that measure anxiety

symptoms and Part II has 15 items that measure depression symptoms. The scale for each question includes four categories of responses: *Not at all*, *A little*, *Quite a bit*, and *Extremely*, rated 1 to 4, respectively. Three scores are usually calculated representing anxiety, depression and a total score of all 25 items. The depression score is the average of the 15 depression items and the anxiety score, the total of the 10 anxiety items.

The HSCL-25 score has been consistently shown in several populations to be highly correlated with severe emotional distress of unspecified diagnosis, and the depression score correlated with major depression as defined by the Diagnostic and Statistical Manual of the American Psychiatric Association, IV Version [DSM-IV] (Harvard Program in Refugee Trauma, 2003). In a study of the development and validation of Cambodian, Laotian, and Vietnamese versions of the HSCL-25, the inter-rater reliability for the total anxiety and depression scores for the three language groups was found to be higher than .98 (Mollica et al., 1987).

The HSCL-25 was used in this study because of its sensitivity and specificity as a screening instrument with refugee populations. In a study of newly admitted patients into a mental health facility, the sensitivity and specificity for the presence of depression (based on the cut-off score of 1.75 on the 15 depression items) according to the DSM-III diagnosis for major depression were .88 and .73, respectively (Mollica et al., 1987). In contrast to other known depression scales, the Hopkins Symptoms Check List has been extensively used to identify distress in refugee populations (Mollica, Narcisa, Chernoff, Lavelle, Vukovic, Massagli & Michael, 2001). Moreover, it has also been widely translated and used in several studies among diverse groups (Cardozo, Vergara, Agani, & Gotway, 2000), validated against clinical diagnosis (Smith, Murphy, Pham, Lin, Poole &

Mollica, 1997), and shown to have high internal consistency in studies of Russian, Arabic, Farsi, English, Bosnian, and Croatian-speaking patients (Mollica et al., 2003). An adapted version of the HSCL-25 with the item *feeling blue* changed to *feeling sad* (to place the item in the proper cultural context) was used in this study, which employed only the 15 items from the depression scale. The other 10 items that measure anxiety symptoms were not used since anxiety was not the focus of this study.

The cut-off score of 1.75 (Mollica et al., 1987) was used to classify participants into depressed and non-depressed groups. Those participants with depression scores of 1.75 and higher (90 %; n =363) were classified as depressed and those with scores lower than 1.75 (10 %; n =35) were non-depressed. The Cronbach's Alpha for the HSCL-15 in this study's sample was .76.

Part IV: Sexual and gender-based violence measure. The Sexual and Gender-based Violence measure was adapted from the Gold Standard SGBV Questionnaire of the Reproductive Health of Refugees Consortium ([RHRC], 2003). The Gold Standard SGBV Questionnaire is a 188-item measure that assesses SGBV in refugee and/or conflict settings by estimating the prevalence of sexual and physical violence during several periods defined by historical markers such as prior to the war, during war, during occupation and while internally displaced.

According to Ward, Hynes, Koss and Zuckerman (2003), the Gold Standard Questionnaire has been pilot tested cross-nationally in Rwanda (Africa), Kosovo (Europe), and East Timor (Asia). To facilitate accumulation of a cross-national database and to benefit from the efforts of previous investigators, the measure's creators employed items from pre-existing surveys whenever possible, with response options frequently

added to tailor the questions to the conflict setting (Ward et al., 2003). The psychometric properties of the Gold Standard Questionnaire are yet to be determined.

For the purposes of this research, only five sections of the SGBV Gold Standard Questionnaire were used to create the SGBV measure. The first three sections of the measure assessed SGBV during the occupation and/or conflict, flight/displacement, and post conflict (host country) on 6-point likert format rated 1-6. Response options were: *never, 1-2 times, 3-5 times, 6 or more times, weekly and daily*. The fourth section investigated a *Most Serious Incident of SGBV*, and asked participants to report whether they consider a particular incident or experience of SGBV most serious or not on a dichotomous *yes* or *no* scale. The fifth section elicited information on the participant's history of abduction and/or forced detention. All five sections also asked participants to provide information on perpetrators of the reported violence and the nature and extent of the violence. The reliability coefficient of the SGBV measure in this study's sample was .97.

To obtain composite SGBV scores, items on the SGBV measure were categorized into *Physical Violence (PV)*; *Intimidation and Control (IC)*, and *Sexual Violence (SV)*. Physical violence was defined as pulled hair, slapped/twisted arm, hit with fist or something else, pushed down/kicked, choked. Intimidation and control was defined as forbidden to see friends or family, kept away from medical care, and refusal to give money for food, insulted or swore at you, threatened to hurt you, threatened with weapon. Sexual violence was defined as partner using threats of physical harm or using force to obtain sex, or forcing the woman to have sex with other people (Ward et al., 2003). The items in the different categories are shown on Table 4.1.

Exploratory factor analysis of the SGBV was performed to assess construct validity and to detect structure in the relationships between the variables (classify) and to confirm the established SGBV categories. Construct validity of the SGBV scale was completed using principal components factor analysis with a varimax rotation. The data were analyzed using the SPSS version 12.0 computer program based on 402 cases. Participants with missing responses or unanswered items were eliminated from the analysis. The factor analysis provided a listing of three factors with eigen-values above 1.0.

A factor loading of .30 was determined to be the lowest acceptable loading since this analysis was exploratory. Thus, correlations of .30 or greater with at least one other item indicated that the items shared a common factor. Based on the factor extraction data, eigen values, scree plot, and variance, three factors were identified. Principal components factors analysis was then performed with varimax rotation that confirmed three factors that manifested the underlying dimensions of the original categories of physical violence, intimidation and control, and sexual violence. The items were then categorized and reduced to 20 and were used in subsequent analyses.

Past SGBV (independent variable) was defined as reported experiences of SGBV in home country and during flight, while current SGBV were incidences of SGBV in the host country (Botswana). Thus, past physical violence, past intimidation and control, and past sexual violence were defined as such acts while the participant was in her country of origin or home country and during flight or transit. Composite scores for each of the SGBV categories were the average score for the total items in the category.

Table 4.1

SGBV Categories and Items: SGBV Measure.

| SGBV Category |
|---|
| Physical Violence |
| <ul style="list-style-type: none"> • Slapped or hit • Choked • Beaten or kicked • Shot at or stabbed • Experience physical disfigurement of your body • Beaten on sexual parts of your body |
| Intimidation and Control |
| <ul style="list-style-type: none"> • Tied or blindfolded • Deprived of food, water or sleep • Detained against your will • Forced to watch someone being physically assaulted • Forced to watch someone being sexually assaulted • Threatened with a weapon of any kind • Subjected to improper sexual comments |
| Sexual violence |
| <ul style="list-style-type: none"> • Forced to remove or strip off your clothing • Given internal body cavity searches • Subjected to unwanted kissing • Touched on sexual parts of your body • Forced or threatened with harm to make you give or receive oral, or have vaginal or anal sex • Penetrated with an object in your vagina or anus • Compelled to engage in sex in order to receive something such as food, water, protection for you, your family or other reasons |

Part V: Sexual-risk behavior scale. The Sexual-risk Behavior Scale (SRB) was adapted from the Women's Relative Sexual Risk Scale (WRSRS) that was developed by Jones (1999). The WRSRS is a 31-item scale that was developed as a culturally relevant instrument to assess women's unprotected intercourse with male partners who engage in HIV-risk behaviors during the previous three months. According to Downey et al (1995) a three month sexual history recall period is recommended to assess sexual behaviors because it is considered long enough to be representative of sexual behaviors, but short enough for more reliable recall of them.

The WRSRS was developed to be theoretically consistent with the view that the person and environment are in a mutual process (Jones, 1999). It consists of two dimensions that assess HIV sexual risk. The first dimension assesses the numeric frequency of the participant's engagement in unprotected vaginal, oral, and anal sex during the last three months. The other dimension taps the participant's perceived likelihood that her partner engaged in sex with other women, sex with men or used drugs or alcohol during the same time period.

All items were in the context of a primary or a non-primary partner and were based on the previous 3 months. For example, participants were asked: *During the past three months, of all the times you and your primary partner had oral sex, how many times was a condom used?* Response options for the unprotected sex items ranged from *no time* to *four or more times*. For the perceived partner sexual behaviors, participants were

asked questions such as: *How much of a chance is there that this non-primary partner had sex with other women during the past 3 months?* Response options ranged from *not at all* to *definitely could* (Jones 2001).

Four independent content experts who rated the relevance of each item to the conceptual definition of sexual risk behaviors established the content validity of the WRSRS. Face validity was established with a culturally diverse representative group of undergraduate nursing students by engaging them as consultants who suggested appropriate changes to the items based on culture, gender and age relevance (Jones 2001). Inter-rated agreement on item relevance was established by a content validity index (CVI), a four-point scale, ranging from 1 = not relevant to 4 = very relevant. Due to the diversity of sexual risk behaviors, theta reliability was conducted in the main study, an approach designed to address the problem of alpha reliability as a lower bound estimate of reliability in a homogenous instrument. The theta reliability for the WRSRS was .82 (Jones, 2001).

The composite SRB score was the sum of the weighted frequency of unprotected vaginal, oral, and anal intercourse and the perceived partner behavior score. Each unprotected intercourse was weighted on its relative, not absolute, HIV transmission risk potential (Vaginal =1; oral = .1; and anal sex = 2) as recommended by Susser, Desvarieux, and Wittkowski (1998). The perceived partner's behavior was weighted according to the strength of the women's certainty. *None at all* was scored as 1 rather than zero, indicating negligible risk; *don't know* was scored as 2, indicating some risk; *possible* was scored as 3, and *definitely could* was scored as 4, indicating certainty. The unprotected sex score and the perceived partner behavior score were standardized to

place them on the same metric and summed for a composite score (Jones, 1999). The composite SRB score was the sum of the standardized weighted frequency of unprotected sex score and the standardized perceived partner behavior score for both primary and non-primary partner combined. A higher SRB score translates to a higher level of sexual-risk behavior.

My study utilized 17 items from the WRSRS to create the sexual-risk behavior scale. One item that assessed vaginal sex with the primary partner was deleted to increase the internal consistency of the SRB scale from a Cronbach's Alpha = .65 (17 items) to Cronbach's alpha = .77 (16 items).

Part VI: The open-ended question data sheet. This consisted of eight open-ended questions that tapped information on the participant's causal attributions of SGBV as a life event, sexual relations or partnerships, and STD risk factors and prevention. For example, participants were asked questions such as: *what do you think makes refugee women more likely to experience SGBV, What do you think increases or decreases your likelihood of experiencing SGBV, etc.*

Sampling

The Population. The population in this study are refugee women residing at the Dukwi camp in Botswana who, owing to external aggression, occupation, foreign domination, or events seriously disturbing public order in either part or the whole of their country of origin, were compelled to leave their place of habitual residence in order to seek refuge in Botswana (a place outside their country of origin or nationality) (OAU Convention, 1969). There are approximately 3000 registered refugees at the Dukwi camp,

predominantly from Angola, Namibia and Somalia; about 1950 of these registered refugees are women (UNHCR, 2003). The camp is divided into three zones---Zone 9 (mostly Angolans), Zone 5 (mostly Somali), and Zone 4 (mostly Namibians)--based on a UNHCR housing arrangements. These housing zones constituted tents, huts and houses and there were a total of about 900 households at the camp. Thus, one household in this study is the equivalent of one tent or hut or house.

Sampling design. The sampling design was systematic random sampling of households and selecting an eligible participant in a household by simple random sampling. Systematic random sampling yields estimates that are more precise than those produced by simple random sampling or even stratified sampling (Pedhazur & Schmelkin, 1991). The inclusion criteria were gender, age and residence at the Dukwi camp. Thus, a female refugee who was 21 years or older and residing in a household at the Dukwi refugee was eligible to participate in the study. Based on a total number of households of 900 (N) and a minimum sample size of 393 (n) (based on power calculations), a random sampling interval (K) of 2.2 was determined (i.e., $k = N/n$) (Pedhazur & Schmelkin, 1991). The number 2 was randomly chosen as the starting point of sampling and every second household was selected and an eligible participant in the selected household was interviewed until the desired sample size of a minimum of 393 participants was obtained. An eligible female refugee from each selected household who met the recruitment criteria and agreed to participate through her informed consent was in turn selected for participation in the study. In the event of more than one eligible female in a household, participants were selected through a random technique that involved a coin toss. Households with no eligible participants and those with eligible participants

who declined to participate were replaced by selecting the next eligible household at end of the systematic sampling frame. The households at the camp served as the sampling frame. A total of 73 of the selected households did not have an eligible participant. Either female refugee below the age of 21 or a male refugee inhabited those households.

Sample size. Due to the fact that the experience of SGBV is usually under-reported, particularly in refugee settings (UNHCR, 1999), I was concerned about precision of estimates in the determination of the sample size, since precision is often largely affected by sample size (Pedhazur & Schmelkin, 1991). Results of a power analysis of a population size of 2000 registered refugee women (UNHCR, 2003) showed that a minimum sample size of 393 was necessary to test the hypotheses with a suggested alpha of .05, power of .80 and an effect size of .20 (Cohen, 1988). A total of 27 eligible refugees declined to participant in the study. Thus, a total of 402 female refugees were interviewed for this study with a response rate of about 97%.

Research Design Implementation

Instrument translation. The refugees at the Dukwi camp were predominantly from Angola, Namibia and Somalia and other East African Countries (UNHCR, 2002). The questionnaire was therefore translated into *Kiswahili*, *Mbukushu*, and *Lozi* (see Appendix A). Although, refugees at the camp speak various languages based on their tribal origins, Kiswahili is widely spoken by the refugees from East and Central African countries, Mbukushu by refugees from Angola, and Lozi is widely spoken by Namibian refugees.

The *source language (SL)*, of the survey instrument was English and the *target languages (TL)*, (the languages into which the translation was made) were Kiswahili,

Mbukushu and Lozi. Based on the Brisling's (1970) recommendation, translation of the instrument was guided by the following steps:

1. The instrument was written using simple sentences with repetition and context when presenting ideas that may be questionable across languages.
2. Six refugee camp High School Teachers who were evaluated as competent bilingual translators were employed and familiarized with the contents of the measure.
3. After practicing, each translator was asked to translate from the SL original to the TL, and another translator was used to blindly back translate from the TL to SL.
4. Three bilingual tribal elders from each of the communities of the target language examined the original SL, the TL and back-translation versions for meaning errors. When errors were found, step three was repeated making changes to the SL original where necessary.
5. The target version was pre-tested on monolingual target language populations during the pilot testing of the instrument and revisions were made in both the SL and TL in texts that showed problems in comprehension.
6. The SL and TL versions were also administered to three groups of ten refugees who were bilingual. This was done during the pilot testing of the instrument at the Dukwi village, a mile away from the camp. One group was given the SL version, another the TL version and the third group both versions of the measure to complete. A final check was performed to ascertain whether meaning errors and the pre-test were predictable for translation equivalence.

The aforementioned steps in the translation of the instrument were useful in preserving the validity and reliability of the measure because they helped ascertained

whether unexpected findings are due to errors in translation or other confounding variables in the data (McDermott & Palchanes, 1994).

Interviewer selection and training. Three female research assistants were recruited and hired to conduct the interviews based on their gender, educational background, language skills, clinical sensitivity and prior interview experience. I paid them on a bi-weekly basis. They attended a comprehensive four-day training program that comprised, but was not limited to, the following domains: face-to-face interview techniques; confidentiality and respect for privacy; the aims of the study; ethical issues in survey research; the research protocol; and on the elements of the questionnaire. I trained the interviewers in one of the classrooms at the Refugee Camp High School with assistance by staff from the UNCHR (based at the camp) who had culturally-relevant knowledge and expertise on the problem of SGBV among the study population. The training was interactive in nature with interviewers providing inputs on the questionnaire and interview procedures. They observed and participated in role-plays. The following training curriculum and schedule was employed based on the research protocol and to meet the needs of the interviewers and potential study participants.

Day 1 Training: Introduction

- Introductions, purposes, and overview of the project
- Confidentiality and Conduct Agreement (discussion, signatures)
- Training plan, fieldwork plan and logistics

The interviewers were trained to understand their role as *data collectors* and not as *counselors*. The Confidentiality Agreement was an extremely useful tool for conveying the nature and purposes of the research. The Agreement included detailed

descriptions of the expectations for research conduct, professional integrity, and dignity, confidentiality, information sharing, impartiality, and accuracy in transmission of information from the research participant (see Appendix C). This phase of the training included an item-by-item discussion of the standards and expectations and clarification of any questions.

Day 2 Training: Sexual and gender-based violence (SGBV)

- Definitions and types of sexual violence, myths and facts
- Causes and contributing factors
- After-effects and consequences – health, emotional, legal psychological after-effects – cognitive, behavioral, and emotional
- Exploration of our own personal values, biases, attitudes – how to keep these out of the interview process
- Emotional responses of research assistants to secondary trauma
- Overview of international human rights documents

The purpose was to ensure all interviewers were working with the same definitions and concepts for the topics on the questionnaire. They were provided with detailed descriptions of the variety of physical, psychological and social consequences of SGBV for proper understanding of the different types of behaviors to observe that could assist with the identification of problems needing referral.

Day 3 Training: Interview skills and survey instrument.

- Developing trust
- Body language
- Techniques for eliciting narrative accounts of individual experiences

- Privacy
- Confidentiality
- Reading, translation and item-by-item explanations
- Discussion, question and answer
- Practice role-plays in groups of three

This phase started with detailed discussion of the various strategies that would encourage participants to disclose private and potentially embarrassing information. After going through the survey in the various languages, role-plays were initiated. They were given three role-play scenarios for practice interviews. One person played interviewer, another person the participant, and a third person played an observer role. After each interview, they were given feedbacks and roles were switched until each person had practiced at least once as an interviewer.

Day 4 Training: Pre-testing of questionnaire

- Interviewers were asked to go into the field and pilot-test the instrument with refugees were not part of the population to be sample. They included those former refugees residing outside of the camp at the Dukwi village, which is about 1 mile from the camp itself.
- Instrument revisions and instruction

The Research Setting

The setting for this study was the Dukwi Refugee Camp in Botswana. It is located along the main highway that links the north and south of the country, about 560 km (about 350 miles) from Gaborone, the capital city of the Republic of Botswana. The

camp covers an area of approximately 20 square km, inhabited by refugees from 16 countries, predominantly from Southern Africa, the Great Lakes region, and the Horn of Africa.

The camp is occupied by approximately 3000 refugees, of which about 65% are women and 35% are men. There are three schools in the camp-- nursery, primary and secondary schools. The nursery school has an enrollment of 250 students, the primary school 650, and the secondary school has only 200 students (UNHCR, 2003). A police station is also located at the camp. In addition, there is a health center at the camp that is staffed by the Botswana government and the Botswana Red Cross.

The Dukwi Camp is under the jurisdiction of the government of Botswana with supervision by representatives from the Office of the President of Botswana. The Settlement Commandant liaises directly with the Office of the President, UNHCR, and other humanitarian organizations that are referred to as *Implementing Partners*: The Botswana Council for Refugees (BCR), the Botswana Red Cross Society, the Botswana Christian Council (BCC), and Habitat for Humanity and Enterprise Botswana (EB), all with representatives at the camp.

The refugees live in houses, tents or huts that are assigned on a first come-first serve basis. Those refugees who arrived at the camp about five years earlier are fortunate to live in the limited number of houses that were built by the government years back to host refugees fleeing Apartheid minority rule in South Africa. Nowadays, all recent arrivals are offered tents by UNHCR or other implementing partners and others live with relatives in huts owned by refugees. There is a near-by village about 1.6 km (1 mile) away called the Dukwi village that has grocery and liquor stores. There are also small

businesses in the camp that are mostly owned by the Somalia refugees that sell grocery and other petty items. The refugees receive food supplies once a month that includes a bottle of cooking oil, a gallon of paraffin, a bag of maize meal, a bag of beans, and a packet of salt. Refugees have no source of income, as they are not allowed to take up formal employment outside the vicinity of the camp. There are, however, vocational projects at the camp that refugees can engage in to learn a vocation.

Pre-testing of the Questionnaire

A pre-test of the questionnaire was conducted to assess the adequacy of the instruments. The three trained female research assistants (each of whom was fluent in at least one the interview languages) interviewed at least 10 refugee women at the Dukwi village. A total of 40 interviews were conducted during the pre-test. This pre-test sample size was deemed adequate to test the psychometric properties of the instrument.

Participants were located by a snowball method by which information of the location of an eligible refugee was obtained from a refugee previously interviewed. The interviews were conducted in the participants preferred language and all responses to a specific item were recorded. The interviews lasted an average of 60 minutes as expected.

Confirmatory factor analysis was conducted on the scales in the instrument to assess their cross-cultural validity and reliability. Thus, the WRSRS was modified after the pre-test by deleting the item that asks about condom use during vaginal sex with primary partner.

Initial Contact with Study Participants

The initial contact with participants was at their homes (houses, huts and tents), after a systematic random sampling of the households. They were volunteers that met the inclusion criteria of being at least 21 years of age and female. Participation in the study was voluntary and the interviews were conducted in the privacy of their homes or at another preferred location. In the absence of the eligible participants in particular households, the interviewers tried to obtain information on when they would be home and paid a return visit. After three attempts at a household without a completed interview, that household was dropped and replaced by a household at the end of the sampling frame. This occurred on five occasions.

The Interview

Interviews were conducted in private at a place chosen by participants where they felt comfortable to talk about their experiences. All of the interviews in this study were conducted at the households of the participants. The questionnaire items and their respective responses were read to the participant by the female interviewer in one of the interview languages preferred by the participant, after obtaining her informed consent. Seventy-five percent (n=301) of the interviews were conducted in English, 12% (n=49) in Lozi, 8% (n=32) in Mbukushu, and 5% (n=20) in Swahili. Two interviews were terminated due to privacy concerns and continued at a later time at the participant's discretion and convenience.

Mechanisms were in place for crisis situations such as a participant becoming distressed during the interview due to the sensitive nature of the issues discussed. The

interview was to be terminated and the participant was encouraged to seek psychological help and referrals to available mental health services were to be initiated. The interviewers reported only one such case. I made myself readily available to provide case management in crisis situations, as there was no other social worker or counselor in the camp. All participants in the study were given a package containing a bathing soap as a token of appreciation for their time, and an information package containing literature on how to access health and mental health facilities in their community and education messages on safe sex practices and HIV/AIDS. This package was given to every participant including those that declined to be interviewed.

I supervised the interviewers in the field and also assigned households to them in the various zones based on their language proficiencies. Every interviewer was accompanied to her first interview to ensure she followed the correct sampling procedures. I did not sit in any of the interviews. For the duration of the fieldwork, I continuously provided guidance, revisions, and advised each individual interviewer as needed. I reviewed each completed survey, gave immediate feedbacks about errors and incomplete interviews on a daily basis. Those survey skills that I closely monitored included:

- Appropriate and accurate introduction and explanation of purpose of the survey
- Complete and accurate questioning and corresponding documentation
- Ability to elicit information about private, shameful, and traumatic events in a warm and respectful manner
- Correct and simple explanation of the Special Court and TRC
- Appropriate requests to interview other household members

- Complete and accurate closing statement
- Ability to accomplish all of this in a rapid fashion while maintaining warmth and respect.
- Accurate counting and selection of households in accordance with sampling method in each cluster or zone
- Ability to find and maintain privacy for interviews in very crowded settings

Human Subjects Concerns

This research received permission from the Office of the President of the Republic of Botswana (see Appendix B) to conduct research with human subjects in Botswana. Permission was also granted by the *Chief of Party* of the UNHCR Office in Botswana to conduct research with the refugee population at the Dukwi camp (see Appendix C). Both approvals were granted after a thorough review of my research protocol.

Approval for this study was also granted by the University of Pittsburgh's Institutional Review Board (IRB) after an "exempt review" of human subjects considerations (Appendix D). The IRB process involved the completion of an IRB review application and the submission of a research protocol. An IRB protocol modification approval was also granted for modifications made to the instrument after pre-testing in the field (see Appendix D).

The following considerations were observed to address the Institutional Review Board's (IRB) human subject protection concerns and other ethical issues.

Risks and benefits of the study. I was aware of the potential psychological harm that accompanies the disclosure of sensitive and personal information related to sexual behaviors. To minimize such risks, I employed and trained female research assistants who were from the predominant refugee communities in the camp to conduct the interviews. They were multi-lingual in the target languages with some form of prior SGBV knowledge and training. In addition to their language proficiencies and cultural sensitivity based on their ethnic backgrounds, these research assistants attended a four-day training program that included clinical sensitivity and survey interview skills training. This study also obtained the approval of the IRB of the University of Pittsburgh, the UNHCR, and the government of Botswana. Endorsement by refugee camp administrators at the Dukwi camp was also received before the research was conducted.

The benefits of this study are that it adds to the body of knowledge available to practitioners and policy makers who wish to tackle the complex problem of SGBV in refugee settings not only among African refugees, but refugees all over the world. A major strength of this investigation lies in its use of a predictive relationship that is based on a theoretical framework that lends itself to deductive method of inquiry and grounded on theory. In addition, this research utilized a cross-sectional design which addresses threats to internal validity that relate to history and maturation that may confound the results of the study (Rubin & Babbie, 1997). Based on the scope of the problem of SGBV and its consequences among African refugee women, it is believed that the benefits of this research out-weighed the risks of participation.

Voluntary participation and informed consent. Participation in the study was voluntary and this was made known to the participants through an introductory consent

statement that was read to participant by the interviewers before start of the interview. In this consent statement participants were reminded of their right to terminate the interview at any time during the process for any reason. The interviewers obtained verbal individual informed consent from the participants by reading from the informed consent statement on the questionnaire and asking participants whether they agreed to be interviewed and indicating their response on the consent form. The interviewers also signed the form to demonstrate that they read the introductory consent statement to the participant.

Anonymity and Confidentiality. Anonymity was assured by not asking or recording participants' names or identifiers on the survey instrument. This prevented the researchers from identifying a given response with a particular participant. Data analysis protocol included assigning number codes to participants to ensure anonymity.

Confidentiality concerns were addressed by assuring participants that all information would be used solely for research purposes and promising them not to distinguish their individual responses in any published product of this research. Participants were also assured that their participation in the study was strictly confidential and whether or not they participated in the study would not be disclosed to anyone at the camp including UNHCR and Botswana government camp administrators.

Data Management and Analysis

I entered the quantitative data obtained from the survey with the Statistical Package for the Social Sciences (SPSS) version 12.0. A case summary was performed and a data set was created. The independent variables (SGBV) were found to violate the assumptions of normality after a descriptive statistical analysis and the appropriate

logarithmic transformations were performed. Tests of linearity and heterodasticity were also performed to ensure the variables meet the assumptions for regression analysis.

Bivariate analyses were performed to examine the relationships between the variables. . Pearson Product Moment correlations and one sample t-tests were used to test for associations Linear multiple regression analyses were performed to test the central study variables. A fully recursive path analysis was also employed to test the mediating roles of learned helplessness and depression in the hypothesized model.

Qualitative analyses of the open-ended questions were performed using content analysis to reveal themes in the responses of the participants to the questions. Based on the conceptual framework of this study, content analysis was performed to reveal themes in the responses of the participants to the open-ended questions (i.e. # 106-113). As a way of transforming qualitative material into quantitative data, content analysis may be applied to virtually any form of communication. It consists primarily of coding and tabulating the occurrences of certain forms of content that are being communicated (Rubin & Babbie, 1997). The frequencies of occurrence of certain words, phrases, or other manifest content were counted for every question and recorded on a coding document and the percentages calculated. Only those responses with comparatively high percentages are reported in the results chapter. The frequencies of occurrence of certain words, phrases, or other manifest content were obtained for each question and recorded on a coding document and the percentages calculated.

Chapter 5

Results

This chapter describes the findings of this study. It is divided into four sections. The first section presents descriptive information about the participants. The second section of this chapter presents the descriptive statistics of the central study variables. The third section describes the results of the inferential statistical analysis of the central study variables. The bivariate and multivariate results of a statistical analysis of the independent, mediating, and dependent variables are also presented. Results of the test of assumptions of linearity for the regression analysis are also outlined, as well as the results of a path analysis of the hypothesized model. Section four presents the findings of the qualitative analysis of the open-ended questions.

Descriptive Information

Background characteristics. A total of 402 refugee women residing at the Dukwi camp in Botswana were interviewed. They ranged in age from 21 to 63 years, with a mean age of 29.24 years ($SD = 7.20$). Participants in this study originated from nine African countries: Angola, Burundi, Democratic Republic of Congo, Namibia, Rwanda, Somalia, Sudan, Uganda, and Zimbabwe (see Table 5.1). About half were from Namibia (49.3%; $n = 198$) and another 28.6% ($n = 115$) from Angola. The predominant tribes among the participants were the *Mufwe* (Angola) and *Mbukushu* (Namibia) tribes, with

22.6% ($\underline{n} = 91$) and 22.4% ($\underline{n} = 90$) respectively. About 20% ($\underline{n} = 79$) of the participants refused to report their tribal or ethnic origins, as shown on Table 5.1.

Table 5.1

Background of Participants: Country of Origin and Ethnicity (N = 402)

| Country of Origin/Nationality | Frequency | Percent |
|-------------------------------|-----------|---------|
| Angola | 115 | 28.6 |
| Burundi | 10 | 2.5 |
| DPR Congo | 26 | 6.5 |
| Namibia | 198 | 49.3 |
| Rwanda | 10 | 2.5 |
| Somalia | 19 | 4.7 |
| Sudan | 4 | 1.0 |
| Uganda | 5 | 1.2 |
| Zimbabwe | 6 | 1.5 |
| Refused | 9 | 2.2 |

Table 5.1 Continued

Background of Participants: Tribe/Ethnicity (N = 323)

| Tribe/Ethnicity | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Mufwe (<i>Namibia</i>) | 91 | 22.6 |
| Mbukushu (<i>Angola</i>) | 90 | 22.4 |
| Mbarangwe (<i>Namibia</i>) | 35 | 8.7 |
| Umbundu (<i>Angola</i>) | 18 | 4.5 |
| Sibiya (<i>Namibia</i>) | 17 | 4.2 |
| Ngangela (<i>Namibia</i>) | 13 | 3.2 |
| Tutsi (<i>Rwanda</i>) | 10 | 2.5 |
| Hutu (<i>Rwanda</i>) | 8 | 2.0 |
| MuCongo (<i>Dem Rep of Congo</i>) | 6 | 1.5 |
| Sifwe (<i>Namibia</i>) | 5 | 1.2 |
| Ndebele (<i>Zimbabwe</i>) | 4 | 1.0 |
| Hemba (<i>Hemba</i>) | 4 | 1.0 |
| Bantu (<i>Somalia</i>) | 3 | .7 |
| Bismal (<i>Somalia</i>) | 3 | .7 |
| Totela (<i>Namibia</i>) | 3 | .7 |
| Mbunda (<i>Angola</i>) | 3 | .7 |
| Nshona (<i>Zimbabwe</i>) | 2 | .5 |
| Lungi (<i>Sudan</i>) | 2 | .5 |
| Majenten (<i>Somalia</i>) | 2 | .5 |
| Kasia (<i>Dem Rep of Congo</i>) | 2 | .5 |
| Lubashaka (<i>Dem Rep of Congo</i>) | 2 | .5 |
| Refused | 79 | 19.6 |
| Missing | 0 | 0 |

Slightly less than a third (30.8%; $\underline{n} = 122$) of the participants had been students in their home countries and 18.7% ($\underline{n} = 74$) had been farmers. About 81% ($\underline{n} = 325$) were currently unemployed. Among those with some form of employment, 65% ($\underline{n} = 26$) were engaged in small businesses at the camp. More than half of the participants (63.7%; $\underline{n} = 256$) refused to report their current source of income and an additional 12.4% ($\underline{n} = 50$) said they had no source of income in Botswana. Among those reporting a current income source, about 44% ($\underline{n} = 42$) were supported by their husband/partner, 33.3% ($\underline{n} = 32$) relied on income from their own work, and about 17% ($\underline{n} = 16$) said they received money from their relatives. Only 1.5% ($\underline{n} = 6$) received money from a social service/ welfare program (see Table 5.2).

About 47% ($\underline{n} = 187$) of the participants said they could read easily, while 22.9% ($\underline{n} = 22.9$) reported reading with difficulty in at least one language. In terms of their writing abilities, about 48% ($n=191$) indicated they could write easily, whereas 28.8% ($\underline{n} = 115$) said they couldn't write in any language, as shown on Table 5.3.

Table 5.2

Employment and Occupation Histories of Participants

| Item | Frequency | Percentage |
|--|-----------|------------|
| Home Country Occupation (N = 396) | | |
| Farmer | 74 | 18.7 |
| Trader | 12 | 3.0 |
| Civil servant | 9 | 2.3 |
| Student | 122 | 30.8 |
| Professional | 23 | 5.8 |
| Homemaker | 79 | 19.9 |
| Domestic servant/Maid | 3 | .8 |
| Unemployed | 55 | 13.9 |
| Construction worker | 2 | .5 |
| Military personnel | 3 | .8 |
| Police officer | 3 | .8 |
| Other | 11 | 2.8 |
| Current Employment Status (N = 402) | | |
| Unemployed | 325 | 80.8 |
| Working for trade | 14 | 3.5 |
| Working for money (wages) | 26 | 6.5 |
| Refused | 37 | 9.2 |
| Current Kind of Work (N = 40) | | |
| Professional | 2 | 5.0 |
| Farming | 5 | 12.5 |
| Laborer | 5 | 12.5 |
| Small business | 26 | 65.0 |
| Other | 2 | 5.0 |
| Current Income Source (N = 402) | | |
| No income | 50 | 12.4 |
| Income source identified | 96 | 23.9 |
| Refused | 256 | 63.7 |
| Current Main Source of Income (N = 96) | | |
| Husband/Partner | 42 | 43.7 |
| Relatives | 16 | 16.7 |
| Own work | 32 | 33.3 |
| Social service/welfare | 6 | 1.5 |

Table 5.3

Background of Participants: Literacy

| Item | Frequency | Percentage |
|---------------------------|-----------|------------|
| Reading Ability (N = 398) | | |
| None | 120 | 30.2 |
| Can read with difficulty | 91 | 22.9 |
| Can read easily | 187 | 47.0 |
| Writing Ability (N = 397) | | |
| None | 115 | 28.8 |
| Can write with difficulty | 91 | 22.6 |
| Can write easily | 191 | 48.1 |

As Table 5.4 shows, the majority of the households (i.e houses, huts, tents) of participants consisted of one other adult (44%; \underline{n} = 173) and one child (26.1%; n = 48). The mean number of adults in a household was 2.18 (\underline{SD} = 1.09). The mean number of children in a household was 1.94 (\underline{SD} = 1.66). Forty-seven percent (\underline{n} = 189) of participants had relatives living in the camp or in a nearby village. Almost a third (32.3%; \underline{n} = 130) reported not having any relatives. Most of the participants (95.7%; \underline{n} = 377) have lived in Botswana between 1 to 5 years, and the mean length of stay was 3.96 years (SD = 3.50), as shown on Table 5.4.

Table 5.4

Background of Participants: Household Information and Length of Stay

| Item | Frequency | Percentage |
|---|-----------|------------|
| <hr/> | | |
| Do you have relatives that live in your household or nearby? (N=402) | | |
| Yes, relatives live in the household | 48 | 11.9 |
| Yes, relatives live nearby | 189 | 47.0 |
| No relatives live in household or nearby | 23 | 5.7 |
| No, I don't have any relatives | 130 | 32.3 |
| Refused | 12 | 3.0 |
| Number of Other Adults in Household (N = 398) | | |
| None | 113 | 28.4 |
| One | 173 | 43.5 |
| Two | 58 | 14.6 |
| Three | 39 | 9.8 |
| Four | 11 | 2.8 |
| Five | 4 | 1.0 |
| Number of Children in Household (N = 402) | | |
| None | 88 | 21.9 |
| One | 105 | 26.1 |
| Two | 69 | 17.2 |
| Three | 57 | 14.2 |
| Four | 32 | 8.0 |
| Five | 37 | 9.2 |
| Six | 7 | 1.7 |
| Refused | 7 | 1.7 |
| Length of stay in Botswana (years) (N = 394) | | |
| 1-5 | 377 | 95.7 |
| 6-10 | 8 | 2.1 |
| 11-15 | 1 | .3 |
| 16-20 | 0 | .0 |
| 21-25 | 4 | 1.1 |
| 26-30 | 4 | 1.1 |
| <hr/> | | |

In terms of sexual partnerships in the last three months, more than half (67.7%; $n = 280$) of the participants reported having only a primary partner(s), about 15% ($n = 59$) said they had only non-primary partner(s), 1.5% ($n = 5$) had both primary and non-primary partners, and 14.4% ($n = 58$) had no sexual partner(s) (Table 5.5).

Table 5.5

Demographics of Participants: Sexual Partner Information (Last three Months)

| Item | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Sexual Partner Information (N = 397) | | |
| Primary partner only | 280 | 69.7 |
| Non-primary partner | 59 | 14.7 |
| Primary & non-primary partner | 5 | 1.2 |
| None | 58 | 14.4 |
| Type of Primary Partner (N=285) | | |
| Main boyfriend | 63 | 22.1 |
| Husband | 216 | 75.7 |
| Fiance | 6 | 2.2 |
| Number of Primary Partners (N=285) | | |
| One | 278 | 97.5 |
| Two | 5 | 1.7 |
| Three | 1 | .4 |
| Four or more | 1 | .4 |
| Type of Non-Primary Partner (N=64) | | |
| Someone you saw occasionally | 38 | 59.3 |
| Someone you saw one night only | 26 | 40.7 |
| Number of Non-Primary Partners (N=64) | | |
| One | 42 | 65.6 |
| Two | 7 | 11.0 |
| Three | 5 | 7.8 |
| Four or more | 10 | 15.6 |

Ninty-eight percent ($\underline{n} = 278$) of participants with a primary partner reported having only one primary partner in the last three months. About 76% ($\underline{n} = 216$) said their primary partner was their husband and 22.1% ($\underline{n} = 63$) claimed their main boyfriend was their primary partner. More than half (59.3%; $\underline{n} = 38$) of participants with a non-primary partner reported their non-primary partner was someone they had seen occasionally in the last three months, while the rest (40.7%; $n = 26$) said their non-primary in the last three months was someone whom they saw for only one night. Almost two-third (65%; $n = 42$) reported having only one non-primary partner in the last three months and 15.6% ($n = 10$) claimed to have had four or more non-primary partners in the last three months (see Table 5.5).

Prevalence of sexual and gender-based violence (SGBV). Overall, about 75% ($n = 303$) of participants reported having been victims of SGBV either in their home country, during flight/transit, or in Botswana. As shown on Table 5.6, more than half of the participants (56.4 %; $\underline{n} = 227$) experienced some form of SGBV in their home country during the conflict, while about 2 out of 5 participants (39.3%; $\underline{n} = 158$) reported SGBV during flight. In the host country, 36.8% ($\underline{n} = 148$) of the participants reported having experienced SGBV. The main perpetrators of SGBV in the various refugee situation included soldiers, paramilitary, civil defense force, police/interrogator, and family members. Soldiers were the main perpetrators of SGBV in both the home country (73.5%; $\underline{n} = 167$) and during flight (61.3%; $n = 97$). In the host country (Botswana), the most common perpetrator of SGBV was the police/interrogator, named in 42% ($\underline{n} = 62$) of the incidents.

Table 5.6

SGBV Occurrences and Main Perpetrators in Home Country, during Flight/Transit, in Botswana (Host Country), and Main Dates of Occurrence

| Item | Frequency | Percentage |
|---|-----------|------------|
| <u>SGBV Location</u> | | |
| Experienced in home country (N=402) | 227 | 56.4 |
| Experienced in flight (transit) (N=402) | 158 | 39.3 |
| Experience in Botswana (host country) (N=402) | 148 | 36.8 |
| <u>SGBV Perpetrators</u> | | |
| In home country (N=227) | | |
| Soldiers | 167 | 73.5 |
| Paramilitary | 77 | 33.9 |
| Civil defense force | 55 | 24.2 |
| During flight/transit (N=158) | | |
| Soldiers | 97 | 61.3 |
| Paramilitary | 50 | 31.6 |
| Civil defense force | 45 | 28.4 |
| In Botswana (host country) (N=148) | | |
| Police/interrogator | 62 | 41.8 |
| Family member | 40 | 27.0 |
| Soldiers | 35 | 23.6 |

Among those participants who had been victims of SGBV, about 80% ($\underline{n} = 241$) experienced an incident of SGBV that they considered to be serious. The main perpetrators of these serious incidents of SGBV were soldiers (73.4%; $\underline{n} = 177$). The majority (36.1%; $\underline{n} = 87$) of these serious incidents were reported to have occurred in the victim's house in their home country and 29% ($\underline{n} = 70$) occurred elsewhere in their village. The majority of the most serious SGBV incidences occurred in the period 1998 – 2001 (see Table 5.7).

More than half (54.0%; $\underline{n} = 130$) of all incidents of SGBV that the participants characterized as most serious were never reported to anyone. The main reasons stated by participants for non-reporting included: *did not trust any one* (15.4%; $\underline{n} = 20$); *thought nothing could be done* (12.3%; $\underline{n} = 12.3$); *feelings of shame* (11.5%; $\underline{n} = 15$); and *fear of being stigmatized* (6.2%; $\underline{n} = 8$).

When an incident was reported, more than half (60.4%; $\underline{n} = 67$) of the participants said they told a female family member and about 52.2% ($\underline{n} = 58$) said they reported the incident to a male family member other than their partner. About 28.8% of the participants reported they were stigmatized when they reported an incident of SGBV, whereas 15% ($\underline{n} = 17$) of participants said they were referred to a health worker/clinic. Those most helpful to the victims of serious SGBV were mainly female family members (20.7%; $\underline{n} = 50$), male family members other than the victim's partner (18.3%; $\underline{n} = 44$), friends (18.3%; $\underline{n} = 44$), and women's groups (12.5%; $\underline{n} = 30$), as shown on Table 5.8.

Table 5.7

Most Serious SGBV Incidents, Perpetrators, and Dates of Incidents

| Item | Frequency | Percentage |
|---|-----------|------------|
| Most Serious SGBV Occurrence (N = 303) | | |
| Yes | 241 | 79.5 |
| No | 62 | 20.5 |
| Most Serious SGBV Peretrators (N=241) | | |
| Soldiers | 177 | 44.0 |
| Paramilitary | 83 | 20.6 |
| Civil Defense Force | 63 | 15.7 |
| Place of Most Serious SGBV (N=241) | | |
| In your house | 87 | 36.1 |
| At work | 10 | 4.1 |
| Elsewhere in your village | 70 | 29.0 |
| Elsewhere in your country | 32 | 13.2 |
| Don't Know | 28 | 11.6 |
| Dates of Most Serious SGBV Incidents (N=241) | | |
| 2003 | 8 | 3.3 |
| 2002 | 13 | 5.4 |
| 2001 | 28 | 11.6 |
| 2000 | 40 | 16.6 |
| 1999 | 45 | 18.7 |
| 1998 | 62 | 25.7 |
| 1997 | 3 | 1.3 |
| 1996 | 9 | 3.7 |
| 1995 | 5 | 2.1 |
| 1994 | 5 | 2.1 |
| 1993 | 1 | .4 |
| 1992 | 5 | 2.1 |
| 1991 | 2 | .8 |
| 1985 | 2 | .8 |
| Don't Know | 13 | 5.4 |

Table 5.8

Reporting of Most Serious Incidences of SGBV

| Variable | Frequency | Percentage |
|---|-----------|------------|
| Reporting of most serious SGBV (N=241) | | |
| Reported | 111 | 46.0 |
| Did not report | 130 | 54.0 |
| Person incidence was reported to: (N=111) | | |
| Female family member | 67 | 60.4 |
| Male family member other than partner | 58 | 52.2 |
| Friend | 53 | 4.7 |
| Husband | 45 | 40.5 |
| Main reaction of persons reported to: (N=111) | | |
| Took information but nothing happened | 37 | 33.3 |
| Stigmatized me | 32 | 28.8 |
| Referral to a health worker/clinic | 17 | 15.3 |
| Ignored me, no response | 13 | 11.7 |
| Persons helpful after most serious SGBV (N=241) | | |
| Female family member | 50 | 20.7 |
| Male family member other than partner | 44 | 18.3 |
| Friend | 44 | 18.3 |
| Women's group | 30 | 12.5 |
| Main reasons for non-reporting (N=130) | | |
| Did not trust anyone | 20 | 15.4 |
| Thought nothing could be done | 16 | 12.3 |
| Feelings of shame | 15 | 11.5 |
| Fear of being stigmatized | 8 | 6.2 |

Prevalence of abduction/forced detention (AFD). About 61% ($\underline{n} = 245$) of the participants reported they had experienced some form of abduction or forced detention at least once, with 64.1% ($\underline{n} = 157$) of these incidents occurring while in Botswana and 29.7% ($\underline{n} = 73$) in the home country. The most frequent perpetrators of AFD were police/interrogators (48.9%; $\underline{n} = 120$). Most incidences of AFD among the participants lasted less than a month (87%; $\underline{n} = 214$), as shown on Table 5.9.

As shown on Table 5.9, physical assault (24.5%; $\underline{n} = 60$) during AFD was more common than sexual assault (22%; $\underline{n} = 54$). About 44% ($\underline{n} = 24$) of those who experienced sexual assault during AFD reported they became pregnant due to the sexual assault. Of these, 50% ($\underline{n} = 12$) of the pregnancies ended in a miscarriage, another 20.8% ($n = 5$) were still births, and only about 17% ($n = 4$) delivered a healthy child. Almost half of the victims (46.3%) of AFD stated they did not need medical attention, whereas 9.8% ($\underline{n} = 39$) said they received medical attention and 4.0% ($\underline{n} = 16$) reported being in need of medical attention but not receiving it.

Table 5.9

Abduction and/or Forced Detention (AFD)

| Item | Frequency | Percentage |
|--|-----------|------------|
| Forcibly detained/abducted (AFD)(N=402) | | |
| Yes | 245 | 60.9 |
| No | 157 | 39.1 |
| Place of AFD (N=245) | | |
| In country of origin | 73 | 29.7 |
| During Transit | 46 | 18.7 |
| While displaced in Botswana | 157 | 64.1 |
| Perpetrators of AFD (N=245) | | |
| Police/Interrogator | 120 | 48.9 |
| Soldiers | 53 | 21.6 |
| Paramilitary | 40 | 16.3 |
| Civil Defense Force | 32 | 13.1 |
| Duration of AFD (N=245) | | |
| Less than 1 Month | 214 | 87.3 |
| 1 – 3 Months | 7 | 2.9 |
| Above 3 Months | 16 | 6.5 |
| Don't Know | 8 | 3.2 |
| Sexual Assault during AFD (N=245) | | |
| Yes | 54 | 22.0 |
| No | 191 | 78.0 |
| Pregnant due to sexual assault during AFD (N=54) | | |
| Yes | 24 | 44.4 |
| No | 30 | 55.6 |
| Fate of pregnancy (N=24) | | |
| Miscarriage | 12 | 50.0 |
| Delivered a health child | 4 | 16.7 |
| Aborted pregnancy | 3 | 12.5 |
| Still Birth | 5 | 20.8 |

Table 5.9 Continued

Abduction/Forced Detention (AFD)

| Item | Frequency | Percentage |
|--|-----------|------------|
| Physical assault during AFD (N=245) | | |
| Yes | 60 | 24.5 |
| No | 185 | 75.5 |
| Medical attention during AFD (N = 245) | | |
| Received medical attention | 39 | 9.8 |
| Deprived of medical attention | 16 | 4.0 |
| No medical attention needed | 190 | 46.3 |

Descriptive Statistics of the Central Study Variables

As stated earlier in Chapter 4, the central study variables of this study include: SGBV (independent variable), learned helplessness (mediating variable I), depression (mediating variable II), and sexual-risk behavior (dependent variable). This section presents the descriptive statistics of the aforementioned central study variables.

The SGBV Score (independent variable). As stated in Chapter 4, items on the SGBV measure were categorized into Physical Violence (PV); Intimidation and Control (IC), and Sexual Violence (SV). Past physical violence was defined as experiences in the home country or during flight that involved pulled hair, slapped/twisted arm, hit with a fist or something else, pushed down/kicked, or choked. Past intimidation and control was defined as being forbidden to see friends or family, kept away from medical care, refusal

to give money for food, insulted or sworn at, threatened with physical violence, or threatened with a weapon either in one's home country or during flight. Past sexual violence was defined as experiences in the home country or during flight that involved the use of threats of physical harm or forced to obtain sex, or forcing a woman to have sex with other people. Composite scores for each of the SGBV categories were based on logarithm transformations of the average scores for the total items in the category.

The mean Past Physical Violence score was $-.23$ ($SD = .40$) and the median was $.00$. The mean Past Intimidation and Control score was $-.23$ ($SD = .41$) and the median was $.00$. The mean of the Past Sexual Violence score was $-.13$ ($SD = .35$) and the median was $.00$. The skewness statistics for Past Physical Violence, Past Intimidation and Control, and Past Sexual Violence were $.24$, $.11$, and $-.01$ respectively (see Table 5.10). The Kolmogorov-Smirnov and Shapiro-Wilk tests of normality confirmed the normality of these log-transformed variables.

The composite learned helplessness (LH) score (mediating variable I). Learned helplessness represents the failure to take harm-avoidant responses even when such responses would have reduced exposure to harm. This concept was measured by the Learned Helplessness Scale (Quinless & McDermott, 1988). The composite LH score was the average of the individual item scores. The mean composite LH score was 2.84 ($SD = .44$) and the median was 2.78 . It was normally distributed with skewness and kurtosis statistics of $.29$ and $.23$ respectively, as shown on Table 5.10. The Kolmogorov-Smirnov and Shapiro-Wilk tests confirmed the assumptions of normality.

The composite depression score (mediating variable II). The depression score measures the depressed mood symptomatology of participants. The mean composite

depression score was 2.42 (SD = .52) and the median was 2.40. The composite depression score was normally distributed with skewness and kurtosis statistics of .40 and -.28, respectively (see Table 5.10). The Kolmogorov-Smirnov and Shapiro-Wilk tests of normality also confirmed the assumptions of normality.

The composite sexual-risk behavior (SRB) score (dependent variable). As stated in Chapter 4, a composite sexual-risk score was obtained by summing the standardized scores for unprotected sex and perceived male partner behavior. Thus, it is a Z-score with a mean of 0.00 (SD = 1.30) and its median was .01. The SRB score was normally distributed with skewness and kurtosis statistics of .30 and .20, respectively (Table 5.10). The Kolmogorov-Smirnov and Shapiro-Wilk tests of normality were also significant at $p < .01$ indicating normal distribution.

Table 5.10

Descriptive Statistics of the Central Study variables

| Variable | N | Range | M | SD | Median | Skewness | Kurtosis |
|-----------------------------|-----|--------------|------|------|--------|----------|----------|
| Past physical violence | 401 | -1.08 -- .65 | -.23 | .40 | .00 | -.91 | -.17 |
| Past intimidation & control | 401 | -1.15 -- .78 | -.23 | .41 | .00 | -.88 | -.01 |
| Past sexual violence | 401 | -1.15 -- .78 | -.13 | .35 | .00 | -1.6 | 2.3 |
| Learned helplessness | 398 | 1.79 – 4.00 | 2.84 | .44 | 2.78 | .29 | .23 |
| Depression | 398 | 1.33 – 4.00 | 2.42 | .52 | 2.40 | .40 | -.28 |
| Sexual-risk behavior | 402 | -5.18 – 5.73 | .00 | 1.30 | .01 | .30 | 2.0 |

Inferential Statistical Findings

This section presents data on the inferential analyses of the central study variables. In preparing of the data for inferential statistical analysis, various tests of normality tests were performed to assess the data for homogeneity. An examination of box plots, histograms, normal probability plots, detrended normal probability plots, residuals scattered plots and the Lilliefors test all indicated that the composite scores of the central study variables satisfied the assumptions of normality, linearity, homoscedasticity of residuals, and the absence of multicollinearity. The Levene's test to assess homogeneity of variance also indicated that all the independent, mediating, and dependent variables met the equal variance assumption necessary for parametric statistical analyses.

Correlations of the central study variables. The results of the inter-correlations of the three independent variables (past physical violence, past intimidation and control, and past sexual violence), the two mediating variables (learned helplessness and depression), and the dependent variable (sexual-risk behavior) are shown on Table 5.10.

Past physical violence was moderately and significantly correlated with past intimidation and control ($r = .48$; $p < .01$) and past sexual violence ($r = .38$; $p < .01$). The correlation between past physical violence and learned helplessness was weak but statistically significant ($r = .15$; $p < .05$). Past intimidation and control was moderately and significantly correlated ($r = .36$; $p < .01$) with past sexual violence, but not with learned helplessness, depression, or sexual-risk behavior (SRB). However, past sexual

violence was moderately and significantly correlated with sexual-risk behavior ($r = .12$; $p < .05$). Past sexual violence was also moderately and significantly correlated with learned helplessness ($r = .17$; $p < .01$), although it was not related to depression.

Table 5.11

Correlation Matrix of the Central Study variables

| Variable | N | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------|-----|----|-------|-------|-------|-------|------|
| 1. Past physical violence | 401 | -- | .48** | .38** | .12* | .03 | .03 |
| 2. Past intimidation & control | 401 | | -- | .36** | .06 | .01 | .04 |
| 3. Past sexual violence | 401 | | | -- | .17** | .04 | .12* |
| 4. Learned helplessness | 398 | | | | -- | .36** | .01 |
| 5. Depression | 398 | | | | | -- | .02 |
| 6. Sexual-risk behavior | 402 | | | | | | -- |

*p < .05 **p < .01

Dichotomized learned helplessness relative to past SGBV. For descriptive purposes only, the learned helplessness score was dichotomized using the median split to create high and low learned helplessness groups. The three SGBV variables (past physical violence, past intimidation & control, and past sexual violence) were then assessed in relation to this dichotomized learned helplessness variable. T-tests were used to compare the means of groups of participants with low and high levels of learned helplessness relative to the three SGBV variables. The difference between the low ($\underline{M} = -.20$; $\underline{n} = 178$) and high ($\underline{M} = -.07$; $\underline{n} = 219$) learned helplessness groups relative to past sexual violence was statistically significant [$t(395) = 3.73$; $p < .01$]. The difference between the low ($\underline{M} = -.20$; $\underline{n} = 178$) and high ($\underline{M} = -.07$; $\underline{n} = 219$) learned helplessness groups relative to past physical violence was also statistically significant [$t(395) = 2.04$; $p < .04$]. However, low and high learned helplessness groups did not differ in their reports of past intimidation and control, as shown on Table 5.12.

Dichotomized depression relative to past SGBV. Again, for descriptive purposes only, the depression score was dichotomized into depressed and non depressed groups using a score of 1.75 (Mollica et al., 1987) as the cut-off. T-tests were used to compare the means of the depressed and non-depressed groups of participants relative to the three past SGBV variables. The differences between the depressed and non-depressed groups relative to past physical violence, past intimidation and control, and past sexual violence were not statistically significant, as shown on Table 5.13.

Table 5.12

T-test: High and Low Learned Helplessness Groups with Past SGBV

| | Learned helplessness | N | Mean | df | t | p |
|-----------------------------|-------------------------|------------|--------------|-----|------|-------|
| Past Physical Violence | High Low | 219 178 | -.19 -.28 | 395 | 2.04 | .04* |
| Past Intimidation & Control | High Low | 219 178 | -.21 -.26 | 395 | 1.13 | .25 |
| Past Sexual Violence | High Low | 219 178 | -.07 -.20 | 395 | 3.73 | .01** |

Sig. (2-tailed) *p < .05 **p < .001

Table 5.13

T-test: Depressed and Non-depressed from with Past SGBV

| | Depression | N | Mean | df | t | p |
|-----------------------------|----------------------------|-----------|--------------|-----|------|-----|
| Past Physical Violence | Depressed Non-depressed | 362 35 | -.24 -.15 | 395 | -1.2 | .21 |
| Past Intimidation & Control | Depressed Non-depressed | 362 35 | -.23 -.23 | 395 | -.02 | .97 |
| Past Sexual Violence | Depressed Non-depressed | 362 35 | -.13 -.08 | 395 | -.91 | .35 |

Assessment of depressive symptoms with learned helplessness. Crosstabulations were conducted to compare depressed and non-depressed groups of participants with high and low learned helplessness groups. The null hypothesis was that the groups were independent. The chi square statistic was not significant ($X^2 = 2.39$; $df = 1$; $p < .12$); thus the null hypothesis could not be rejected at the .05 level of significance.

Test of Main Study Hypotheses

Hypothesis # 1: A history of past SGBV (uncontrollable event) predicts engagement in sexual-risk behaviors among refugee women.

To test the relationship of past SGBV with sexual-risk behaviors, a simultaneous multiple regression analysis was performed with sexual-risk behavior as the dependent variable and past physical violence, past intimidation and control, and past sexual violence as the independent variables. A residuals scatter plot test was used to examine the variables for assumptions of normality, linearity, and homoscedasticity of residuals. The residuals were normally distributed about the predicted dependent variable scores and had a linear relationship with the predicted dependent variable. The variance of the residuals about the dependent variable scores was the same for all of the predicted dependent variable scores.

There was an overall statistically significant effect ($F = 2.018$; $p < .011$) on sexual-risk behavior. The three predictor variables together explained 15% of the variance in sexual-risk behavior. However, when the standardized regression coefficients of the individual independent variables are examined, only past sexual violence was found to contribute significantly to the prediction of sexual-risk behavior ($Beta = .461$; $p < .024$), as shown on Table 5.14.

Table 5.14

Coefficients of the Simultaneous Multiple Regression Analysis of Past SGBV to Sexual-risk Behavior

| Independent Variables | Beta | t | p |
|---|-------|-------|-------|
| Past Physical Violence | -.033 | -.173 | -.863 |
| Past Intimidation & Control | .005 | .025 | .980 |
| Past Sexual Violence | .461 | 2.267 | .024* |
| $R^2 = .015$; $F = 2.018$, $p < .011$ | | | |

* $P < .05$

Hypothesis # 2: Learned helplessness predicts sexual-risk behaviors among refugee women.

Regression analysis was performed to test whether learned helplessness predicts sexual-risk among refugee women. A residuals scatter plot test was used to examine the variable for assumptions of normality, linearity, and homoscedasticity of residuals. The effect of learned helplessness on sexual-risk behavior was not statistically significant

(Beta = .005; $p < .91$) (see Table 5.15).

Table 5.15

Coefficients of Regression of Learned Helplessness with Sexual-risk Behavior

| Independent Variable | Beta | t | p |
|----------------------|------|-------|------|
| (Constant) | | -.082 | .935 |
| Learned helplessness | .005 | .102 | .919 |

$R^2 = .001$; $F = .010$

Dependent variable: Sexual-risk behavior

Hypothesis # 3: Learned helplessness predicts depression among refugee women.

Simultaneous multiple regression analysis was also employed to test whether learned helplessness predicts depression among refugee women. A residuals scatter plot test was used to examine the variables for assumptions of normality, linearity, and homoscedasticity of residuals. The effect of learned helplessness on depression was statistically significant (Beta = .360; $p < .001$) (see Table 5.16). Thus, there is a linear relationship between learned helplessness and depression suggesting that learned helplessness predicts depression among refugee women.

Table 5.16

Coefficients of Regression of Learned Helplessness with Depression

| Independent Variable | Beta | t | p |
|----------------------|------|-------|--------|
| (Constant) | | 7.470 | .000 |
| Learned helplessness | .360 | 7.676 | .000** |

 $R^2 = .130$; $F = 58.918$

Dependent variable: Depression

** $p < .001$

Hypothesis # 4: Depression and learned helplessness mediate the relationship between past SGBV and sexual-risk behavior among refugee women.

To test this hypothesis, a fully recursive path analysis of the hypothesized model was performed to determine the paths and effects of the predicted relationships. A path diagram of the fully recursive hypothesized model is shown on Figure 5.0.

Only four paths were significant: the past physical violence to learned helplessness path; the past sexual violence to sexual-risk behavior path; the learned helplessness to depression path; and the past sexual violence to learned helplessness path. Although, past sexual violence was found to have a significant effect on both sexual-risk behavior (Beta = .122; $R^2 = .015$; $p < .010$) and learned helplessness (Beta = .173; $R^2 = .030$; $p < .001$), the path between learned helplessness to sexual-risk behavior was not

significant ($Beta = .005$; $R^2 = .001$; $p < .919$). This means that learned helplessness did not mediate the relationship of past sexual violence and sexual-risk behavior. However, learned helplessness was found to have a significant effect on depression ($Beta = .360$; $R^2 = .130$; $p < .001$), but the path between depression and sexual risk-behavior was not significant ($Beta = .022$; $R^2 = .001$; $p < .668$). Thus, since depression had no significant effect on sexual-risk behavior, it was not a mediator. Past physical violence had a significant effect on learned helplessness ($Beta = .129$; $R^2 = .017$; $p < .010$), while past intimidation and control was found not have a significant effect on any of the hypothesized relationships (see Figure 5.0).

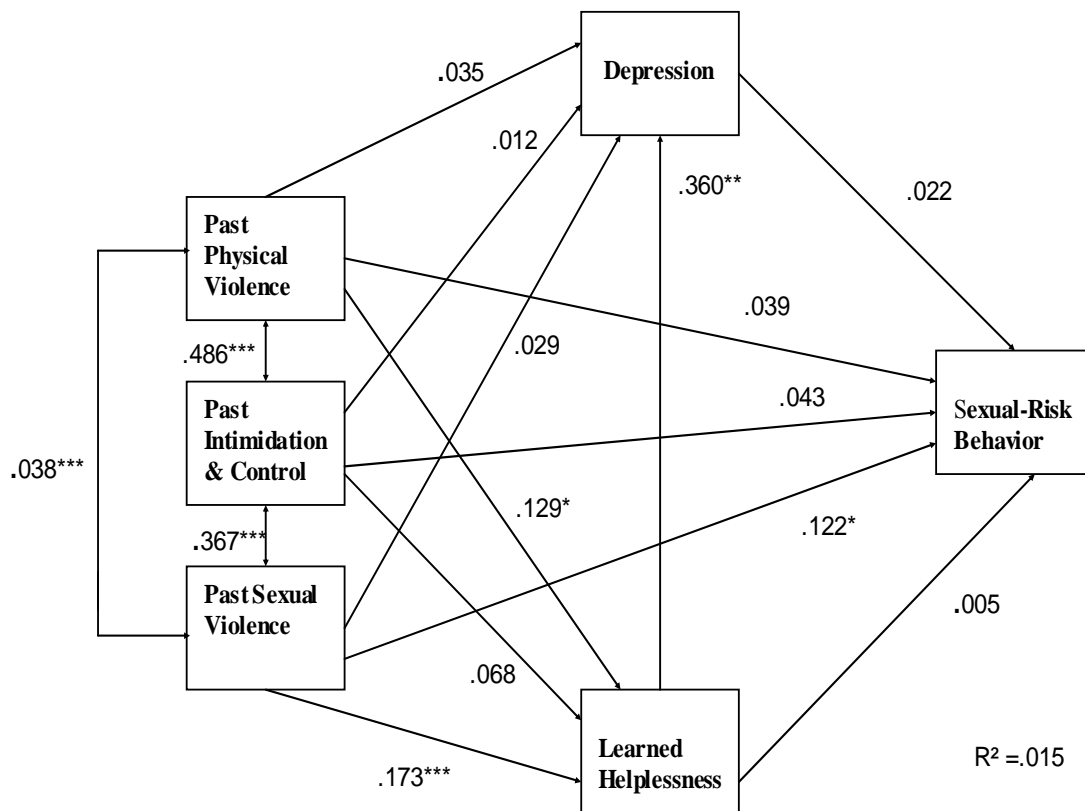


Figure 5.0. Path-analytic model: The influence of past physical violence, past intimidation & control, past sexual violence, learned helplessness, and depression on sexual-risk behavior.

* $p < .05$; ** $p < .01$; *** $p < .001$

Findings of the Open-Ended Questions Data Sheet

According to Abraham et al (1978) when individuals feel helpless following an uncontrollable event, they implicitly or explicitly seek reasons for the helplessness and make causal attributions. The open-ended questions in this study elicited some of the causal attributions for the uncontrollable SGBV experiences and reasons for any resulting learned helplessness among the participants. There were eight open-ended items (Questions 106 -113) that elicited responses from participants about their feelings regarding their experiences of SGBV, their general feelings about SGBV, their sexual relations or partnerships, their sexual decision making, and causal attributions of the uncontrollable event or experience of SGBV.

What makes refugees more likely to experience SGBV? Among the total of 134 participants who responded to this question, about 15% attributed it to the war situation and 13% believed it is the result of lack of support. In contrast, 10% thought it is due to poverty. Other reasons given by the participants included: lack of protection in refugee camps (10%); lack of authority in camps (9%); alcohol and drug use (8%); lack of education on SGBV in camps (8%); and the provocative way of dressing by refugee women (7%)

Reasons for increased and decreased likelihood of refugee women experiencing SGBV. A total of 58 participants responded to the question of what increases the likelihood of refugee women experiencing SGBV. Fifteen percent of these participants reported poverty and unemployment as the main reasons, 12% attributed it to alcohol/drug use, 10% thought it is due to the lack of husbands and parents to protect them, 9% said feelings of insecurity increase their likelihood of experiencing SGBV, 8%

attribute it to the war and problems in their home countries, 5% said it is because they are not living with their parents, and 5% claimed the difficulties of living in a refugee camp increases their likelihood of experiencing SGBV. In terms of what they believe would decrease the likelihood of refugee women experiencing SGBV, the responses include: *because I'm okay (19%); because I am married (16%); for women to runaway from the camp (16%); the presence of projects around the camp (12%); reading and other activities that occupy their time (12%); increased awareness of sexual abuse (10%).*

Influences on decisions about sexual relations or partnerships. Of the 192 participants that responded to this question, about 90% (n=172) reported that such decisions are made by themselves. Four percent said they are influenced by friends and about 3% acknowledged being influenced by their husbands. Two percent claimed poverty influences their decision to have multiple sexual partners, while another 2% indicated their customs and traditions influence their sexual relationships and sexual decision-making.

Prevention of sexually transmitted diseases (STDs). Although about 40% of the participants (n = 260) reported that they used condoms during sexual intercourse to keep safe from STDs, 38% reported that because they are married, there is no need for protection during sexual intercourse. Several of these participants said *I'm a married woman, I don't do anything*. Further, 33% reported they try to keep to one partner as a way of STD prevention and 23% claimed they try to be faithful to their partners to keep safe from STDs. Only 8% of the participants reported abstinence as a way of keeping safe from STDs.

When asked about the influences on their decisions about STD prevention, about 30% ($n = 256$) reported culture as a major influencing factor and 18% said they made decisions about safe sex by themselves. Eleven percent said they were influenced by education about STDs from health care workers and 8% stated that their sexual partners influenced whether or not they had protected sex.

Best ways for refugee women to prevent STDs. The use of condoms was reported by 32% of the participants ($n = 346$) as the best way for refugee women to keep themselves safe from STDs. About 31% believed staying with one partner is the best way to prevent STDs and 26.3% believed HIV/AIDS and STD education is the best prevention methods. In addition, about 17% regarded abstinence as the best way to protect themselves from STDs, while 9% claimed that getting married would protect them most from sexually transmitted diseases.

The prevention of SGBV against refugees. To prevent SGBV in refugee camps, about 65.5 % of the participants ($n=263$) believed that perpetrators should be severely punished so that others would learn from the example. Another 8% said women and girls should be encouraged not to dress provocatively in refugee camps and 6% believed that promoting women's rights and abolishing some of the customary laws that oppress women would prevent SGBV in refugee camps. Enforcing existing security systems and regulations in refugee camps was another prevention method that was reported by about 6% of the participants. Another 6% believed that educating men about SGBV and the protection of women's rights would help prevent SGBV in refugee camp situations. The enforcement of women's rights in refugee settings was also suggested by about 5% of the

participants and another 4% suggested that having reliable channels to report SGBV incidents would help prevent it in refugee camps.

General comments and suggestions. A total of 215 participants had general comments to add after the interview. The following specific themes emerged from a content analysis of participants' comments and suggestions: charitable organizations should help restore peace in the countries of conflict/home countries (16.7%); job opportunities should be provided for refugee women (10%); refugee women should be supported financially and provided with more facilities (10%); social workers should be available to provide counseling to both men and women (8%); more information on SGBV should be provided to refugees (7%); resettlement of/with other family members should be facilitated (6%); and women should break the silence and raise SGBV awareness (5%).

Chapter 6

Discussion

This chapter discusses the main findings of this study. It is divided into the following sections: summary and interpretation of main findings; limitations of the study; my reflections on the study; implications for social work and public health; and conclusion.

Summary of Main Findings

The current study found that about 75% (n = 303) of participants had experienced some form of SGBV either in their home country, during flight/transit, or in the host country. This prevalence of SGBV among refugees at the Dukwi refugee camp is relatively high compared to results obtained in other regions of Africa. A 1994 survey of 205 women in Liberia found that 49% had experienced at least one incident of SGBV (Koss & Kilpatrick, 2001).

In the current study, refugee women were more likely to experience SGBV in their home countries (during conflict) than during flight or in the host country. More than half (56.4%) of the refugees had experienced SGBV before they even fled their countries. During their attempt to reach a safe haven, 39.3% experienced SGBV. After reaching Botswana, about 37% of the participants reported having experienced SGBV. These findings suggest that refugee women are not only vulnerable to sexual violence during conflict, but also during the periods of social disruption and disintegration that follow war, when they are fleeing the conflict and residing in camps for refugees. This is

consistent with what has been reported by Hynes and Lopes-Cardozo (2001). Further, these findings suggest the need for interventions that address the physical, psychological and social consequences of SGBV among refugees in camp settings.

The most common perpetrators of SGBV were soldiers, Civil Defense Forces, paramilitary, and family members. Soldiers were the main perpetrators in the home country and during flight whereas the police or interrogators were the main perpetrators of SGBV once the refugee had entered Botswana. These findings suggest that these refugee women lacked the protection and recourse that international law afforded to them. International human rights law requires national governments to provide protection against violence to all persons within their territory, to investigate and punish perpetrators of violence, and to ensure equal access and protection under the law to all without discrimination on the basis of race, color, sex, national origin, or other grounds (HRW, 2000).

Host governments have an affirmative obligation to protect refugees from sexual and gender-based violence and to ensure that victims have full access to the local legal system. By failing to ensure that police and court officials investigate, prosecute, and punish perpetrators of SGBV against refugee women, a host country is in breach of its international law obligations as mandated in the 1951 U.N. Convention Relating to the Status of Refugees to provide refugees equal protection of the law (HRW, 1999). These obligations extend to all refugees and asylum seekers within a host country. The international community also has the legal responsibility of ensuring that the rights of refugees are respected.

It is interesting to note that family members of refugees were the second most common perpetrators of SGBV in the host country. This finding regarding the role of family members as perpetrators of SGBV during settlement in the host country may be reflective of the break-up of stable social relationships and the disruption of social norms governing sexual behavior, which often accompany the refugee situation.

In terms of reporting SGBV, it is not surprising that more than half of the most serious incidences of SGBV were never reported. As has been found in other refugee settings, SGBV is under-reported (UNHCR, 1999). The main reasons given by the refugees at the Dukwi camp for remaining silent and not reporting—lack of trust, apathy, feelings of shame, and fears of stigmatization—are no different from those given by refugees in other regions of Africa (HRW, 2000). When an incident was reported by those who decided to break this silence, they were more likely to tell a female family member instead of the police or camp authorities because of fear stigmatization by the host or refugee community. This study found that female family members were often told about SGBV incidences and were reportedly the most helpful to SGBV victims. This study also found that male family members (other than the victim's partner), friends, and women's groups were very helpful to victims of SGBV.

The prevalence of abduction/forced detention (AFD) was very high among refugee women at the Dukwi camp. More than half of the participants had experienced some form of AFD that lasted less than a month, mainly in the host country, and most often perpetrated by a police officer or interrogator. The current study found that such abductions/forced detentions were, at times, accompanied by physical assault and/or sexual assault. Fifteen percent of participants had experienced some form of physical

assault and 14% were victims of sexual assault during AFD. About 6% of the sexual assaults resulted in pregnancies that usually ended in a miscarriage. Most of the refugees who needed medical attention as a result of AFD reported that they did receive it.

The current study found that more than half of the participants (55%) experienced learned helplessness and about 90% were depressed. This is congruent with prior research on battered and abused women (Walker, 2000) in which women's experiences of uncontrollable violence produced over time learned helplessness and eventually depression as repeated experiences of violence diminished the victim's motivation to respond (Abraham et al., 1978). Learned helplessness was also found to be moderately and significantly correlated with depression in the sample. This finding is also congruent with the learned helplessness model of depression, which suggests that depression is a typical collateral outcome of learned helplessness (Klein et al., 1976; Klein & Seligman, 1976).

This study's categorization of violence into physical violence, intimidation and control, and sexual violence, in addition to measuring violence during the various stages of the forced migration ordeal, is seen as a real contribution to the body of knowledge in violence research. In this study, past physical violence was found to be positively and significantly correlated with learned helplessness, although it was not correlated with depression. There was also no significant difference between the depressed and non-depressed groups in relation to past physical violence when a T-test was used to compare the two groups. Learned helplessness, on the other hand, was found to be moderately and significantly correlated with depression. This finding supports the learned helplessness-depression model, as first proposed by Klein and Seligman (1976).

The finding that past SGBV predicts present sexual-risk behavior suggests that refugee women with histories of SGBV were more likely to engage in sexual-risk behaviors than their counterparts without such histories. Specifically, past sexual violence predicted current sexual-risk behavior in this study. This finding is consistent with prior research (Hogben et al., 2001; Susser et al., 1998; Tubman et al., 2001; Thompson et al., 1997) that has examined the short and long-term effects of past sexual violence on current sexual-risk behaviors among vulnerable populations. Effects described have included low self-esteem, feelings of powerlessness, sexual-risk behaviors, heightened sexual behavior, and difficulty in forming intimate relationships.

The hypothesized relationship between learned helplessness and depression with sexual-risk behavior were not significant. This suggests that both learned helplessness and depression (as potential outcomes of past SGBV) do not predict current sexual-risk behavior. Thus, the hypothesized mediating roles of learned helplessness and depression in the relationship between past SGBV and current sexual-risk behavior were not supported in this study.

A fully recursive path analysis was used to examine the paths in the hypothesized model (see chapter 5, Figure 5.0). Although past sexual violence was found to have a significant effect on learned helplessness and on sexual risk behavior, the path from learned helplessness to sexual-risk behavior was not significant. Learned helplessness was, however, found to have a significant effect on depression, although the path between depression and sexual risk-behavior was not significant. Therefore, it is worth noting that this study found that learned helplessness is a likely mediator of the relationships

between past sexual violence and past physical violence to depression, which could be the subject for further research.

The open-ended inquiry in this study revealed some useful and interesting insights into refugee women's feelings about their experiences of SGBV, feelings about SGBV in general, their sexual relations or partnerships, their sexual decision making, and their attributions of their vulnerability to sexual and gender-based violence. Among the reasons given for the vulnerability of refugee women to SGBV, it was not surprising that the majority of the participants attributed their vulnerability to the conflict situations in their countries of origin and the lack of support and protection in the refugee camp.

The realities of poverty and unemployment that are typical in most refugee camps (UNHCR, 1999) were reported as the major risk-factors for SGBV in refugee situations. Insecurity, alcohol use, and the absence of husbands and parents at the refugee camp were other factors seen by this study's participants as increasing the likelihood of SGBV victimization. According to UNHCR (1999), these risk factors are all typical of the refugee situation and should be taken into account in programmatic interventions for SGBV in refugee setting. Being married or having someone to protect you were the major factors that were considered by the participants to decrease the likelihood of a refugee woman experiencing SGBV. It is not surprising that the participants reported that *running away from the camp* may decrease their likelihood of experiencing SGBV. Given the reality of life at a refugee camp (including Dukwi), it is apparent that the psychological strains of refugee life can aggravate aggressive behavior towards women. Male disrespect towards women is often reinforced in refugee situations where

unaccompanied women may be regarded by camp guards and male refugees as sexual property (HRW, 1999).

The vast majority of the participants (90%) reported that decisions about their sexual relations or partnerships were made solely by themselves. Husbands, poverty, and loyalty to traditions were also reported to influence sexual relationship decision-making. It was not surprising that condoms were the main form of STD prevention cited by the participants since condoms are easily available to refugees and are distributed free of charge at the refugee camp by the UNHCR and Botswana Red Cross. Condoms were also regarded to be the best method of STD prevention.

In terms of SGBV prevention at the refugee camp, the majority of the participants think that perpetrators should be punished to deter others. This underscores the need for the establishment of proper SGBV reporting and judiciary mechanisms, systems lacking in most refugee camps. These women poignantly stated that, until incidences of SGBV against refugees are effectively investigated and perpetrators are properly punished under international humanitarian law, SGBV would remain under-reported in most refugee situations around the world.

Limitations of the Study

The cross-sectional nature of this study may limit interpretation of the findings. Cross-sectional research designs are apt to constrain the determination of causal inferences due to difficulties in establishing temporal order. Longitudinal studies will be needed to provide stronger evidence of association.

This study is also limited by the self-report measures employed in the instrument. Self-report measures may be influenced by social desirability, response bias, or inaccurate recall. The sensitive nature of some of the questions (i.e. sexual violence, sexual-risk behavior, abduction, forced detention etc.) may also be particularly prone to under-reporting. Like similar studies of SGBV among refugee populations (i.e., UNHCR, 1999), participants in this study may have under-reported their SGBV experiences out of fear of stigmatization, especially when the interviewers were themselves female refugees residing at the refuge camp.

Another limitation of this study design concerns the scales used to measure learned helplessness and women's relative sexual-risk. The learned helplessness scale is limited in its cross-cultural use beyond western populations (Quinless & McDermott, 1988) and has yet to be validated with refugee populations. The cross cultural applicability of the women's relative sexual risk scale has yet to be established (Jones 1999). The lack of cross-cultural data on these measures may limit the interpretation of the findings of this study

Finally, since the instrument in this study was translated in three target languages, any errors in translation may affect the psychometric properties of the individual measures of the research instrument, thus limiting the interpretation of the findings.

My Reflections – Lessons Learned

My research interest in SGBV against refugees stemmed from an article I read in the New York Times about two years ago. The article described the wide-spread sexual and gender-based violence against refugees in West Africa, particularly Sierra Leonean

and Liberian refugees residing in camps in neighboring Guinea, where relief staff and humanitarian workers were allegedly among the perpetrators of the SGBV.

Although I was passionate about the problem of SGBV in refugee camps in West Africa, I realized that it would be difficult to conduct a study exploring the dimensions of SGBV among West African refugees since an investigation of the accusations of SGBV against these refugees was under-way by the United Nations. I also had safety and security concerns about conducting research on such a sensitive issue in these camps, which still experience cross-border attacks by the various warring factions. I therefore decided to conduct my research on this same issue in a stabilized refugee setting, such as the Dukwi refugee camp in Botswana that is comparatively safe and secured.

Conducting survey on SGBV in a refugee setting raised many important ethical and safety concerns. In exploring such a sensitive and important topic, I learned that it is crucial for the research not to be linked with local organizations that provide services in the community since there seems to be issues of trust between refugees and these organizations.

The training plan of interviewers for this study would be done differently in the future. The four-day training period proved adequate, but I would revisit the content of training. In this research, I began with ideas and issues related to SGBV in the interviewers' communities as well as to interviewers' perceptions of and attitudes related to SGBV. I learned that it would be more productive to begin with a section-by-section, item-by-item discussion of the questionnaire, providing interviewers with the rationale for each question and incorporating discussion of ideas, issues, perceptions, and attitudes

as relevant items are presented. This, from my experience, would make the training more concrete and goal directed and less like in a classroom instruction.

I also have concerns about the safety of the refugees who participated in this study. I am not aware of any adverse repercussions for participating in the study. I do know that no reports of problems were received during the survey administration or in the several days spent in the field after data collection was completed

Social Work and Public Health Implications

The violence that often produces refugees has complex and multiple direct and indirect effects on refugee communities in relation to reproductive health and psycho-social well-being. The findings of this study provide social work and public health practitioners who are faced with the multi-faceted tasks of designing and implementing programs in refugee situations with some indicators of the psycho-social and reproductive health needs of refugee women in a camp setting.

In their capacity as health educators, relief workers, counselors, and program evaluators, public health professionals and social workers, who are often at the forefronts of efforts to respond to humanitarian emergencies, are usually either not knowledgeable or ill-equipped to tackle the issue of SGBV and therefore are reticent to explore it (UNHCR 1999). This study's examination of the nature, extent, and effects of SGBV among refugee women with diverse backgrounds and experiences of forced migrations adds to the body of knowledge for practice and research.

Sexual and gender-based violence is known to occur during all phases of the refugee situation (UNHCR, 1999). This study found that refugee women were more likely to experience SGBV in their home countries than during flight/transit or in a host country. This finding underscores the need to adapt prevention and response measures to suit the different circumstances of each migration phase.

Sexual and gender-based violence has acute physical, psychological and social consequences among refugee populations and communities (UNHCR, 1999). About 75% of the participants in this study have been victims of SGBV and about 90% scored above the cut-off point to be classified as depressed, suggesting that refugee women may have unmet mental health needs. Psycho-social programs that are usually lacking in most refugee camps should be established to address psychological and social consequences of SGBV in refugee populations.

Like most refugee situations, SGBV in this study was under-reported and more than half of the incidences of SGBV in this population were never reported. This finding underscores the need for education programs that highlight the rights of women in refugee situations. Reporting and interviewing techniques should be adapted to encourage both victims and camp administrators to report and document incidents. This study suggests that reporting and follow-up of SGBV must be sensitive, discreet, and confidential to protect the victim from stigmatization and retribution. Public health practitioners and social workers working with refugee populations should establish trust and rapport with victims and provide safe and confidential environments for effective reporting.

This study found a statistically significant relationship between past sexual violence and current sexual-risk behavior among refugee women. This finding has important implications for HIV/AIDS prevention programs. First, it suggests that interventions might best make a distinction between women who have never experienced forced sex and those who have. For women who have experienced forced sex, clinical and therapeutic activities should focus upon the building of trust and the capacity for intimate relationships in an attempt to prevent sexual-risk behaviors. Second, the findings in this study may be useful in HIV/AIDS behavioral surveillance and in the allocation of prevention resources for refugee populations.

The findings of this study regarding the relationships among SGBV, learned helplessness, depression, and sexual-risk behaviors among refugee women will equip practitioners with the knowledge of the risk-factors and indicators that may be applicable in the design and implementation of surveillance systems and behavioral change interventions that target sexual-risk behaviors in refugee settings.

The qualitative findings of this study that relate to refugee women's feelings about their experiences with SGBV, their sexual relations and decision making, and their attributions of their vulnerability to SGBV are in general agreement with the notion that sexual violence against women is rooted in gender-power inequalities (World Health Organization [WHO], 2002). The hierarchical gender relation that is often prevalent in emergency and humanitarian situations around the world (WHO, 2002) is also supported. The main perpetrators of SGBV in this study were individuals or groups with power and resources: soldiers, members of civil defense forces, or of paramilitary groups, and male

family members. SGBV prevention must entail efforts to empower and improve the status of women during all phases of the refugee situation.

The patterns of vulnerability to SGBV evident in this study suggest specific prevention approaches for governments and other responsible agencies. These bodies must publicly acknowledge and discuss the problem, establish effective and efficient systems of reporting cases that protect victims, enforce existing laws and policies regarding violence against women, and effectively enforce disciplinary measures.

Conclusions

This investigation was interdisciplinary in nature, benefiting from insights in the social, behavioral, and health sciences. By providing possible explanations of the relationship of the forced migration experience with refugee sexual-risk behaviors, I hoped to contribute to the existing body of knowledge in the disciplines of social work and public health. I believe the findings of this study will be useful to practitioners both in refugee camp settings and resettlement countries. SGBV has long been used as a strategy of war—the root cause of uprooting and refugee movements.

SGBV has been used as a highly effective means of terrorizing entire communities and cultures in Africa because of the emphasis placed on women's sexual virtue. Perpetrators often humiliate and demoralize their victims. The issue of SGBV against refugees, however, remains inadequately addressed by humanitarian and refugee agencies. SGBV victims usually weigh their health and psychological needs against

possible stigmatization within the family or community and potential retribution from the unpunished perpetrator, as is the case in most refugee camps. Bringing the issue of SGBV into the open represents the first step in fostering the development of responses to this problem.

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Appendixes

Appendix A: Instrument

**UNIVERSITY OF PITTSBURGH
SCHOOL OF SOCIAL WORK**

**Refugee Women's Health and Life Experiences
Questionnaire**

Pittsburgh, Pennsylvania, USA

Summer 2003

INDIVIDUAL CONSENT FORM

Hello, my name is I work for Johannes John-Langba who is a Doctoral student in the School of Social Work at the University of Pittsburgh (USA). We are conducting a survey in Dukwi to

learn about refugee women's health and life experiences. You have been chosen by chance (as in a lottery / raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right/wrong answers. Some of the topics may be difficult to discuss, but many refugee women have found it useful to have the opportunity to talk about their experiences.

Your participation is completely voluntary and there are no apparent physical risks associated with your participation in this study. Your life experiences could be very helpful to you and other refugee women in Botswana and other parts of the world.

Do you have any questions?

(The interview takes approximately 60 minutes to complete). Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED —————> THANK PARTICIPANT FOR HER TIME AND END

[] AGREES TO BE INTERVIEWED



Please be informed that you will not be given any monetary compensation for this study but a small token (a bathing soap) will be provided in appreciation of your time. Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

If you need more information on this study, please contact: The Health Research Unit (HRU), Ministry of Health, Gaborone, Botswana. Tel: 3914467

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNATURE:

DATE:

PART I: DEMOGRAPHIC DATA SHEET

Interviewer instructions: Please read the instructions to the participant followed by each item and the response options. Please write/circle the number that corresponds to the response for each item

Instructions for participant (Please read): *I am going start this interview by asking you some questions about yourself to help me know a little bit about your background. I will not write your name on this questionnaire because I don't want to identify you with your responses.*

| No. | ITEM | CODE/RESPONSE | Skip Instr uctio ns |
|-----|---|---|---------------------------|
| 1. | How long have you lived as a refugee in Botswana? | Length of stay (yrs/months) ____/____ 77. Don't know (DK) 88. Refuse | |
| 2. | How old were you on your last birthday? | Age in completed years ____ ____ 77. don't know 88. refuse | |
| 3. | Where were you born? | 1. village/country_____/____ _____ 7. DK 8. Refuse | |
| 4. | What ethnic group are you from? | 1. _____ 7. DK 8. Refuse | |
| 5. | What was your main form of occupation in your home country? | 1. farmer 2. trader 3. civil servant 4. student 5. professional 6. homemaker 7. domestic servant 8. unemployed 9. construction worker 10. military personnel | |

| | | | |
|-----|--|--|------------|
| | | 11. police officer 12. other _____ 77. DK 88. Refuse | |
| 6. | Can you read easily, with difficulty, or not at all in any language? | 1. Not at all 2. With difficulty 3. Easily read 7. DK 8. Refuse | |
| 7. | Can you write easily, with difficulty, or not at all in any language? | 1. Not at all 2. With difficulty 3. Easily write 7. DK 8. Refuse | |
| 8. | Not including yourself, how many adults (18 years of age or older) live in your household? | # of adults ____ ____ 77. DK 88. Refuse | |
| 9. | How many of children living in your household are your primary responsibility (17 years or younger)? | # of children ____ ____ 77. DK 88. Refuse | |
| 10. | Are you currently working for money (wages), working for trade, or are you unemployed? | 1. Unemployed..... 2. Working for trade 3. Working for money (wages) 7. DK 8. Refuse | Skip to 12 |
| 11. | What kind of work do you currently do? (circle all mentioned) | 1. professional 2. Farming 3. Laborer 4. small business | |

| | | | |
|------------|---|---|--|
| | | 5. Other _____ 7. DK 8. Refuse | |
| 12. | What is your main source of income? | 1. no income 2. support from husband/partner 3. support from other relatives 4. money from own work 5. social services/welfare 6. other _____ 7. DK 8. Refuse | |
| 13. | Do you have relatives that live in your household or live nearby? | 1. No, don't have relatives 2. Yes, relatives live in the household 3. Yes, relatives live nearby 4. No, relatives don't live in the household or nearby 7. DK 8. Refuse | |

| | |
|------------|---|
| 14. | <i>Since the conflict started and you left your home village/town, which villages, camps or towns have you lived in, beginning with the first camp, village or town you lived in? For each village, camp, or town you lived in, could you please tell me what caused you to leave and where you went?</i> |
|------------|---|

| | Camp/Village/Town | Date Arrival | Date left | Main reason left village/camp/town (see codes below) |
|--|-------------------|--|--|---|
| | _____ | Month_____ Year _____ 77 DK 88 Refuse | Month_____ Year _____ 77 DK 88 Refuse | _____ |
| | _____ | Month_____ Year _____ 77 DK 88 Refuse | Month_____ Year _____ 77 DK 88 Refuse | _____ |
| | _____ | Month_____ Year _____ 77 DK 88 Refuse | Month_____ Year _____ 77 DK 88 Refuse | _____ |
| | _____ | Month_____ Year _____ 77 DK 88 Refuse | Month_____ Year _____ 77 DK 88 Refuse | _____ |
| | _____ | Month_____ Year _____ 77 DK 88 Refuse | Month_____ Year _____ 77 DK 88 Refuse | _____ |

Response codes:

Place Lived:

Reason Left:

[USE APPROPRIATE CHOICES OF PLACES]

1. Camp in
2. Camp in
3. Camp in
4. Family in
5. Family elsewhere in home country
6. Private House (describe)
7. Other (describe)
77. DK
88. Refuse

1. No food
2. To seek schooling
3. UN Relocation
4. Village/Camp attacked
5. Family member sexually assaulted
6. Family member attacked (not including sexual assault)
7. Returned home
8. Other (describe)
77. DK
88. Refuse

PART II: LEARNED HELPLESSNESS SCALE

Interviewer instructions: Read statement, then ask if participant strongly agrees, agrees, disagrees, or strongly disagree. Please **tick** the column that corresponds to the participant's response.

Instructions for participant (Please read to participant): I am going to read you some statements that describe feelings people may have about themselves. Please listen carefully. I am interested in learning if you feel these ways. For each statement, please tell me if you **agree** or **disagree** with it.

| | Item | Strongly Agree (4) | Agree (3) | Disagree (2) | Strongly Disagree (1) |
|-----|---|-----------------------|--------------|-----------------|--------------------------|
| 15. | No matter how much energy I put into a task, I feel I have no control over the outcome | | | | |
| 16. | I feel that my own inability to solve problems is the cause of my failures | | | | |
| 17. | I cannot find solutions to difficult problems | | | | |
| 18. | I don't place myself in situations in which I cannot predict the outcome | | | | |
| 19. | If I complete a task successfully, it is probably because I became lucky | | | | |
| 20. | I do not have the ability to solve most of life's problems | | | | |
| 21. | When I do not succeed at a task I do not attempt any similar tasks because I feel that I will fail them also | | | | |
| 22. | When something doesn't turn out the way I planned, I know it is because I didn't have the ability to start with | | | | |
| 23. | Other people have more control over their success and/or failure than I do | | | | |
| 24. | I do not try a new task if I have failed similar tasks in the past | | | | |
| 25. | When I perform poorly it is because I don't have the ability to perform better | | | | |
| 26. | I do not accept a task that I do not think I will succeed in. | | | | |
| 27. | I feel that I have little control over the outcomes of my work | | | | |
| 28. | I feel that anyone else could do better than me in most tasks | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| | | | | | |
| 29. | I am unable to reach my goals in life | | | | |
| 30. | When I don't succeed at a task, I find myself blaming my own stupidity for my failure | | | | |
| 31. | No matter how hard I try, things never seem to work out the way I want them to | | | | |
| 32. | I feel that my success reflects chances, not my ability | | | | |
| 33. | My behavior does not seem to influence the success of a work group | | | | |

PART III: HOPKINS SYMPTOMS CHECK LIST-25

Interviewer instructions: Read each statement and ask "In the last week have you felt that way." Then read response options. Please **tick** the column that corresponds to the response for each item

Instructions for participant (please read): Now, I am going to read to you a list of some symptoms or problems that people sometimes have. Please tell me how much each of these has bothered or distressed you in the **last week including today**.

| | DEPRESSION SYMPTOMS | Not at all | A little | Quite a bit | Extremely |
|------------|---|-------------------|-----------------|--------------------|------------------|
| | | (1) | (2) | (3) | (4) |
| 34. | Feeling low in energy, slowed down | | | | |
| 35. | Blaming yourself for things | | | | |
| 36. | Crying easily | | | | |
| 37. | Loss of sexual interest or pleasure | | | | |
| 38. | Poor appetite | | | | |
| 39. | Difficulty falling asleep, staying asleep | | | | |
| 40. | Feeling hopeless about future | | | | |
| 41. | Feeling sad | | | | |
| 42. | Feeling lonely | | | | |
| 43. | Thoughts of ending your life | | | | |
| 44. | Feelings of being trapped or caught | | | | |
| 45. | Worry too much about things | | | | |
| 46. | Feeling no interest in things | | | | |
| 47. | Feeling everything is an effort | | | | |
| 48. | Feeling of worthlessness | | | | |

PART IV: SEXUAL AND GENDER-BASED VIOLENCE SCALE

Instructions for participants (Please read): Now, I would like to ask you some questions about difficult things you may have experienced as a result of the conflict and your displacement. I am going to read items

from a list. Many people may have experienced one or more of these things during the conflict and displacement. I know it may be difficult to acknowledge if any of these things happened to you, but please remember that what you tell me is completely confidential and your answers will help us get a sense of the needs of women in refugee situations. Also remember that you have the right to refuse to answer any of the questions and the right to stop the interview at any time. If anyone should interrupt us during the interview, I will immediately stop the interview until we are alone again.

First I will ask about what happened during the conflict, then I will ask what happened while you were displaced from your home, and finally I will ask questions about your life here in Botswana. Most of the questions will be the same for each time period that we discuss, so you will be hearing many of the same questions more than once. The reason why we repeat each set of questions for each time period is because it helps us get a better sense of exactly when refugee women are most vulnerable.

Right now I will start by asking you questions specifically about what happened during the conflict in your home country.

Section 1: SGBV during the [occupation and] conflict

Participant instructions (Please read): During the conflict in [home country] were you subjected to any of the following violent act? Please remember that I am asking about the TOTAL number of times you experienced each act during the occupation and/or conflict in your home

Interviewer instructions: Please read the instructions to the participant followed by each item and the response options. Please **tick** the column that corresponds to the response for each item.

| 49. | | Never | 1-2 times | 3-5 times | 6 or more times | Weekly | Daily | DK | Ref use |
|-----|--|-------|-----------|-----------|-----------------|--------|-------|----|---------|
| | A. Slapped or hit | | | | | | | | |
| | B. Choked | | | | | | | | |
| | C. Beaten or kicked | | | | | | | | |
| | D. Tied up or blindfolded | | | | | | | | |
| | E. Threatened with a weapon of any kind | | | | | | | | |
| | F. Shot at or stabbed | | | | | | | | |
| | G. Deprived of food, water, or sleep | | | | | | | | |
| | H. Experienced physical disfigurement of your body | | | | | | | | |
| | I. Detained against your will | | | | | | | | |
| | J. Subjected to improper sexual comments | | | | | | | | |
| | K. Forced to remove or stripped of your clothing | | | | | | | | |
| | L. Given internal body cavity searches | | | | | | | | |

| | | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|
| | M. Subjected to unwanted kissing | | | | | | | | |
| | N. Touched on sexual parts of your body | | | | | | | | |
| | O. Beaten on sexual parts of your body | | | | | | | | |
| | P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex | | | | | | | | |
| | Q. Penetrated with an object in your vagina or anus | | | | | | | | |
| | R. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe)_____ | | | | | | | | |
| | S. Forced to watch someone being physically assaulted | | | | | | | | |
| | T. Forced to watch someone being sexually assaulted | | | | | | | | |
| | U. Anything else? (describe)_____ | | | | | | | | |
| 50. | Who did these things? (circle all mentioned) | 1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/medical person 8. Teacher 9. Religious worker 10. Humanitarian Relief Worker 11. Neighbor/Community Member 12. Unknown to respondent 13. fellow refugee 14. family member 15. Other _____ 77. DK 88. Refuse | | | | | | <i>Skip to section 2, if participant never experienced SGBV in host country.</i> | |

Section 2: SGBV during flight/displacement

Instructions for participants (Please read): Now I would like to focus on difficulties that may have happened to you since you first fled the conflict. Right now I am only trying to understand what happened to you after you left your home in [home country]. Like before, I am asking about things that may have been done to you by persons such as soldiers, militia, police officers, and guards. The period I am asking about includes the moment you left your house (because of the conflict) until the time you returned to your house. These acts could have happened in places such as on the road, in a refugee camp, or in another village. Many of these are the same questions that I asked you earlier, but now I am would like to know if any of them were done to you while you were displaced. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential. . Remember that we are trying to understand the TOTAL number of times you may have experienced these things while you were displaced and/or in flight.

Interviewer instructions: Please read the instructions to the participant followed by each item and the response options. Please circle the number that corresponds to the response for each item. Please tick the column that corresponds to the response for each item.

| 51. | | Never | 1-2 times | 3-5 times | 6 or more times | Wee kly | Daily | DK | refus ed |
|-----|---|-------|--------------|--------------|-----------------------|------------|-------|----|-------------|
| | U. Slapped or hit | | | | | | | | |
| | V. Choked | | | | | | | | |
| | W. Beaten or kicked | | | | | | | | |
| | X. Tied up or blindfolded | | | | | | | | |
| | Y. Threatened with a weapon of any kind | | | | | | | | |
| | Z. Shot at or stabbed | | | | | | | | |
| | AA. Deprived of food, water, or sleep | | | | | | | | |
| | BB. Experienced physical disfigurement of your body | | | | | | | | |
| | CC. Detained against your will | | | | | | | | |
| | DD. Subjected to improper sexual comments | | | | | | | | |
| | EE. Forced to remove or stripped of your clothing | | | | | | | | |
| | FF. Given internal body cavity searches | | | | | | | | |
| | GG. Subjected to unwanted kissing | | | | | | | | |
| | HH. Touched on sexual parts of your body | | | | | | | | |
| | II. Beaten on sexual parts of your body | | | | | | | | |
| | JJ. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex | | | | | | | | |

| | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| | KK. Penetrated with an object in your vagina or anus | | | | | | | | |
| | LL. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe) | | | | | | | | |
| | MM. Forced to watch someone being physically assaulted | | | | | | | | |
| | NN. Forced to watch someone being sexually assaulted | | | | | | | | |
| | U. Anything else? (describe) _____ | | | | | | | | |

Skip Instructions: If Participant never experienced SGBV during flight/displacement, skip to section 3.

| | | | |
|-----|--|---|--|
| 52. | Who did these things? (circle all mentioned) | 16. Soldiers 17. Paramilitary 18. Civil defense forces 19. Police officer or interrogator 20. Prosecutor or judge 21. Jail or prison guard 22. Doctor/medical person 23. Teacher 24. Religious worker 25. Humanitarian Relief Worker 26. Neighbor/Community Member 27. Unknown to respondent 28. fellow refugee 29. family member 30. Other _____ 78. DK 88. Refuse | |
|-----|--|---|--|

Section 3: SGBV in host country/post-conflict

Participants Instructions (Please read): Now I would like to ask you some questions about what has happened to you since arrived in Botswana. These questions are the same as the ones I asked before, and this is the last time I'll be asking this set of questions. These acts could have happened to you at home, in your community, or elsewhere in Botswana and could have been done to you by anyone in your community, including members of the police, military, humanitarian community, or your neighbors and other people who live in your community. Like the questions before, we are still asking about violence that was committed against you. Remember that we are trying to understand the TOTAL number of times you may have experienced these things while in Botswana (Never, 1-2 times, 3-5 times)

Interviewer Instructions: Please read the instructions to the participant followed by each item and the response options. Please circle the number that corresponds to the response for each item
Tick the column that corresponds to the response for each item.

| 53. | | Never | 1-2 times | 3-5 times | 6 or more times | Wkly | Daily | DK | Ref |
|-----|--|-------|--------------|--------------|-----------------------|------|-------|----|-----|
| | OO. Slapped or hit | | | | | | | | |
| | PP. Choked | | | | | | | | |
| | QQ. Beaten or kicked | | | | | | | | |
| | RR. Tied up or blindfolded | | | | | | | | |
| | SS. Threatened with a weapon of any kind | | | | | | | | |
| | TT. Shot at or stabbed | | | | | | | | |
| | UU. Deprived of food, water, or sleep | | | | | | | | |
| | VV. Experienced physical disfigurement of your body | | | | | | | | |
| | WW. Detained against your will | | | | | | | | |
| | XX. Subjected to improper sexual comments | | | | | | | | |
| | YY. Forced to remove or stripped of your clothing | | | | | | | | |
| | ZZ. Given internal body cavity searches | | | | | | | | |
| | AAA. Subjected to unwanted kissing | | | | | | | | |
| | BBB. Touched on sexual parts of your body | | | | | | | | |
| | CCC. Beaten on sexual parts of your body | | | | | | | | |
| | DDD. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex | | | | | | | | |
| | EEE. Penetrated with an object in your vagina or anus | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | FFF. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe) | | | | | | | | |
| | GGG. Forced to watch someone being physically assaulted | | | | | | | | |
| | HHH. Forced to watch someone being sexually assaulted | | | | | | | | |
| | U. Anything else? (describe)_____ | | | | | | | | |

Skip Instructions: If Participant never experienced SGBV in host country/ post conflict, skip to Section 4.

| | | | |
|-----|--|---|--|
| 54. | Who did these things? (circle all mentioned) | 31. Soldiers 32. Paramilitary 33. Civil defense forces 34. Police officer or interrogator 35. Prosecutor or judge 36. Jail or prison guard 37. Doctor/medical person 38. Teacher 39. Religious worker 40. Humanitarian Relief Worker 41. Neighbor/community member 42. Unknown to respondent 43. fellow refugee 44. family member Other _____ 79. DK 88. Refuse | |
|-----|--|---|--|

| | | | | | |
|-----|---|--|--|--|--|
| 55. | <p>Skip Instruction: If Participant never experienced any SGBV, skip to section 5.</p> <p><u>Section 4: The Most Serious Experience of SGBV</u></p> <p>Participants Instructions (please read): Now I'm going to ask you to please think about the <u>one</u> experience of mistreatment during the occupation and the war in [home country] that you consider the most serious for the following questions. I am asking you to only think of one experience when you respond to the questions below. This will help us get a sense of which experiences were most difficult for people. In the one experience that you feel was the most severe, which of the following were done to you? Were you:</p> <p>Interviewer Instructions: Please read the instructions to the participant followed by each item and the response options (No, Yes, Don't Know (DK) etc.). Tick the column that corresponds to the response for each item.</p> | | | | |
| | A. Slapped or hit | | | | |
| | B. Choked | | | | |
| | C. Beaten or kicked | | | | |
| | D. Tied up or blindfolded | | | | |
| | E. Threatened with a weapon of any kind | | | | |
| | F. Shot at or stabbed | | | | |
| | G. Deprived of food, water, or sleep | | | | |
| | H. Experienced physical disfigurement of your body | | | | |
| | I. Detained against your will | | | | |
| | J. Subjected to improper sexual comments | | | | |
| | K. Forced to remove or stripped of your clothing | | | | |
| | L. Given internal body cavity searches | | | | |
| | M. Subjected to unwanted kissing | | | | |
| | N. Touched on sexual parts of your body | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | O. Beaten on sexual parts of your body | | | | |
| | P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex | | | | |
| | Q. Penetrated by force with an object in your vagina or anus | | | | |
| | R. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe) _____ | | | | |
| | S. Forced to watch someone being physically assaulted | | | | |
| | T. Forced to watch someone being sexually assaulted | | | | |
| | U. Anything else? (describe) _____ | | | | |

| | | | |
|------------|--|--|--|
| 56. | Who did these things? (circle all mentioned) | 1. Military 2. Paramilitary 3. Civil Defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/medical person 8. Teacher 9. Religious worker 10. Humanitarian Relief Worker 11. Neighbor/Community Member 12. Unknown to respondent 13. Fellow refugee 14. Family member 15. Other _____ 77. DK 88. Refuse | |
| 57. | When did this episode happen? | Month ____ ____ Year ____ ____ 77. DK 88. Refuse | |
| 58. | Where were you when the episode took place? | 1. In your house | |

| | | | |
|------------|---|---|--|
| | | 2. At work 3. Elsewhere in your village 4. Elsewhere in your country 5. Other (describe) _____ 7. DK 8. Refuse | |
| 59. | Did one person or a group of people mistreat you? | 1. One person 2. A group of people 7. DK 8. Refuse | |
| 60. | Did the assailant(s) threaten to kill you at any time during the episode? | No Yes 7. DK 8. Refuse | |

| | | | |
|------------|--|--|------------|
| 61. | Who was with you at the time of the episode? (circle all mentioned) | 1. Respondent was alone..... 2. Husband/partner 3. Children 4. Other woman 5. Other family 6. Someone else _____ 7. DK 8. Refuse | Skip to 63 |
| 62. | What happened to the other person or people who were with you? (circle all mentioned) | 1. Threatened to be killed 2. Beaten 3. Sexually assaulted 4. Forced to watch 5. Killed 6. Escaped 7. Other (describe) _____ 77. Don't know 88. Refuse | |
| 63. | Did you seek medical care for your injuries? If you sought medical care for your injuries, whom did you consult for medical assistance? (circle all mentioned) | 1. Did <u>not</u> seek treatment 2. Traditional Healer 3. Neighbor/Friend | Skip to 64 |

| | | | |
|------------|--|--|----------------------------|
| | | 4. Hospital 5. Health Center 6. Respondent's Family 7. Husband's Family 8. Self-treated 9. Other _____ 77. DK 88. Refuse | |
| 64. | What was the main reason you did <u>not</u> seek medical care for your injuries? (circle all mentioned) | 1. Did not need medical care 2. Did not know where to go 3. Medical care not available 4. No use/would not do any good 5. Embarrassed 6. Respondent afraid of further violence 7. Would not be believed or taken seriously 8. Respondent thought she would be blamed 9. Bring bad name to respondent's family 10. Bring bad name to husband's family 11. Had no money 12. Had no transport 13. Other _____ 77. DK 88. Refuse | |
| 65. | Did you tell anyone about what happened during the episode? If you told anyone (other than the people who were with you during the episode), whom did you tell? (circle all mentioned) | 1. Did not tell anyone 2. Husband/partner 3. Male family member 4. Female Family Member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious Authority 11. Women's Group 12. Someone else _____ 77. DK 88. Refuse | Skip to question 68 |

| | | | |
|-----|--|---|--|
| 66. | What was the reaction of the person or people you told? (circle all mentioned) | 1. Stigmatized me 2. Ignored me, no response 3. Took the information, but nothing happened 4. Provided emotional support 5. Referred me to a health worker or clinic 6. Referred me to a NGO 7. Referred me to a Human Rights Organization 8. Referred me to a religious authority 9. Referred me to a women's group 10. Other _____ 77. DK 88. Refuse | |
| 67. | Of the people you told about the episode, who was most helpful? (circle all mentioned) | 1.No one was helpful 2.Husband/partner 3..Male family member 4..Female Family Member 5.Friend 6.Medical practitioner 7.NGO worker 8.UN staff member 9.Police or local authorities 10. Lawyer/Judge or Traditional Justice 11. Religious Authority 12.Women's Group 13.Someone else _____ 77.DK 88. Refuse | |

| | | | |
|-----|---|--|--|
| 68. | What was the major reason you did <u>not</u> tell anyone about what happened? | 1. Feelings of shame 2. Fear of being stigmatized 3. Fear of rejection by family or friends 4. Did not trust anyone 5. Thought nothing could be done 6. Other _____ 7. DK 8. Refuse | |
|-----|---|--|--|

Section 5: Abduction/forced detention

| | | | |
|-----|--|---|--|
| 69. | Have you ever been forcibly detained (held by someone against your will) and if yes, how many times? | ____ times (enter "00" if not abducted/forcibly detained) 77. DK 88. Refuse | <i>If participant never experienced abduction/ forced detention, skip to Part V</i> |
| 70. | Where did it happen? Circle all that applies. | 1. Home (home country) 2. Elsewhere in your village 3. Elsewhere in your country 4. During transit from home country to another country 5. While displaced in Botswana 6. Other _____ 8 DK 9. Refuse | |
| 71. | Who detained you? Circle all that applies. | 1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. jail or prison guard 7. doctor/medical person 8. religious worker | |

| | | | |
|-----|--|---|--|
| | | 9. humanitarian relief worker 10. Unknown to respondent 11. Other _____ 77. DK 88. Refuse | |
| 72. | For how long were you held? | ____ days ____ weeks ____ months ____ years 77. DK 88. Refuse | |
| 73. | During the period of detention, were you deprived of needed medical attention, such as access to sanitary supplies for menstruation for other kinds of reproductive health care? | 1.No medical attention needed 2.Received medical attention (describe)_____ 3.Deprived of medical attention (describe)_____ 7. DK 8. Refuse | |
| 74. | During the period of detention, were you physically assaulted? If so, how many incidents of physical assault did you experience?? | ____ Times Assaulted (00 if never physically assaulted) 77.DK 88.Refuse | |
| 75. | During the period of detention were you sexually assaulted? If so, how many times were you sexually assaulted? | ____ Times Assaulted (00 if never sexually assaulted) 77. DK 88. Refuse | |
| 76. | Did you become pregnant during the time in which you were detained, and if so, what happened to the pregnancy? | 1.Not pregnant 2.Miscarriage 3.Premature Delivery 4.Stillbirth 5.Delivery of healthy child 6.Abortion 7.Other_____ 77.DK 88. Refuse | |

PART V: WOMENS'S RELATIVE SEXUAL-RISK SCALE (WRSRS)

Participants Instructions (Please read): *In this part of our interview I will ask you about sexual experiences you had, if any, during the past 3 months. Please take your time answering the questions. Your answers will make a difference in how we understand women's health and health promotion. Let's review some terms before beginning.*

- *By primary partner I mean a woman's main partner, like a main boyfriend or husband.*
- *A non-primary partner is someone a woman has sex with occasionally, or someone she had sex with for one night only.*
- *Questions about how often your partner used condoms will be asked. By condoms I mean both male and female condoms (rubbers). (Please show the participants both types of condoms).*
- *If you were with more than one primary partner during the past 3 months, please think about the one you were with the longest, or who was the most important to you. If you were with a primary partner during the past 3 months but are not together anymore, please think about how things were. There are no "right" or "wrong" answers.*

Interviewer Instructions: *Please circle the option that corresponds to the participant's response*

SECTION A

(Please read to participant) *This part asks about your primary partner, that is, your main boyfriend, husband or fiancé in the past 3 months*

77. During the past 3 months, did you have a primary partner?

YES
NO
dk
refuse

(If no, skip to Section B)

78. During the past 3 months, was your primary partner your main boy friend, husband, or fiancé?

MAIN BOYFRIEND
HUSBAND
FIANCÉ
dk
refuse

79. During the past 3 months, how many primary partners did you have?

ONE
TWO
THREE
FOUR OR MORE
dk
refuse

80. During the past 3 MONTHS, did you have **vaginal sex (intercourse)** with this primary partner?

YES
NO
dk
refuse

(If no, skip to question 82)

81. During the past 3 MONTHS, how many times did you have **vaginal sex** with this primary partner?

ONE
TWO
THREE
FOUR OR MORE
dk
refuse

82. During the past 3 MONTHS, did you have **oral sex** (*meaning putting your partner's penis into your mouth*) with this primary partner?

YES
NO
dk
refuse

(If no, skip to question 85)

83. During the past 3 months, how many times did you have **oral sex** with this primary partner?

ONE
TWO
THREE
FOUR OR MORE
dk
refuse

84. During the past 3 months, of all the times you and your primary partner had **oral sex**, how many times was a **condom USED**?

NO TIME
ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

85. During the past 3 months, did you have **anal sex** (*meaning he puts his penis in your anus or behind*) with this primary partner?

YES
NO
dk
refuse

(If no, skip to question 88)

86. During the past 3 months, how many times did you have **anal sex** with this primary partner?

ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

87. During the past 3 months, of all the times you and your primary partner had anal sex, how many times was a **condom USED**?

NO TIME
ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

88. How much of a chance is there that this primary partner had sex with other women during the past 3 months?

NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk

refuse

89. How much of a chance is there that this primary partner had sex with other men during the past 3 months?

NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk
refuse

90. How much of a chance is there that this primary partner was taking drugs/alcohol during the past 3 months?

NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk
refuse

SECTION B

Participant's Instructions: *This part asks about non-primary partners someone you saw or see occasionally, or someone you saw for one night and not again during the past 3 months. If you were with more than one non-primary partner during the past 3 months, please think about the non-primary partner who was, or still is, the most important to you. If you are not together anymore Please think about how **things** were when you were together. There are no "right" or "wrong" answers.*

91. During the past 3 MONTHS, did you have any **non-primary partners**?
YES
NO
dk
refuse

**(If no, skip to
Part VI)**

92. During the past 3 MONTHS, was your non-primary partner

SOMEONE YOU SAW OCCASIONALLY
SOMEONE YOU SAW ONE NIGHT ONLY
dk
refuse

93. During the past 3 MONTHS, how many non-primary partners did you have?
ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

94. During the past 3 MONTHS, did you have **vaginal sex (intercourse)** with this non-primary partner?

YES
NO
dk
refuse
(If no, skip to question 97)

95. During the past 3 MONTHS, how many times did you have **vaginal sex** with this non-primary partner?

ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

96. During the past 3 months, of all the times you and your non-primary partner had vaginal sex, how many times was a **condom USED**?

NO TIME
ONE
TWO
THREE
FOUR OR MORE
dk
refuse

97. During the past 3 MONTHS, did you have **oral sex** with this non-primary partner?

YES
NO
dk
refuse

(If no, skip to question 100)

- 98.** During the past 3 months, how many times did you have **oral sex** with this non-primary partner?

ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

- 99.** During the past 3 months, of all the times you and your non-primary partner had **oral sex**, how many times was a **condom USED**?

NO TIME
ONE
TWO
THREE
FOUR OR MORE
dk
refuse

- 100.** During the past 3 MONTHS, did you have **anal sex** with this non-primary partner?

YES
NO
dk
refuse

(If no, skip to question 103)

- 101.** During the past 3 months, how many times did you have **anal sex** with this non-primary partner?

ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse

- 102.** During the past 3 months, of all the times you and your non-primary partner had **anal sex**, how many times was a **condom USED**?
- NO TIME
ONE
TWO
THREE
FOUR OR MORE TIMES
dk
refuse
- 103.** How much of a chance is there that this non-primary partner had sex with other women during the past 3 months?
- NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk
refuse
- 104.** How much of a chance is there that this non-primary partner had sex with other men during the past 3 months?
- NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk
refuse
- 105.** How much of a chance is there that this non-primary partner was taking drugs/alcohol during the past 3 months?
- NONE AT ALL
DON'T KNOW
POSSIBLE
DEFINITELY COULD
dk
refuse

PART VI: OPEN-ENDED QUESTIONS DATA SHEET

Next, I will ask you a few questions about how you feel about what happened to you in your life, about how you feel more generally about SGBV and about sexual relations or partnerships. There are no right or wrong answers to these questions.

106. What do you think makes refugee women more likely to experience SGBV? By SGBV I mean sexual abuse, rape, forced sexual relations, forced prostitution. (*PROBE: before, during, after flight*)

107. When you think back on your own life, what do you think increased or decreased your likelihood of experiencing SGBV?

108. [ASK ONLY IF MORE THAN ONE PARTNER IS REPORTED] What/ who influences your decisions about who you have sexual relations or partnerships with? (*PROBE: before, during, after flight*)

109a. What do you do to keep yourself safe from diseases (infections) that can be spread during sex?

110b. What or who influences your decision about whether or not you need to do these things? -----

111. What do you think are the best ways for refugee women to keep themselves safe from diseases (infections) that can be spread during sex?

112. What do you think can be done to prevent sexual violence? ((PROBE: before, during, after flight)

113. We have now finished the interview. Do you have any comments, or is there anything else you like to add?

Thank you very much for your time!

Interviewer Visit

| | Visit 1 | Visit 2 | Visit 3 |
|-------------|---------|---------|---------|
| Date | | | |
| Interviewer | | | |
| Result | | | |

Result codes: Completed 1; Respondent not available 2; Refused 3; Partially completed 4; Other 5.

INTERVIEWER: Code [____|____] Name _____

DATE INTERVIEW: __ \ __ \ ____

CHECKED BY SUPERVISOR: Signature _____ Date _____

Mbukushu Translation of Instrument

Mbapira dho wahega

Hamorow, Dina dyange neNarughana Ku Johannes Johanes. Langba gho ghupangi ghohamure gha ghoshure no ba kuru gho shure dhodhi kurudha Pittsburgh ku USA. Atwenatuna ku wane kera no haka Dukwi Mukukuhonga yoku hamena kohambuyama ho ha tjirighudjewa – njewa – no ghuparo ghoghudimoko. eWakona kutororapo ruvedhe royira ghu kungi noma kuhongo mu kuku turamo kuyikuhonga.

Na shana kuku ne ghedha yoyihe yoku mahu the ro muku hatureka. Mbadi na ku ture ka mena gheni no endi ku hatjanga. Wakara nomatawehero, andi mukudhira kuku turamo kumepwero gho gha ghu na dhiri kushana kuhutha.

Mbadipoghu hunga/no ghuwa ku ma huthero.

Manando ghamweya ne paniwe yaghukukutu khugakuvureka, thingithohambuma ghohatjiri ha wanaghuru ghani ghokukona kughamba yoku hamena kughu dimuki.

Ma kutura mo henugha karepo mumaku turamo karo mbadi hakurur gho ku monahara muma kuturomohenu ghoyi kuhonga. Muparo we nu ghoyidimuka nanyighukare dihenda ku kwenu no kwa wamweya ha hambuyama ho hatjiri gho mu Botswana no ku matunga hamweya.

Ghudi no me pwero?

Makona ko no ne kukona kushimba minute 60 mukuha mana. Ghu na yitawandi muku ku paka muma kona kono.

YIGHAMBA YO KUHAME NA KU MA HUTERO GHU KU TAWA KUMA KONA KONO ENDI MBADI GHUNA TAWA.

[] LI MBADI GHUNA TAWA MUKU KU KONA-KONA TUNA TUMERA
MUMA KUTURA MO HA YEPO TUNA HURA

[] GHUNA TAWA MUKUTENDA MAKONAKONO.



Tuna kumba ra muku tu tongwe ra eshi mbadiha kupathi no muma kuhongo gho ye. Marayi nuyoyipu tuna shimbi (murora gho ku kuyoyitha) nanyi twa ku na yi tapere paruvetha rumweya. Pano kehona ru vedhe roruwa ro ku kona ku hamba?

Mudyo thikuma muku ghamba yoyi heya, ghodine dyo dyango dyo diwa dyoku ko na ka ma kona kono, endi ko hadi karo gho ku gho ku gho ku kona ku yenda?

Ngeshi ghu na shana yoyingi yoku hamena ko ha ma ku hongo, wakona kuku wana: no haka ghu ndjewa – njewa. Ghuhuru mende gho ghu ndjewa ndje mu Gaborone, Botswana. Tel: 391 4467

MUKUMA NA KONA KONO

NAYIRI NYI THA SHINAYITO YO YOYI HEYA MUKUTWARA MUKUYI.

KUSAYINA:

DATE :

MUTARA 1

Matho tho ne no gho ma kona kono: *To ye matho tho neno gho ku na mena kuma ku tumero ghano ghana kura nda ko kukehe thitara. Endi mahutero gha yo. Wakona kutjanga/noku dhingu mwetedha ma nomora nokuyihutha mahuthero ku kehethitara.*

Matho tho ne no koha ka kuk ku turamo (wako na kutoya): *Ame kuna kuyenda nikata nge noma konakono gho hanu mukwipuranga mepwero ghokuhamena kuko ye ghothinda mukuni gh mwe na karo kamana yo ku mukunda ghoye. Mbadi na kutjanga mena ghenu ku mepwero ku yi hutha yenu.*

| | MUTARA | MANOMORA/MAHUT HERO | Man ung wer u |
|----|--|--|------------------------|
| 1. | Ghure gho ku mapi ghuna paramughuntjiri mu no mu Botswana? | Ghure ghuka kumwaka (notughanola) _____ 77. Mbadina kudimuka 88. Nashwena | |
| 2. | Dhi nga tji mwa ka dho ya kuma yu wagho kumani the ra ku musha muruke ro ghoye | Mwaka na mana 77. Mbadi na kudimuka 88. Nashwena | |
| 3. | Kupi gha ku re te ra? | 1. _____ Mukunda/Ditunga 7. Mbadi na kudimuka 8. Nashwena | |
| 4. | Ku mushovomunye wa hamena | 1. _____ 7. Mbadi na kudimuka 8. Nashwena | |
| 5. | Yiru gha na munye warughana ku kwenu kuditunga dye nu | 1. Kumuroka 2. Ghundjimi 3. Yiru ghana yo ku ku karera 4. gho mokashure 5. gho mupangi 6. gho muka dighumbo 7. yiru ghana yo keheyino 8. mbadi warughana 9. mbadi waru ghana 10. yirughana yo kondara ka 11. ghomu poritha 12. Endi noyimweyayo | |

| | | | |
|-----|---|---|--|
| | | 77. Mbadi na kudimuka 88. Kushwena | |
| 6. | Ku kona ku toya paghuredhu. Noghu kukutu, endi mbadi yoyihe mukehendimi | 1. Mbadi yoyihe ya 2. Pakupira ghu kukutu 3. Ghure dhu kutoya 7. DK 8. Kushwena | |
| 7. | Kukona kutjanga. Noghu kukutu, endi mbadi yoyihe mukehendimi | 1. Mbadi wahe 2. Kupira ghukukutu 3. Ghure dukutjanga 7. DK 8. Kushwena | |
| 8. | Mbadi waku kuku paka moghoti. Nda – hanga tjighowa hapara padhi mwaka ko dye nu. Hakuru gho 18 | # kohakuru — — 77. DK 88. Kushwena | |
| 9. | Hangatji hanuke hakara padira padyenu. Gho wahanakuru ghanena pashuredhonemuke ghomwaka 17 | # Kohanuke — — 77. DK 88. Kushwena | |
| 10. | Mughushe mwa kwaruwa ne nanga manyinga ghomughu rithi ndi, Endi mbandi waruwana? | 1. Mbadi warughana 2. kwarughana ku ghuritha 3. kwarughana ku manyinga 7. DK 8. Kushwena | |
| 11. | Yirughana munye yoku kona kurughana dhingu mwa twa dhe noghutoye | 1. Ghomu pangi 2. Ghondjimi 3. Muruwani ghomayugho 4. Wa ka ra no yigurithayo yimbiruko 5. Noyi mweya yoku randako 7. DK 8. Kushwena | |
| 12. | Yinumunye kukuko na ku kughamwena pa katji koye | 1. Mbadi ko gho kwiye ra 2. Madiko ma ghamweno gha mu kafumu ghoye 3. Mahamweno ghku diko dimweya 4. Manyinga hoye ghothinda 5. Noyimweya 7. DK 8. Kushwena | |
| 13. | Ghudi nodikodyo ye dyodi yumindi edidipepinoye | 1. Mbadi ko diko 2. kodidi diko dyendi | |

| | | | |
|--|--|--|--|
| | | dyodi yumiku dimbo 3. Yidiko dya karera popepi 4. Mbadiko diko dyendi 7. DK 8. Kushwena | |
|--|--|--|--|

| 14. | <i>Kutunda pawa ha kuwanine ghukuku endipaya tangire ghu ka thiyedimbo dyoye endi mukundal doropa dhoje. Mukunda munyei kamba endi doropa dhi wakatungire endi muwa katangire kara? Mukehe mukunda kamba doropa ghi muwakatungire kukonaghu nitongwe rekoyinu munye yakuhokoe re mukutunga nokupi wayendire?</i> | | | |
|-----|--|--|--|--------------------------------------|
| | Town/Camp/Village | Datomu dho kukuma | Datomu dho kutunda kudi ghumbo | Thitambo munye wathiye remutu doropa |
| | _____ | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | _____ |
| | _____ | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | _____ |
| | _____ | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | _____ |
| | _____ | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | _____ |
| | _____ | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | Kaghonda ____ ____ Mwaka ____ ____ ____ 77. DK 88. Kushwena | _____ |

Mepwero:

Dyango dyokutanga [RUGHANITHA MAKUROYITHERO GHO MATORWERO GHO MANGO]

1. Mwishu dho kamba
2. Mwishu dho kamba
3. Mwishu dho kamba
4. Mwishu dho diko
5. Diko dimweya noku mayimbo ghamweya gho kumatunga
6. Mayugho gho kukukarera (gihangure)
7. Noyimweya (yihangure)
77. DK
88. Kushwena

Thitambo

1. Mbadi koyidya
2. Mukushanashure
3. Makungero ghoha
4. Mukunda, kamba kudhirwera
5. Makurarerogho mudiko
6. Mukurughodiko ghuna kurwitha (mbadi kupakare ra makurange ko)
7. Kuhuka kughumbo
8. Noyimweya kuyighandura
77. DK
88. Kushwena

MUTARA II: HANUKE KUGHAMNWENA KAMANANA KUTHIKARA

Makonakono noyinangura: *Toye thikuma thitatimendi nowipure ngashighuna kuturamo thikuma mukutawa, kutawa, wakona kukoreka dishonga ghodighunahutha mumakuturo moghoye.*

Maye ndithitho ghomakuturomo (wakona kutoya mukukuturamo): *Kunakuye nda nitoyethitatimande thoye gho thi ghunathimwe twedha thakuhayaritha hanu hawanepapagho hathinda wakonakutagherera thiwana. Amana nakuturamo mukukuhonga ngeshikuna kuyuva nomhudhindhira. Ku kahe thitatimandi, wakona kunitongwera ngeshi ghunayitawa endighuna yishwena koyi.*

| | Mutara | Strongly Agree (4) | Agree (3) | Disagree (2) | Strongly Disagree (1) |
|-----|--|-------------------------------|----------------------|-------------------------|----------------------------------|
| 15. | Ndambinge piwakara no ngcamu kukona kukutura mumayareko. Konakuku ghayarashi mbadiko matakamithero ghokushwagha | | | | |
| 16. | Naku ghayarashi mumwange nothinda nikone kuku shwayitha maghukukutu kukona yikanikanga. | | | | |
| 17. | Mbadiwaku wonaghusheniwa kumaghukukutu ghonmakuru | | | | |
| 18. | Mbadi wakutura dyango no thinda muyikara yo kudhira kudimukera. | | | | |
| 19. | Ngeshi naku maneyirughona thiwana yoyishinanyinaku wane dirago | | | | |
| 20. | Mbadi nidi noghuhunga muku tundithapoghuku tuwange gho ghu neya. | | | | |
| 21. | Ngeshi mbadinakutanda ghuwa kuthirugana mbadinakona karo kutawedhera kehethi rughana yoyishikunaku kuyuva nanyiyaka nikange kukwagho karo. | | | | |
| 22. | Ngeshi thimwembadi wakupiru kamundhira kukona kuthi ghayarera. Nadimuka yoyi mbadi nidino ngcamu mukutanganatho | | | | |
| 23. | Hamweya hanuhakarano mata kamithero ghoma ngimuyirughana yagho | | | | |
| 24. | Mbadi na ku ya ra ka kutanda ghupya pathirughna thimweya mbadi shoniyikone neyiru ghanakupwa. | | | | |
| 25. | Ngeshi nakara nomunapwe yoyishimbadi nakonakaro kutenda hasha | | | | |
| 26. | Mbadi nakonakutawadhera yinu yina dhira kughayara ku konanikayitende | | | | |
| 27. | Yoyini ghayayarashinidi nomata kamithero ghoma puku piterera kukutunderapo payirughana. | | | | |
| 28. | Yoyinighayara shikwa ke heyu no kukona kuyereka kupiterera me muyiyugha na. | | | | |
| 29. | Ame mbadi naroye rakunge na ka mughuparowange | | | | |

| | | | | | |
|------------|--|--|--|--|--|
| 30. | Ngeshi mbadinakutenda thiwanayi rughanakaku mona nothinda ghuyero gho kupi takana mukuni kanga | | | | |
| 31. | Nda mbinge piwatanara mukurughana yinumjadi wakukona kuyirughana kuyitundi thamundhira inayishwena | | | | |
| 32. | Nakughayarashine yirughanayimbadina yirughana thiwana yoyimbadi yirughanayange | | | | |
| 33. | Yikara yange mbadi yakunaghe dha yirughana yoyi wa | | | | |

MUTARA III: MAYENDITHITHO GHOYIKORWA KUKENGA KU
MUTARA - 25

***Makonakono namadimukitho:** toye ke ha thitatimandi nowipure “Muthi vike tho ku manithera wakarire mundhira...”. Toya karo mahuthero. Wakona kukoreka mudimbangu edighuna wana muma huthero mukehethighamba.*

***Madimukitho gha mukakuturamo wakonakutoya:** Pano amekunakuyenda nitoye yi korwa endi maghukukutu ghokukona hanukuwana. Wakona kunitongwera yingatji poyihana kukonsa kuwana ghukukutukuthivika ghothingathipu ku pakapo nodyarero.*

| | | | | | |
|-----|--|--|--|--|--|
| | | | | | |
| 34. | Kugha ya maranga mungcamu no ku kashathikuma | | | | |
| 35. | Kukudheka ra ghotinda yinu | | | | |
| 36. | Kudira ghuredu | | | | |
| 37. | Kuthiya kukupirukera | | | | |
| 38. | Mbadiwakunyanyukera | | | | |
| 39. | Ghukutu ghokurara | | | | |
| 40. | Kughayara kuyenda ko kughupar | | | | |
| 41. | Kughayara yoyimango | | | | |
| 42. | Kughayara yirapithange | | | | |
| 43. | Kukughayara shipopahura ghoghuparo wange | | | | |
| 44. | Kughayara yirakwane kwata | | | | |
| 45. | Kutokota thikuma ku yinu | | | | |
| 46. | Kughayarayira mbadi naku turamomuyinu | | | | |
| 47. | Kughara kuyinuyoyi he yira mbadinameko | | | | |
| 48. | Kughayara yira mbadi nakara no manyinga | | | | |

**MUTARA IV: MAKU PIRUKERO NO MO KUHAKATHANO MADIMUKITHO
GHO PA MAKUTUROMO**

Pano, nashana kukwipura mepwero gho ku ha mena: kumo ghukukutu gho yinu yituna kuwana muyidimuka no tuyitundemo yokhudira kureghera nokupira mango kuna kuyenda ntoye thimingwa tho kutu nderera muthitara. Thingi thohanu hawana ghudi mu kiwapo pakutanga no paku manitha yinu yi kutunderera pa kudhira kuwana maturopo.

Nadi mukashine ghukukutu muma hano ngeshi ku koyi yi nuhako ka ku koye. Mara wa kuna ku uu ruka shiyinye wanitongwere mukuku ma ne na mahuthero ho ye kukona ghutuha mwene mukuwana maghano kwamukamadi gho mutjirimuyi karakaromughaya re asimwakaro no ngcamu dhoku kona kushwena kunutha mahuthero gho ka hedipwero no ngcamu dhoku shaku thamakona konoparavedhe. Ngeshi ghu mweya ghana mungani paravedhe romakonakono. Wakonakuthiya makonakono kate patwekukara pithetukaro.

Pa kutangane kunakwipura ngepi yahokokire pa kupira kukuyuva, ndami na kwipura ngepidi yahokokire oku wene mbadi ghudi kudighumbo pa ghuhura naku kwipura ma pwero ghokugha mwena kughuparo ghoye ghomu Botswana, thingi tho mepwero nanyi ghakare gha ku pitura paravedhe re ruheya kutwakuvureka. Karo nanyi ghukuthe mepwero gho mengi mumepwero ghogho potji paravedhe rorotji. Thitambo ghothisho tuhukuru kerewmepwero paravedhe rofotji yoyi shikukona yithughamwene mukuwana maghano mughushemwa ngeshi mukamadi ghomutjiri.

| 49. | | Mbadi wakona | 1-2 | 3-5 | Bendi ruvedhe swing | thivike | Mayuwa | DK | Kushwena |
|-----|---|--------------|-----|-----|---------------------|---------|--------|----|----------|
| | A. Kupumura | | | | | | | | |
| | B. Ghokukughoku totha | | | | | | | | |
| | C. Kupumura | | | | | | | | |
| | D. Kughanga | | | | | | | | |
| | E. Karwitha noyi twa | | | | | | | | |
| | F. Kukondha | | | | | | | | |
| | G. Kurara | | | | | | | | |
| | H. Ghudimukigho | | | | | | | | |
| | I. Kuthendayinu kukuyihaka munyimadho ghokuku pirukera. | | | | | | | | |
| | J. Mukutenda manuthero | | | | | | | | |
| | K. Kuthineneka mukuyenda | | | | | | | | |
| | L. Kutapamashe karoghoyi rama | | | | | | | | |
| | M. Muthinene kogho kusuna | | | | | | | | |
| | N. Kukunda tuyira mayokukwishi | | | | | | | | |

| | | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|
| | O. Kupumura kuyirama yokukwishi | | | | | | | | |
| | P. Kuthine neka mukuwana ruhakitho | | | | | | | | |
| | Q. Yiruhanitha yokukwishi | | | | | | | | |
| | R. Mukuta mburathinu thoyi yidya, meyu, maghamweno, gho modiko | | | | | | | | |
| | S. Kukutura mo ku kukenga yinu yo kumono | | | | | | | | |
| | T. Kukupambeka kumona kwa ghumwe ya yokakwishi | | | | | | | | |
| | U. No yimwe yokengeyo | | | | | | | | |
| 50. | Yidyeghana yitendiyi mudhingu mutwedhe nokuyitoya | 1. Mushurundate 2. Mushurundate 3. Mushurundate ghokupira yitero 4. Muporitha 5. Muraghiri 6. Doronga dhotitungedhi 7. Nganga 8. Mitiri 9. Muhongi hongirishe 10. – 11. Mapara ghumbe 12. Munu gho kudhira kudimuka 13. Kukutha katjiri 14. Mukuru ghodiko 15. No yimweya 16. DK 17. Kushwena | | | | | | | |

Mutara 2: Paruverdhe ro ku dhira kutwapo mango

Thidimukitho tho mukuturo mo wakona kutoya: pano kuna ku shana kukudimukitha yoku hamena kughukubutu ghu wakutukoka kutunderera pamatenge gho kupira yirughana mwene.

Popa no ame kunakuyereko kuytuva koyiya ghokokire apa wathiyire ethunga dyoye, yiru pakutanga, kuna kumwipura yoku hamena kuyina yimuna wana muku yithenda kwamunu ghoyira mushuru ndate, no ha ami, mapolitha, nohakakota.

Ruvedhe nakumwipura kutura po ghutaro ghu musa shwayithire kumayughogheni yoyishi pamura ndu gho gho karo gho ghuyi kate. Ruvedhe rokuhaka mayugho gheni. Eyi yiru ghana ne nany yakuhokoke kumango gho ku ninga, yitvure yo kudyango dyo ghu tjiri, endi kumukunda. Thingi thayone mepwero ghokukupithura he munepura pakutanga, marakona kwipuru ngeshi ko hadi ghumweya ghatenda ghuwa kudyango dimwa thiya. Wakona kuvuranashine wanya ndiwa, kuko na kushayikithapo endi kutundi tha po ruvedhe rodihenda ka ro wakona kuvuruka kuroshikuna kuru nduruka mukutenda ghushemwa nomahutero mukutundithapo maghu kukutu.

Wakona kuvuruka sh twe ne kunakuyereka kuyuva pano dhonomoro dhorovedhe ghorowawana mu ghidi mu ki ghoye koyi yinu muna turopo mukutenda ghuhunga.

Makono ko no yidimukitho: wakona kutoya yidimukitho yamuka kuturama mukikutha ku kehe thimingwa no ke he mahuthero. Wakona ku dhi ngumwetwedha manomora gho gha gho naku hutha kwa muthuthi kukehe thimingwa. Wakona ku koreka kambangu gho ka ghuna hutha mahuthero kukehe thimingwa.

| 51. | | Mbadi wakona | 1-2 | 3-5 | Bendi ruvedhe swing | thivike | Mayuwa | DK | Kushwena |
|-----|--|--------------|-----|-----|---------------------|---------|--------|----|----------|
| | V. Kupumura | | | | | | | | |
| | W. Ghokukughoku totha | | | | | | | | |
| | X. Kupumura | | | | | | | | |
| | Y. Kughanga | | | | | | | | |
| | Z. Karwitha noyi twa | | | | | | | | |
| | AA.Kukondha | | | | | | | | |
| | BB.Kurara | | | | | | | | |
| | CC.Ghudimukigho | | | | | | | | |
| | DD.Kuthenda yinu kukuy haka munyimadho ghokuku pirukera. | | | | | | | | |

| | | | | | | | | | |
|-----|---|---|--|--|--|--|--|--|--|
| | EE. Mukutenda manuthero | | | | | | | | |
| | FF. Kuthineneka mukuyenda | | | | | | | | |
| | GG. Kutapamashe karoghoyi rama | | | | | | | | |
| | HH. Muthinene kogho kusuna | | | | | | | | |
| | II. Kukunda tuyira mayokukwishi | | | | | | | | |
| | II. Kupumura kuyirama yokukwishi JJ. | | | | | | | | |
| | KK. Kuthine neka mukuwana ruhakitho | | | | | | | | |
| | LL. Yiruhanitha yokukwishi | | | | | | | | |
| | MM. Mukuta mburathinu thoyi yidya, meyu, maghamweno, gho modiko | | | | | | | | |
| | NN. Kukutura mo ku kukenga yinu yo kumono | | | | | | | | |
| | Kukupambeka kumona kwa ghumwe ya yokakwishi | | | | | | | | |
| | No yimwe yokengeyo | | | | | | | | |
| 52. | Yidyeghana yitendiya mudhingu mutwedhe nokuyitoya | 1. Mushurundate 2. Mushurundate 3. Mushurundate ghokupira yitero 4. Muporitha 5. Muraghiri 6. Doronga dhotitungedhi 7. Nganga 8. Mitiri 9. Muhongi hongirishe 10. – 11. Mapara ghumbe | | | | | | | |

| | | | |
|--|--|---|--|
| | | 12. Munu gho kudhira kudimuka 13. Kukutha katjiri 14. Mukuru ghodiko 15. No yimweya 16. DK 17. Kushwena | |
|--|--|---|--|

Mutara 3: Ditungu Dyo Mahungero

Makuturamo nomadimukitho: *Nasha nakwipura mepwero ghamwenya yokuha mena ngepi di ya ho ko kire kukoyew apa wu na ku mine mu Botswana. Gho di di pwero ne pofotji no dyo kuta nga diya nepura, gho rune ruvedhe ro ku manithero. Nanyi makwipure karo mepwero gho kenge ghoyi yiru gha na ne kukona kuhokoka ku dighu mbo dyenu, mumbunga dhenu endi ko hamweye. Karo mu Botswana endi ku kona kayitenda ku kwenu kwekehe yu no gho mu mbunga dhenu kutura ko no muporitha ghumwenya, musurundate no mukung gho mukunda, endi haka mapara ghumbo no mukungi gho mukunda, endi haka mapara ghumbo no hamweya hanu gho kutangera, ghatwe ne shime ghatwipura yokuhamena kuyikara eyitu na wana muku munwitha. Wakona kuvureke eshi twe ne kunu kuyereka kuyuva yoku ha mena kuma pakokera gho nomora gho ruvedhe gho ru ghunawana mu ghu dimu ki ghoye, gho yi yinu yaroha mu Botswana (kukya 1 – 2 ruvedhe, 3 – 5 ruvedhe...)*

Makonokono no yidimukitho: *Wakona kutoya yidi mukitho no kukuturamo yino yina kura ndako mukene thimingwa endikere dihuthero. Wakona ku dhu ngumwetwedha manomora gho ha ghuna hutha kumahuthero gho kehe thimingwa. Koreke dimbundu gho dighuna huthera mu kene thimingwa.*

| 53. | | Mbadi wakona | 1-2 | 3-5 | Bendi ruvedhe swing | thivike | Mayuwa | DK | Kushwena |
|-----|--|--------------|-----|-----|---------------------|---------|--------|----|----------|
| | OO.Kupumura | | | | | | | | |
| | PP. Ghokukughoku totha | | | | | | | | |
| | QQ.Kupumura | | | | | | | | |
| | RR. Kughanga | | | | | | | | |
| | SS. Karwitha noyi twa | | | | | | | | |
| | TT. Kukondha | | | | | | | | |
| | UU.Kurara | | | | | | | | |
| | VV.Ghudimukigho | | | | | | | | |
| | WW.Kuthenda yinu kukuy haka munyimadho ghokuku pirukera. | | | | | | | | |
| | XX.Mukutenda manuthero | | | | | | | | |
| | YY.Kuthineneka mukuyenda | | | | | | | | |
| | ZZ. Kutapamashe karoghoyi rama | | | | | | | | |

| | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | AAA. Muthinene kogho kusuna | | | | | | | | |
| | III. Kukunda tuyira mayokukwishi | | | | | | | | |
| | BBB. Kupumura kuyirama yokukwishi CCC. | | | | | | | | |
| | DDD. Kuthine neka mukuwana ruhakitho | | | | | | | | |
| | EEE. Yiruhanitha yokukwishi | | | | | | | | |
| | FFF. Mukuta mburathinu thoyi yidya, meyu, maghamweno, gho modiko | | | | | | | | |
| | GGG. Kukutura mo ku kukenga yinu yo kumono | | | | | | | | |
| | Kukupambeka kumona kwa ghumwe ya yokakwishi | | | | | | | | |
| | No yimwe yokengeyo | | | | | | | | |
| 54. | Yidyeghana yitendiya mudhingu mutwedhe nokuyitoya | 18. Mushurundate 19. Mushurundate 20. Mushurundate ghokupira yitero 21. Muporitha 22. Muraghiri 23. Doronga dhotitungedhi 24. Nganga 25. Mitiri 26. Muhongi hongirishe 27. – 28. Mapara ghumbe 29. Munu gho kudhira kudimuka 30. Kukutha katjiri 31. Mukuru ghodiko 32. No yimweya 33. DK 34. Kushwena | | | | | | | |

Mutara 4: Ghudi Mukigho Makutura Thikumo

Makuturo mo no madimukitho wakona kutoya: pano kuna kuyenda nikepure shi ghukonekuha yara yo kuhameno kumadimukero gho thi ghate ndi re mukudhira kukumithamo kuthipanga paruvudhe royi re ghana np pa yita (yokuditunga dyenu) gho yi

ghuna kuhayarashi yakarire thikuma mu ku kutha kumepwero. Kina kwipura weshi kuthinu thofotji thighuna ku ghayara shi ghudimuki ngeshiu ku ghuna kuyihutha mepwero ghano gho yi ne ku kona kuthamwena mukuwa na mahano muyidimuka eyiyidi ghukukutu mohanu.

Ghudi mu ki mweya ghuna kuhayara ne ghodi yo gho mudyu thikuma mukugha tambura. Yinu munye yi yi na kurandako yishoko ne kutenda? Kupi ghudi?

Makonokono nomadimukitha: wakona kutoya thidimukitho mukuku turamo koyi yinakura ndako mukehe thimingwa no kuhutha mahuthero(mbadi kemo end kemo. Mbadi nadimuka noyi wmeya yokengeyo) Wako na kukoreka thimbangu gho thi ghunahutha mahuthero mu kehe thimingwa.

| 55. | | Mbadi wakona | 1-2 | 3-5 | Bendi ruvedhe swing | thivike | Mayuwa | DK | Kushwena |
|-----|--|--------------|-----|-----|---------------------|---------|--------|----|----------|
| | HHH. Kupumura | | | | | | | | |
| | III. Ghokuku ghoku totha | | | | | | | | |
| | JJJ. Kupumura | | | | | | | | |
| | KKK. Kughanga | | | | | | | | |
| | LLL. Karwitha noyi twa | | | | | | | | |
| | MMM. Kukondha | | | | | | | | |
| | NNN. Kurara | | | | | | | | |
| | OOO. Ghudimukigho | | | | | | | | |
| | PPP. Kuthenda yinu kukuy haka munyimadho ghokuku pirukera. | | | | | | | | |
| | QQQ. Mukutenda manuthero | | | | | | | | |
| | RRR. Kuthineneka mukuyenda | | | | | | | | |
| | SSS. Kutapamash e karoghoyi rama | | | | | | | | |
| | TTT. Muthinene kogho kusuna | | | | | | | | |
| | IV. Kukunda tuyira mayokukwishi | | | | | | | | |

| | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | UUU. Kupumura kuyirama yokukwishi VVV. | | | | | | | | |
| | WWW. Kuthine neka mukuwana ruhakitho | | | | | | | | |
| | XXX. Yiruhanitha yokukwishi | | | | | | | | |
| | YYY. Mukuta mburathinu thoyi yidya, meyu, maghamweno, gho modiko | | | | | | | | |
| | ZZZ. Kukutura mo ku kukenga yinu yo kumono | | | | | | | | |
| | Kukupambeka kumona kwa ghumwe ya yokakwishi | | | | | | | | |
| | No yimwe yokengeyo _____ | | | | | | | | |
| 56. | Yidyeghana yitendiya mudhingu mutwedhe nokuyitoya | 35. Mushurundate 36. Mushurundate 37. Mushurundate ghokupira yitero 38. Muporitha 39. Muraghiri 40. Doronga dhotitungedhi 41. Nganga 42. Mitiri 43. Muhongi hongirishe 44. – 45. Mapara ghumbe 46. Munu gho kudhira kudimuka 47. Kukutha katjiri 48. Mukuru ghodiko 49. No yimweya 50. DK 51. Kushwena | | | | | | | |

| | | | |
|-----|-----------------------------------|---|--|
| 57. | Aiyuwamunye elyaho kokire dihudhi | Kahonda ____ ____ Mwaka ____ ____ 77 DK 88. Kashwena | |
| 58. | Kupi wakurire ghopa yahoko kire | 6. Mundhugo 7. Kuyirugana 8. Kumweya mumu kunda wenu | |

| | | | |
|-----|---|---|--|
| | | 9. Kumweya muditunga dyenu 10. Kumweya (kutu nakuvereka) _____ 7. DK 8. Kashwena | |
| 59. | Munu gho fotji endi mbuga dha kuka ngire kukurwitha | 3. Munu gho fotji 4. Mbunga dho hanundi 7. DK 8. Nashwena | |
| 60. | Wakari pore apa ghakurwithire mukushana kukupaha pakebe ruvedhe gho payahokokire. | 1. Kaa 2. Yi 7. DK 8. Kushwena | |

| | | | |
|-----|---|---|-----------|
| 61. | Yidye waka rine neddi ghaya hoko kire? (wadhingu mwetswedhe na ho toye) | 1. Pithoye 2. Na mughoye 3. Na Mwanoye 4. No ha kamadiha 5. Mweya | |
| 62. | Ngepi ya ho ko kire kohane hamwe gho wa wa karire naho? Dhi ngumwe twe dhe yoyi he yi ghu na kutoya | 9. Ghakupumwere kukupagha 10. Kukupura 11. Kukurara 12. Kuku kwatera mu ncamu 13. Gha kupayire 14. Watji rekwako _____ 15. Noyi mweyayi tuna kuvureka 77. Mbadi nadimu ku 88. Kushwena | |
| 63. | Wa shani thipatera kuyi remana yo ye ndi? Ngeshi washani nethi patera payuiremana noye, yidye gha ku pa ngire no kuku hamwena dhi ngu mwe twedhe yoyihe yighuna kutoya. | 10. Mbadi na shani ne kupanga..... 11. Ghuwanaga gho thitjo wanwiru kithire 12. Haka ma mapara ghumbo 13. Thipatera 14. dyango dyo ghu ndjwe - ndjewa | Enda # 64 |

| | | | |
|-----|--|--|----------------------------|
| | | 15. Mahuthero ghodiko 16. Diko dyamu nu ghoye 17. Gho thindoco kuhumwene 18. Moyi mweya _____ 78. DK 88. Kushwena | |
| 64. | Thitambo munyetho shemwa ghothiwadhi rere kushana thipatera muyet kemana yoye dhingu mwetwedhe yoyi he ya yighuna kutoya? | 14. Mbadi na shanine, thipatera kuyenda ko 15. Mbadi nadimu kire shi kupiisho niyende 16. Mbadi mwaka ra yi patero 17. Mbadi ghana ru ghana thi wana 18. Thonyi 19. wayapire 20. Mbadi wayi ta wire Nakari noku 21. Nakari noku 22. Kureterapo dina dyodima ngo ko haka diko 23. Kuretera podi nadyo dimango kwamunugho ye 24. Kwayuvashi mbadi ko manyi nga 25. Kwayuvashi mbadiko yihaghu to 26. Nayimweya 77. DK 88. Kushwena | |
| 65. | Wato ngwera ko ghumweya yoku hame na koyi yaku ho kokere ngeshi wato ngwe ra ku ghumwe ghoyira ha nuhwa wa kara naho apa haku pumwe yidye ghayi kutongwere | 13. Mbadi natongwe ra munu 14. Munu ghoye 15. Diko dyamuka madi 16. Muyedhoye 17. Mupangi 18. Murughani 19. Muruwa UN 20. Maporitha 21. Muyendithi gho ngire 22. Mbunga dho ghakamadi 23. Dikodyamu rume 24. No ghumweya _____ 78. DK 88. Kushwena | Skip to question 68 |

| | | | |
|-----|--|---|--|
| 66. | Ngepi yi ku ra yo hanu gho wa watongwe re dhingumwetwe dhe no ku yitoya | 11. Kuni ndho ghuko 12. Kadi maku nitegherera 13. Kushima manando mara mbadi ko yiya ho koka 14. Kuro yitherera matanerero gho mahamweno 15. Kuni tuma kuko khipatera 16. kunituma kwaka yirugha 17. Kunituma kwa ka ghunuwa munu 18. Kunituma kwa ka maringhishe 19. Kunituma kwa ka mbunga dho thikomadi 20. No kumwenya _____ 78. DK 88. Kushwena | |
| 67. | Kowa hanu wato ngwe re yoku hamena koyi ha kupumure, yidye ghatu ghamwenepo? Wakona kudhingu mwetwedhu yoyi he no kuyitoya | 1. Mbadi koyu ghani hamwene 2. Munu ghoye 3. Diko dyamu kamadi 5. Muye ndheye 6. Yiru ghana yakathi patera 7. Haruhani 8. Haruhani gho ha ka UN 9. Mapoqitha 10. Mughaturi 11. Mukangirishe 12. Mbunga dhakamadi 13. Ghumweya ghoku ku karera _____ 77. DK 88. Kushwena | |

| | | | |
|-----|---|--|--|
| 68. | Thithambo manye wadhirere kuto ngwe ra ko ghumwenya kuko yiya kuhokokere. | 8. Kufa honyi 9. Wa ka rire no ghoma 10. Kuyapa ko haka diko 11. Mbadi wakuru pere no ghofotji temba 12. Na hayare shi mbadi ko sho hatende 13. No yi mweya _____ 14. DK 8. Kumwena | |
|-----|---|--|--|

Mutara 5: Kutunditha/Muthineneko ku yi kukara

| | | | |
|-----|--|--|--|
| 69. | Kuthineka rumweya koyiwa dhira ku shama. Ngeshi yi, rungatji? | ____ Ruvedhe ture 00 nges mbadi naku thineneka 78. DK 88. Kushwena | |
| 70. | Kupi ya hokokere? Dhingu mwe twedhe yoyi heya | 9. Kudimo 10. Kumu kunda ghumweya 11. Kuditunga dimweya 12. Kutundere ra pamaku tjinde ro gho kuditunga dimweya 13. Mudyoyi dyo ku ngena mu Botswana 14. No kumweya _____ 77. DK 88. Kushwena | |
| 71. | Yidye haku hamwene wakona kudhi ngumwetwe dha yoyihe ya yito ye. | 12. Musurundate 13. Mukungi 14. Musurundate gho sevi 15. Muporitha 16. Muraghiri 17. Dorongo 18. Nganga 19. Muraghani ghoku ku karera 20. Murughani gho gudhira kudimuka _____ 21. Mahuthero gho kudhira | |

| | | | |
|-----|--|--|--|
| | | kudimuka 22. Noyi mweya 78. DK 88. Kumwena | |
| 72. | Muyuwa mangatji wa shimbi? | ____ ____ Diyuwa ____ ____ Thivike ____ ____ Kahona ____ ____ Mwaka 78. DK 88. Kushwena | |
| 73. | Kutunda paruve ru ya hoko kire, kupi waku yito ngwere endi yinye wadhire kuye nda kuthi patera, ku ma ghu ku tughoye ghokengeyo. | 1.Mbadi ko hapoangi hangandi wa 2.Kutombure harungi ____ 3.Kukanda na po ghu hamweni ____ 15. DK 16. Kushwena | |
| 74. | Kutunda pa hakupumure kupi ya ku hokokera, ngeshi kemo, Rungatji ko kera yo ku ku kwata payirama? | ____ ____ Rucedhe rokunokoka 00 ngeshi mbadi ghaku kwata payirama 77.DK 88.Kushwena | |
| 75. | Kutunda pa keho yahokokire kupi waka ra ngekere? Ngheshe kemo, rungatji wamu rarire? | ____ ____ Rucedhe kuyitenda 00 ngeshi mbadi wamuwa murarire 77. DK 88. Kushwena | |
| 76. | Gha karire mudira gh pa wa mura rire ruverundi? Ngeshi kemo, yinyi yako ko kire kudira di? | 1. Mbadi ko dira 2. Mbadi gha kwatekire 3. Gha sha mukukire ghu ku ru 4. Shime ghere ka 5. Gha sha mukukire manu kughu ndjewa - ndjewa 6. Ku hondha 7. Noyi mweya ____ 77. DK 88. Kushwena | |

MUTARA V: MBUYA MA GHOYU GHAKUTURA MO MURUHONDA

Makuturo mo gho madimukitho wukaona kutoya: kumutara wetu ghu tuna kutenda makonokono nanyi twi pure yoku hamena kukurera ko ghudimu ku ghoghu wawana. Ngeshiu ko ghadi kutunderera pa gho patwa pita tuhondo tuhatu. Wako na ku shimba ruvedhe roku kona kuhatha mepwero. Mahuthero nanyi ghakare no namakutjakero kukutha gho mu ghuna ghadi mukera, mukamadi gho ndjewa-ndjewa no ghu ndjewe – ndjewa gho kurunduruka. Ndhoko tahu kuruke ku monando ghu mweya kughatho ghoku tanga.

- *Pamu hakwa hoye hoshemwa yira muka fumughoye ghomolakwa endi mumo ghoye*
- *Muka madi ya gho ku raru rofotji yira thiro thoye, no mukamadi gho ku ra ra nendie ghuthi ku gho fotji*
- *Yinye yoku kona kukwi pura mushere ghoiye gho muhakwa nge kughuna rughanitha kondom*
- *Ngeshi we ke hone hengi hashere ho ye hohahakwa kutunda gho pa twapi ta po tuhonda tu wa kona ku hayara pokeho ghoyu wadhi nendi, yidye gho mudyo thikuma kupiterera wahe.*

Ngeshi ghudi no muhakwa hoye kutunda pa kutunda pa twa pita tuhonda mara mbadi ghudi nendi kuro. Wakona kuhaya kehoshoi nane ngepi yinu diyi nakuyenda mbadi ko ghuhunga no ghurwa pa ma huthero.

Makonokono no madimukitho: wa ko na kudhingu mwetwedha mahuthero ghoye ghogha ghuna ku hutha.

THIMINGWA A

Wa ko na kutoya nokuturamo: gho ghu mutara kuna kwipera yo ku hamena na kwa muhaka hoye, mukafumughoye ghoshemwa endi munu ghoye ghoyu ghunu ku re nendi tuho nda tuhatu 3.

77. Kutunda patu honda tuhatu wawana karo muha kwa ghoye ghumwe ya ndi?

Yi
Ka
DK
Kushwena
(ngeshi ka wakona ku kengo Kumutura B)

78. Kutunda patu honda 3 tuna kapita muhakwa hoyene munu gho ye ndi?

Mukafumu ghoye gho she musa
Munu ghoye
Mukwaterimo ghoye
DK
Kushwena

79. Kutunda po tuhandu 3 twapita hangatji ha hakwa hoye ghudi naho?

Yo fotji
Hawadi
Hahatu
Hane endi hengi
DK
Kushwena

80. Kutunda pa twapita po tuhonda 3 waw na nyo dhoku rumandi kwa muha kwa hoye?

Yi
Ka
DK
Kushwena

(ngeshi mbadi kemo pe wakona kuru nduruku kudi pweru 82)

81. Kutunda pa twapita pa tuhonda rungatji wa ru ma nyo kwa muhakwa hoye?

Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
DK
Kushwena

82. Ku tunda pa twa pitapo tuhonda 3 wawa kuk rar ko mukanwa (mutongora kutura didho mukanwa kamu hakwa hoye)

Yi
Ka
DK
Kushwena

83. Kutunda pakua pitanpo tuhonda 3, runga tji mwa kura no konwa na muhakwa hoye.

Rofotji
Ruwadi
Ruhatu
Run endi rwingi
DK
Kushwena

84. Kutunda pa twapitapo tuhonda 3, no we namuhakwa ho ye mwayuva kukurara komu kanwaq, Rungatji gho kuko kuru gha nitha kondom?

Rofotji
Ruwadi
Ruhatu
Rune endi ruvedhe rorwingi
DK
Kushwena

85. Kutunda patwa pitapo tuhonda 3 wa wana kuku ruma ko humu nyeno ndi (kuninga kutura didha mumunyeno wa mu hakwa hoye)

Yi
Ka
DK
Kushwena

86. Kutunda pa twa pitu po tuhonda 3 rungathiwa ruhani tha ku kuru mena ku munyeno namuha kwa hoye?

Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
Mbadi nadi muka
Kushwena

87. Kutunda patwa pitapo tuhonda 3 rucedhe rou he no we namu hakwa hoye mani gharithe kuku rumena ku munyeno, runga tji mwa ru hanitha nga kondom?

Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
Mbadi nadi muka
Kushwena

88. Rungatji mu hakwa hoye wamu pirukeranga kwa ka madi hamweya kutunda pa twa pi tapo tuhondu 3?

Mbadi ko
Mbadi nadi muka
Ya ro year
Paro hera kukara

DK

Kushwena

89. Rungatji muhakwa hoye gha ka purikera nga kwa kafumu ghamweya pakupito po tuhoknda 3?

Mbadi ko

Ya rohea

Parohera kukareka

DK

Kushwena

90. Rungatji muhakwa hoye hako kunga dikayo/kunwa kutunda pa twapitu potuhonda 3?

MUTARA B

Makuturo mo nomadimukitho: Ko ghu mutara ku nu kwipura yo ku hamena ko ha dhike endi gho kupira muhakwa yira gho watunja kumonu muno gho kukona ku ru ra nendi rofotji mbadi waku ku hukera karo kutundera ra paku pitapo tuhonda tu 3. Ngeshi ghudi nendi kutunda patwea pitapo tuhonda 3 wakona ku ha yara po shi mudhike yo ghadino yeshine gha di no mudyo kukoye. Ngeshi mbadi ghudi nendi ro ruheya, wakona ku hayara eshi thinu munye ghana kuni karera yu muku madi. Mbadiko ghu wa no ghuyi.

91. Kutunda patwa pitapo tuhondo 3 wa wana muhakwa hoye gho mudhike?

Yi
Ka
DK
Kushwena

(Ngeshi kudiko wakona kukenga Kumutura VI)

92. Kutunda patwa pitapo tuhonda 3, wa kara nendi muhakwa hoye ho mudhike?

Ghu mwe ya ku mu mona kwa keheyu
Ghumwe ya kumu mona ghuthi ku ghfotji
DK
Kushwena

93. Kutunda patwa pitapo Tuhonda 3, hongatji ha hakeva ghoye hohudhike wawana?

Gho fotji
Hawadi
Ha hatu
Hane endi hengi
DK
Kushwena

94. Kutunda pa twa pita po ghu kupa nyo ghurume kwamuha kwa hoye gho mu dhike?

Yi
Ka
DK
Kushwena

95. Kutunda pa kupita po Tuhonda 3, rungatji wadhiru haritha nyo dhendi gho yo muhakwanoye

Rofotji temba
Rofotji

Ruhatu
Ruhe endi rwingi
DK
Kushwena

97. kutunda pa twa pita po Tuhonda 3 mwakupa yikurara yo mukanwa no yo muhakwa hoye?

Yi
Ka
DK
Kushwena

98. Kutunda pa twapitupo tuhonda 3 Rungatji mwa kupa yikurara yo mukanwa noyo muha kwa hoye?

Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
DK
Kushwena

99. Kutunda patuna pitipo Tuhonda 3, Ruvedhe roruhe nowe na muhakwa hoye mwatenda kuku rara ko mukanwa ndi, Rungatji mwa ruha nithanga kondomu?

Mbadiko
Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
DK
Kushwena

100. Kutunda patwe pitapo Tuhonda 3, wa wana kuku ruma ko munyeno namuha kwa hoyendi?

Yi
Ka
DK
Kushwena

101. Kutunda pa twapitapo Tuhonda 3, Runga tji mwaku rarera kumunyeno namuhakwa hoye?

Rofotji

Ruwadi
Ruhatu
Rune endi rwingi
DK
Kushwena

102. Kutunda patwa pitapo Tuhonda 3, ruvedhe rorune nowe namu hakwa hoye mwa ruhanitha ku kurarera kumunye no, rungatji mwaru hamithanga kondomu?

Mbadiko
Rofotji
Ruwadi
Ruhatu
Rune endi rwingi
DK
Kushwena

103. Rungatji gha rughuni thunga muhaevo hoye kwa ha mwe ya haku madi Kutunda pa twa pitupo Tuhonda 3?

Mbadi yiyihe
Mbadi hana dimuka
Yarohera
Yarohera kutenda
DK
Kushwena

104. Rungatji gharu ghanithanga muhakwa hoye kwa humwe ya ha kafumu, kutunda pa twa pitapo Tuhonodo 3?

Mbadi yoyihe
Yarohera kutenda
DK
Kushwena

105. Rungatji gharu ghunitha nga muhakwa ghoye kuko ku dikaya/kunwama marovu Kutanda pa twa pitapo Tuhonda 3?

Mbadi roruhe
Mbadi nadi muka
Yarohero kuyitenda
DK
Kushwena

MUTARA VI: KUYANDHURURA KUSHUNITHA MEPWERO

Yo ku randako, nanyini purte kukwenu mepwero gho mapu yo kuha mena ngepi di ghuma kuku yuva yo ku hame na ngepi di ghuna kuku yuva yo ku hame na koyi yahokokire mughuparo ghoye kepi di ghuna. Ku haya ra ko yo ku hame na ku ghu paro gho ku ghutho endi yo ku hamunu kurungu no ha ye dhoye. Mbadi ko muwa endi muyi kuma huthero gho mepwero.

106. Yinye ghuna kughaya ra we kwamuka madi ghomatji muku haka ghudi muki?

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107. Ruvedhe munye ghuna kughara wa kuhuka kughuparo ghoye, ngepi, ghuna ku hayara kutepurandi kuwedhere ra yihaka yoye?

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108. Kwipure kene ngeshi ghudi no haha kwa hhengi wakona ku tongora. Yito kora munye end yidye warara ngenedandi muha kwa hoye (gho ghu kukatu; kughutho, popudo, munyimu)

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109a. Ngepi disho kone kukunga ghothinda kudi hamba (Yomukavu) ghodi di na kuya mukera pakara pofotji?

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110b. Yidye sho gha kone ku to kora shi ghuna ahana ndi endi Mbadi ghuna shana Kutenda thinu?

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111. Ngepi ghuna kuhayara kwa mu ka madi ghomu tji eshi gha kone kuku kunga thinda kudi hamba (dyo mukavu) ghodi dina ku yambukera pakukarapofotji?

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[illegible][illegible]

| | Kudhingura 1 | Kudhigura 2 | Kudhingura 3 |
|------------|--------------|-------------|--------------|
| Diyawa | | | |
| Makonokono | | | |
| Yitundama | | | |

Wakona Kukenga Kwamukuru; Kusayina _____Diyuwa_____

KiSwahili Translation of Instrument

RUHUSA KUTOKA MHOJIWA ILIAHOJIWE

Jambo, jina langu ni.....Nafanya kazi na Johannes John-Langba ambaye ni mwanafunzi wa chuo kikuu cha Pittsburgh katika kituo cha social work. Tunafanya muhtasari katika kijiji cha Dikwi kuhusu funzo la afya na maisha ya wanawake wahamiaji. Umecahguliwa shaghala baghala kutusaidia kukamilisha muhtasari wetu.

Nataka kukuhakikisha kuwa hakuna mtu atayaona majibu yako kwani yatakuwa siri. Unauwezo wa kutojibu maswali yenyehutaki au kuwacha kuyajibu maswali katika huu muhtasari ukichoka. Hukuna swali ambayo inajibu sahihi au inajibu lenye kosa.

Uhudhurio wako katika huu muhtasari ni hiari na hukuna hatari yoyote itakayo kuthubutu kuhudhuria. Kumbuka ujuzi wa maisha yako yanaweza kusaidia wanawake wahamiaji wenzako katika nchi ya Botswana au ulimwenguni.

Unamaswali yeyote?

(Itakuchukua saa moja kukamilisha uhojiano). Unataka kuhojiwa?

ANGALIA KUONA KAMA MHOJIWA ANAKUBALI KUHOJIWA

[☐] AMEKATAA KUHOJIWA (Sema asante)

[☐] AMEKUBALI KUHOJIWA

Hukuna pesa utapata kutoka usaidizi wako lakini kuna kiangaza (sabuni) kitakachopatiwa kwa wale watakao hudhuria katika ustadi huu. Je unamuda sasa? Ni muhimu tuweze kuongea faraghani. Ungependa kuongea hapa ama ungependa kuenda mahali pengine?

Kama unahitaji mawazo mengine kuhusu muhtasari huu, unaweza kuwapigia simu au kuandikia : The Health Research Unit (HRU), Ministry of Health, Gaborone, Botswana. Tel: 3914467

KUKAMILISHWA NA MHOJI

NAHAKIKISHA KUWA NIMEMSOMEA MHOJIWA JINSI ANAYOTAKIWA

KUKAMILISHA MUHTASARI HUU

SAHIHI:

TAREHE:

PART I: DEMOGRAPHIC DATA SHEET

Maagizo ya mhoji: Tafadhali elezea mhojiwa maagizo ambayo atakayataka kujua kukamilisha sehemu hii. Tafadhali weka alama ya () karibu na jawabu ya mhojiwa karibu na swali uliouliza.

Maagizo ya mhojiwa (tafadhali soma):Nitaanza na maswali yanayohusiana na maisha yako ambayo yatanisaidia kukufahamu vizuri.Sitaandika jina lako kwa sababu sitaki kutambua majibu yako na jina lako.

| No. | SWALI | FUMBO/JIBU | Skip Instr uctio ns |
|-----|---|--|------------------------------|
| 7. | Umeishi katika nchi ya Botswana kwa miezi au miaka ngapi? | Muda uliyoishi (Miaka/Miezi) ____/____ 77. Hukumbuki 88. Hutaki kulijibu swali. | |
| 8. | Ulikuwa miaka ngapi mwaka uliopita? | Umri wako_____ 77. Hukumbuki 88. Hutaki kulijibu swali | |
| 9. | Ulizaliwa wapi? | 1. Kijiji/Nchi_____/_____ — 7. Hukumbuki 8. Hutaki kulijibu swali | |
| 10. | Umetoka kikabila ngani? | 2. _____ 7. Hukumbuki 8. Hutaki kulijibu swali | |
| 11. | Ni kazi gani uliofanya nchini kwenu? | 13. Ukulima 14. Ubiashara 15. Mfanyikazi wa serikali 16. Mwanafunzi | |

| | | | |
|-----|--|---|--------------------------------|
| | | 17. professional 18. Mke nyumbani 19. Mfanyikazi katika nyumba 20. Bila kazi 21. Ujengaji 22. Ujeshi 23. Polisi 24. Kazi yoyote nyingine 77. Hukumbuki 88. Hataki kulijibu swali | |
| 12. | Unaweza kusoma virahisi, vigumu au huwezi kusoma kwa lugha yeyote? | 4. Siwezi kusoma 5. Na matatizo 6. Virahisi 7. Hukumbuki 8. Hutaki kulijibu swali | |
| 7. | Unaweza kuandika virahisi, vigumu, au huwezi kuandika kwa lugha yeyote? | 4. Siwezi kuandika 5. Na matatizo 6. Virahisi 7. Hujui 8. Hutaki kulijibu swali | |
| 8. | Katika nyumba yako, kuna watu wazima wangapi? (kutoka umri wa 18 na juu) | Nambari ya watu wazima? ____ ____ 77. Hujui 88. Hutaki kulijibu swali | |
| 9. | Katika nyumba yako kuna watoto wangapi ambawo wanahitaji malezi yako? (Watoto kutoka umri wa 17 na chini.) | Nambari ya watoto? ____ ____ 77. Hujui 88. Hutaki kulijibu swali | |
| 10. | Unafanya kazi ambayo yakulipa kipato, mshahara ama kazi ya kibiashara au huna kazi ? | 4. Bila kazi..... 5. Ubiashara | Ruka enda namb ari 12 |

| | | | |
|------------|---|---|--|
| | | 6. Kazi ya mshahara au kipato 7. Hujui 8. Hutaki kulijibu swali | |
| 11. | Unafanya kazi aina gani? | 6. professional 7. Ukulima 8. Kazi ya mikono 9. Kibiashara 10. Kazi nyingine _____ 7. Hujui 8. Hutaki kulijibu swali | |
| 12. | Unakazi ambayo inalipa mshahara, ambayo inakusaidia na malezi ya watoto au maisha yako? | 7. Hupati mshahara 8. Unapata usaidizi kutoka bwana yako. 9. Unapata usaidizi kutoka familia/jamii yako. 10. Unapata pesa kutoka kazi yako 11. social services/welfare 12. Kazi nyingine _____ 8 Hujui 8. Hutaki kulijibu swali. | |
| 13. | Unajamii ambawo wanaishi katika nyumba yako? | 5. La 6. Ndio wanaishi katika nyumba yako 7. Ndio wanaishi karibu nawe 8. La hawaishi karibu au nawe. 7. Hujui 8. Hutaki kulijibu swali | |

| 14. | <i>Kutoka mgongano uanze, umeishi katika mji ,kijiji, au kambi gain? (anza na mji .kijiji ,kambi ya kwanza uliyoishi.) Tafadhali ni elezee kwa nini ulihama tena kutoka mji, kijiji, kambi hizi (kama ulihama) na ulienda kuishi wapi?</i> | | | |
|-----|--|---|---|---|
| | Kambi/Kijiji/Mji | Tarehe uliofika | Tarehe uliohama | Sababu ya kuhama kijiji/kambi/ mji (angalia fumbo chini) |
| | _____ | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | _____ |
| | _____ | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | _____ |
| | _____ | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | _____ |
| | _____ | Mwezi ____ ____ Mwaka ____ ____ ____ 77 Hujui 88 Hutaki kulijibu swali | Mwezi ____ ____ Mwaka ____ ____ ____ 77Hujui 88 Hutaki kulijibu swali | _____ |

| | | | | |
|--|--|--------------------------|--------------------------|--|
| | | Mwezi ____ | Mwezi ____ | |
| | | Mwaka _____ | Mwaka _____ | |
| | | 77 Hujui | 77Hujui | |
| | | 88 Hutaki kulijibu swali | 88 Hutaki kulijibu swali | |

Fumbo la majibu:

Mahali uliishi:

[USE APPROPRIATE CHOICES OF PLACES]

8. Kambi
9. Kambi
10. Kambi
11. Na familia nyingine
12. Familia nyingine katika nchini yako
13. Nyumba private (eleza)
14. mahali pengine(eleza)
77. Hujui
88. Hutaki kulijibu swali

Sababu ya kuhama:

9. Kutokuwa na chakula
10. Kutafuta shule
11. Kuhamishwa na UN
12. Mashambuliano ya vijiji/kambi
13. Mtani wa familia kugoniwa
14. Mtani wa familia kushambuliwa
15. Kurudi nyumbani
16. Sababu nyingine (eleza)
78. Hujui
89. Hutaki kulijibu swali

SEHEMU YA II: LEARNED HELPLESSNESS SCALE

Maagizo kwa mhojiana: uliza mhojiwa kama anakubaliana au hakubaliani kwa nguvu au anakubaliana au hakubaliani na sentensi utakayo msomea au swali utakayo uliza. (tafadhali tick katika jibu utakayopata kutoka mhojiwa.).

Maagizo kwa mhojiwa (tafadhali soma): Nitakusomea maswali ambayo yanaeleza vile watu wanajiona na wanjihisi. Sikiliza kwa makini kwa sababu ningependa kujua kama unahisi kama watu wengine. Sema kama unakubali ama hukubali na maswali yangu..

| | Swali | Kubali kwa dhati (4) | kubali (3) | kutokubali (2) | Kutokubali kwa dhati (1) |
|-----|---|----------------------------|---------------|-------------------|--------------------------------|
| 15. | Sinauwezo wowote katika shughuli zangu ata nikitia bidii | | | | |
| 16. | Kutoweza kuwa na uwezo wa kufanya vitu mingi imeleta visirani vyangu. | | | | |
| 17. | Siwezi kupata jibu za maswali kuhusu shida kubwa | | | | |
| 18. | Sijiweki katika shida ambazo siwezi kujitoa au sijui vile na weza kujitoa. | | | | |
| 19. | Ni kwa bahati naweza kumaliza mashughuli yangu. | | | | |
| 20. | Sinauwezo wa kutatua shida mingi za maisha yangu | | | | |
| 21. | Sijaribu tena kutatua shughuli ambazo zimefanana kama nilikosea mara ya kwanza | | | | |
| 22. | Sababu sinuwezo wa kuanzisha vitu, vitu au mipangilio yangu haienei. | | | | |
| 23. | Watu weng wanauwezo katika fanaka zao au makosa yao kuniliko. | | | | |
| 24. | Sijaribu kutia bidii katika shughuli mpya kama nilikosea kutatua shughuli kama hiyo | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| | zamani. | | | | |
| 25. | Nikifanya kazi yangu vibaya, ni kwa sababu ijuu kuifanya vizuri. | | | | |
| 26. | Sijipati nikifanyi vitu ambavyo najua siwezi kufanikiwa. | | | | |
| 27. | Sinauwezo wowote katika vidokezo vya kazi yangu. | | | | |
| 28. | Maoni yangu nikuwa watu wengi wanweza kufanya kazi zao vizuri kuniliko. | | | | |
| 29. | Siwezi kutimiza mradi yangu. | | | | |
| 30. | Nisipofanikiwa katika mashughuli yangu najipata nikijilaumu. | | | | |
| 31. | Ata nikijikaza kisabuni, matokeo ya vitu vyangu si mazuri. | | | | |
| 32. | Fanaka yangu mingi inatokana kwa bahati sikutokana bidii yangu. | | | | |
| 33. | Mwelkezo wangu hauadhiri fanaka ya kikundi cha kazi. | | | | |

SEHEMU YA III HOPKINS SYMPTOMS CHECK LIST-25

Maagizo ya mhojiani: (soma) Je, wiki ilyopita ulihisi hivi?" Then read response options. Please **tick** the column that corresponds to the response for each item

Instructions for participant (please read): Nitakuomea shida ambazo watu hupata. Tafadhali niambie kama kuna shida kama hizi zilikusumbua wiki iliyopita.

| | MARADHI YA UNYONGE | La | Kidigo | Quite a bit | Hisi sana |
|-----|------------------------------|------------|---------------|--------------------|------------------|
| | | (1) | (2) | (3) | (4) |
| 34. | Kutokuwa na nguvu ya kufanya | | | | |
| 35. | Kujilaumu | | | | |
| 36. | Kulialia | | | | |
| 37. | Kukosa hujumu | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| 38. | Kutotaka kula | | | | |
| 39. | Kukosa usinigizi au kulala mno | | | | |
| 40. | Kukosa tumaini ya kuishi, au maisha | | | | |
| 41. | Kuwa na huzuni | | | | |
| 42. | Kupooza | | | | |
| 43. | Fikira za kujiua | | | | |
| 44. | Kuhisi kama | | | | |
| 45. | Kuwa na wasiwasi mwingi. | | | | |
| 46. | Uto kuwa na uvutio wa chochote | | | | |
| 47. | Kuhisi kuwa kaika kila kitu lazima ujitahidi. | | | | |
| 48. | Kuanza kuhisi kubatilika | | | | |

PART IV: SEXUAL AND GENDER-BASED VIOLENCE SCALE

Maagizo ya mhoji (Soma): nitakuuliza maswali kuhusu shida ambazo zimetokana na uhamiij. Nitakusomea maswali kutoka muhtasari huu. Watu wengi wamepata zoezi kutokana na ugongano na uhajimiji. Najua itakuwa vigumu kwako kukubali kuwa haya mambo yalikutendelea, tafadhali niwei radhi. Kumbuka kuwa chochote utakacho sema kitawekwa siri. Majibu yako pengine yataweza kuzuiya mateso ambayo wanawake wahamiaji wanapata. Tena kumbuka unauwezo wa kukataa kujibu maswali amakusikamisha mhoji kwa sababu umechoshwa na maswali. Nitaanza na kuuliza maswali kuhusu kipindi cha mgongano katika nchini mwako ambacho kilikufanya ukimbie, halafu nitauliza maswali kuhusu maisha yako humo Botswana. Maswali mengi yanafanana na maswali ambayo nilikuwa nimekuuliza katika sehemu ya kwanza na pili kwa sababu inatuonesha vizuri ni nini inayowa fanya wanawake wahamiaji wawe na mshida mingi kuliko wahamiaji wengine Botswana

Sehemu hii itauliza maswali kuhusu migongano ambayo ilikufanya uhami

Section 1: SGBV Katika fursa ya migongano.

Participant instructions (Please read): Katika mgongano nchini mwako, ulijipata kati kisa chochote cha upigaji? Tafadhali kumbuka nakuuliza kwa jumla, ni mara ngapi ulijipata katika visa kama hivi?

Maagizo ya mhoji: tafadhali somea mhojiwa maagizo hayahalafu andika () alama ya shahihi katika swali na jibu lake.

| 49. | | Never | 1-2 times | 3-5 times | 6 or more times | Weekly | Daily | DK | Ref use |
|-----|--|-------|-----------|-----------|-----------------|--------|-------|----|---------|
| | III. Kupigwa kofi | | | | | | | | |
| | JJJ. Kunyongwa | | | | | | | | |
| | KKK. Kupigwa teke | | | | | | | | |
| | LLL. Tied up or blindfolded | | | | | | | | |
| | MMM. Kushtuliwa na silaha | | | | | | | | |
| | NNN. Kupigwa bunduki, kuchomwa kisu | | | | | | | | |
| | OOO. Kunyimwa maji, chakula, na mahali ya kujilaza. | | | | | | | | |
| | PPP. Kujeruhiwa | | | | | | | | |
| | QQQ. Detained against your will | | | | | | | | |
| | RRR. Subjected to improper sexual comments | | | | | | | | |
| | SSS. Kulazimishwa kutowa nguo | | | | | | | | |
| | TTT. Given internal body cavity searches | | | | | | | | |
| | UUU. Subjected to unwanted kissing | | | | | | | | |
| | VVV. Kudarwa katika uke au ume wako | | | | | | | | |
| | WWW. Kupigwa katika uke au ume wako | | | | | | | | |
| | XXX. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex | | | | | | | | |
| | YYY. Kuingiwa na kitu chochote katika uke au mkundu wako | | | | | | | | |
| | ZZZ. Umejipata ukifanya umalaya kupata chakula,na maji? (eleza) | | | | | | | | |
| | AAAA. Umelazimishwa kuona mtu akijeruhiwa? | | | | | | | | |
| | BBBB. Umelazimishwa kuona mtu akijamei? | | | | | | | | |
| | U. Uko na chochote cha kusema? (eleza)_____ | | | | | | | | |

| | | | |
|-----|---|---|--|
| 50. | Ni nani aliyefanya haya mambo? (chaguwa kwa wingi) | 45. Jeshi 46. Afisa wa jeshi 47. Civil defense forces 48. Polisi 49. Jaji 50. Katika jela 51. Daktari au mkungu 52. Mwalimu 53. Religious worker 54. Humanitarian Relief Worker 55. Jirani 56. Humfahamu mwenye kufanya haya mambo 57. Mkimbizi mwenzako 58. jamii yako 59. Other _____ 80. Hujui 88. Hutaki kulijibu swali | <i>Skip to section 2, if participant never experienced SGBV in host country.</i> |
|-----|---|---|--|

Section 2: SGBV wakati wa kuhama au ukimbizi.

Maagizo ya mhojiwa (soma): sasa nataka ujaribu kukumbuka shida ambazo ulipata kutoka kutoroka kwako nchini mwako. (Najaribu kujifahamisha na maisha yako kutoka ukimbizi wako.) Nataka uangaze muda uliotoka nyumba yako ufikie muda ulioingia kambi ya wakimbizi. Jaribu sana kukumbuka mateso ambayo ulifanyiwa na mtu yoyote ata familia yako. Maswali nitakayo uliza yatakuwa yakiangaza haya hateso na wapi yaliyotokea. tafadhali kumbuka kuwa nataka kujua kwa jumla ni mara ngapi uliteswa. Kumbuka tena kama hutaki kuyasikia haya maswali au hutaki kuyajibu una weza kuondoka.

Maagizo ya mhoji: tafadhali msomee mhojiwa maswali na kumbuka kuweka alama ya () katika swali na jibu uliopata kuoka kwa mhojiwa.

| 51. | | Never | 1-2 times | 3-5 times | 6 or more times | Weekly | Daily | DK | refused |
|-----|------------------------|-------|-----------|-----------|-----------------|--------|-------|----|---------|
| | CCCC. Kupigwa kofi | | | | | | | | |
| | DDDD. kunyongwa | | | | | | | | |
| | EEEE. Kupigwa teke | | | | | | | | |
| | FFFF. Kufunguwa macho. | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| GGGG. Kushtuliwa na silaha | | | | | | | | | |
| HHHH. Kupigwa bunduki au kuchomwa kisu | | | | | | | | | |
| IIII. Kunyimwa chakula na maji | | | | | | | | | |
| JJJJ. Kujeruhiwa | | | | | | | | | |
| KKKK. Kushikwa/kufuniwa bila kutaka | | | | | | | | | |
| LLLL. Subjected to improper sexual comments | | | | | | | | | |
| MMMM. Kulazimishwa kutowa nguo | | | | | | | | | |
| NNNN. Given internal body cavity searches | | | | | | | | | |
| OOOO. Subjected to unwanted kissing | | | | | | | | | |
| PPPP. Kudarwadarwa katika ume au uke wako | | | | | | | | | |
| QQQQ. Kupigwa katika uke au ume wako | | | | | | | | | |
| RRRR. Lazimishwa kupuana ukitumia mdomo | | | | | | | | | |
| SSSS. Kuingiwa na kitu chochote katika uke au mkundu wako | | | | | | | | | |
| TTTT. Kujilazimisha kufanya umalaya ili uweze kupata chakula au maji (eleza) | | | | | | | | | |
| UUUU. Kulazimishwa kuona mtu akijeruhiwa | | | | | | | | | |
| VVVV. Kulazimishwa kuona mtu akijamei | | | | | | | | | |
| U. Anything else? (describe) _____ | | | | | | | | | |

Skip Instructions: If Participant never experienced SGBV during flight/displacement, skip to section 3.

| | | | |
|-----|---|---|--|
| 52. | Ni nani alifanya haya mambo? (Chaguwa kwa wingi) | 60. Soldiers 61. Paramilitary 62. Civil defense forces 63. Police officer or interrogator 64. Prosecutor or judge 65. Jail or prison guard 66. Doctor/medical person 67. Teacher 68. Religious worker | |
|-----|---|---|--|

| | | | |
|--|--|---|--|
| | | 69. Humanitarian Relief Worker 70. Jirani 71. Haumjui 72. mkimbizi mwenzako 73. jamaa yako 74. Other _____ 81. Hujui 88. Hutaki kulijibu swali | |
|--|--|---|--|

Section 3: SGBV Katika nchini unayoishi sasa baada ya migongano

Maagizo ya mhojiwa (soma): sasa nitakuuliza maswali kuhusu chochote kilichotendeka kutoka ufike humu Botswana. Haya maswali yanalingana Na maswali ambayo nimemaliza kukuhoji. Maswali yatahusiana na migongano uliyopata kabla, baada, na humo nchini mwako na Botswana. Tafadhali kumbuka tunajaribu kupata kwa jumla nambari ya mateso uliyojipatana nayo

Maagizo ya mhoji: *Tafadhali* soma na ueleeze mhojiwa maswali haya. Weka alama ya () karibu na swali na jawabu aliyokupatia kwa kila swali utakayouliza.

| 53. | | LA, hasha | 1-2 | 3-5 | 6 au kwa wingi | Kila wiki | Kila siku | huj ui | Ref |
|-----|--|--------------|-----|-----|----------------------|--------------|--------------|-----------|-----|
| | WWW. Kupigwa kofi | | | | | | | | |
| | XXXX. Kunyongwa | | | | | | | | |
| | YYYY. Kupigwa teke au kuchapwa | | | | | | | | |
| | ZZZZ. Kufunikwa macho | | | | | | | | |
| | AAAAA. Shtuliwa na silaha | | | | | | | | |
| | BBBBB.Kupigwa risasi au kuchomwa na kisu | | | | | | | | |
| | CCCCC.Kunyimwa chakula au mahali pa kulala | | | | | | | | |
| | DDDDD. Kujeruhiwa | | | | | | | | |

| | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| | EEEE. Detained against your will | | | | | | | | |
| | FFFF. Subjected to improper sexual comments | | | | | | | | |
| | GGGG. Lazimishwa kutowa nguo | | | | | | | | |
| | HHHH. Kuingiwa bila uhusa | | | | | | | | |
| | IIII. Kulazimishwa kubusu | | | | | | | | |
| | JJJJ. kudaradara | | | | | | | | |
| | KKKK. Kupigwa katika uke wako | | | | | | | | |
| | LLLL. Lazimishwa au kushtuliwa kunyonya ume wa mtesaji au kunajisiwa. | | | | | | | | |
| | MMMM. Kuingiwa na kitu katika uke au mkundu wako. | | | | | | | | |
| | NNNN. Kulazimishwa kupururana ndio upate chakula au pesa ili uweze kusaidia familia yako. (Ongeza chochote) | | | | | | | | |
| | OOOO. Lazimishwa kuona mtu akijerujiwa. | | | | | | | | |
| | PPPP. Kulazimishwa kuona mtu akinajisiwa. | | | | | | | | |
| | U. Uko na chochote cha kuongeza? (eleza.) | | | | | | | | |

Ruka maagizo: Kama mhojiwa hakupatana na SGBV katika nchini kabla na baada ya migongano, enda Section 4.

| | | | |
|-----|--|--|--|
| 54. | Ni nani aliyefanya haya mambo? (Chagua kwa wingi) | 75. Soldiers 76. Paramilitary 77. Civil defense forces 78. Police officer or interrogator 79. Prosecutor or judge 80. Jail or prison guard 81. Doctor/medical person 82. Teacher 83. Religious worker 84. Humanitarian Relief Worker 85. Neighbor/community member 86. Unknown to respondent 87. fellow refugee 88. family member Other <hr/> 82. DK 88. Refuse | |
|-----|--|--|--|

| | | | | | |
|-----|--|-----------|-------------|--------------|------------------------------|
| 55. | <p>Ruka maagizo: Kama mhojiwa hakupatana na SGBV ruka, enda section 5.</p> <p><u>Section 4:Mateso mabaya ya SGBV</u></p> <p>Maagizo ya mhoji. (Soma): Sasa nitakuuliza swali moja kuhusu siku ambayo uliteswa vibaya kabla uhame humu Botswana. Hili swali litasaidia kunifahamisha vizuri mateso ambayo nyinyi wanawake mnaona au pata.?Ulifanyiwa nini?</p> <p>Maagizo ya mhoji: Tafadhali soma maswali haya kwa mhojiwa halafu weak alama ya () katika kila swali na jawabu unayo pata kutoka mhojiwa.</p> | | | | |
| | | La | Ndio | Hujui | Hutaki kulijibu swali |
| | U. Pigwa kofi | | | | |
| | V. Kunyogwa | | | | |
| | W. Kupigwa teke | | | | |
| | X. Kufunikwa macho usione | | | | |
| | Y. Shtuliwa na silaha | | | | |
| | Z. Kupigwa risasi au kuchomwa na kisu | | | | |
| | AA.Kunyimwa maji chakula na mahali pakulala | | | | |
| | BB. Kujeruhiwa | | | | |
| | CC. Kufungiwa jela bila kutaka | | | | |
| | DD. Subjected to improper sexual comments | | | | |
| | EE. Kulazimishwa kutowa nguo | | | | |
| | FF. Kuingiwa kwa uke wako ili watafute kitu | | | | |
| | GG. Kulazimishwa kubusu | | | | |
| | HH. kudaradara | | | | |
| | II. Kupigwa kwa uke wako | | | | |

| | | | | | |
|--|---|--|--|--|--|
| | JJ. Kulazimishwa au kushtuliwa kunyonya ume wa mtesaji au kunajisiwa au kuingiwa kwa mkundu. | | | | |
| | KK. Kuingiwa na kitu kama chupa kwa uke au mkundu wako. | | | | |
| | LL. Kufanya umalaya iliupate chakula au maji au uweze kuleza familia yako. (Ongeza chochote kingine)_____ | | | | |
| | MM. Kulazimishwa kuona mtu akijeruhiwa. | | | | |
| | NN. Kulazimishwa kuona mtu akinajisiwa. | | | | |
| | U. Uko na chochote cha kuongezea (eleza)_____ | | | | |

| | | | |
|------------|---|---|--|
| 56. | Ni nani alifanya haya mambo? (Chagua kwa wingi) | 16. Military 17. Paramilitary 18. Civil Defense forces 19. Police officer or interrogator 20. Prosecutor or judge 21. Jail or prison guard 22. Doctor/medical person 23. Teacher 24. Religious worker 25. Humanitarian Relief Worker 26. Neighbor/Community Member 27. Unknown to respondent 28. Fellow refugee 29. Family member 30. Other _____ 78. DK 88. Refuse | |
| 57. | Haya mambo yalifanyika lini? | Mwezi ____ Mwaka ____ 77 Hukumbuki 88. Hutaki kulijibu swali | |
| 58. | Ulikuwa wapi wakati haya mambo yalikuwa yakifanywa? | 11. Nyumbani 12. Kazini | |

| | | | |
|------------|---|---|--|
| | | 13. Kijijini 14. Nchini yako 15. Other (describe) _____ 7. Hukumbuki 8. Hutaki kulijibu swali | |
| 59. | Ulateswa na mtu mmoja au kikundi cha watu? | 5. Mtu mmoja 6. Kikundi cha watu 7. Hukumbuki 8. Hutaki kulijibu swali | |
| 60. | Uliambiwa utauliwa katika visa hivi na mwenye / wenye kukutesa? | La Ndio 7. Hukumbuki 8. Hutaki kulijibu swali | |

| | | | |
|------------|---|---|-----------|
| 61. | Ni nani alikuwa nawe wakati uliyokuwa unateswa? (Chagua kwa wingi?) | 16. Ulikuwa peke yako..... 17. Bwana /mpenzi wako 18. Watoto 19. Mwanamke mwingine 20. Familia 21. Mtu mwingine _____ 22. Hujui 23. Hutaki kulijibu swali | Enda # 63 |
| 62. | Ni nini kilifanyika kwa huyu mtu mwingine ulikua naye? (Chagua kwa wingi) | 8. Alishtuliwa kuuliwa 9. Alipigwa 10. Alinajisiwa 11. Alilazimishwa kuona ukijeruhiwa 12. Aliuliwa 13. Alitoroka 14. Chochote kingine alifanya? (Eleza) _____ 77. Hujui 88. Hutaki kulijibu swali | |
| 63. | Je ulienda kuona daktari? Kama uliona daktari ni nani aliyekuona humu hospitalini? you consult for medical assistance? (circle all mentioned) | 19. Hukuona Daktari? 20. Mchawi 21. Jirani au rafiki | Enda # 64 |

| | | | |
|-----|--|--|------------------------------------|
| | | 22. Hospitali 23. Health Center 24. Familia yako 25. Bwana yako 26. Ulijitibu 27. Chochote kingine ulicho fanya _____ 79. Hujui 88. Hutaki kulijibu swali | |
| 64. | Kwa nini hukuona daktari? (Chagua kwa wingi) | 27. Hukuhitaji daktari 28. Hukujua mahali pakuenda 29. Hakukuwa huduma ya hospitali 30. No use/would not do any good 31. Kuona aibu 32. Kuogopa kuteswa tena 33. Kutoaminiwa 34. Kuona kama utalaumiwa 35. Kupa familia yako jina mbaya 36. Kuleta jina mbaya kwa familia ya bwanako 37. Bila pesa 38. Bila gari 39. Ongeza chochote kile _____ 78. Hujui 88. Hutaki kulijibu swali. | |
| 65. | Uliambia mtu yeyote kuhusu matendeko haya (mateso)? Kama uliambia mtu mwingine ijapokuwa yule ulikuwa naye, uliambia nani? (chagua kwa wingi.) | 25. Huambia mtu 26. Bwana /mpenzi wako 27. Mvulana wa familia 28. Mtu wa kike wa familia yako 29. Rafiki 30. Daktari 31. Mfanyikazi wa NGO 32. Mfanyikazi wa UN 33. Polisi 34. Kanisa 35. Chama cha wanawake | Skip to question 68 |

| | | | |
|--|--|--|--|
| | | 36. mtu mwingine _____ 79. Hujui 88. Hutaki kulijibu swali | |
|--|--|--|--|

| | | | |
|------------|--|--|--|
| 66. | Yule uliyoambia alifanya nini? (chagua kwa wingi) | 21. Kunichekelea/ kuona aibu 22. Kutonisikiliza 23. Hakuna kitu ilifanyika baada ya kuripoti 24. Alikupa huduma yake 25. Alinipeleka hosipitalini 26. Alinipeleka kwa afisi ya NGO 27. Referred me to a Human Rights Organization 28. Alinipeleka kanisani 29. Alinipeleka kwa chama cha wanawake 30. Other _____ 79. Hujui 88. Hutaki kulijibu swali | |
| 67. | Ni nani aliyekuwa na usadizi zuri? (Chagua kwa wingi.) | 1.Hakuna aliyenisaidia kwa wote niliyoambia 2.Bwanaangu 3..Dume wa familia 4..Kike wa familia 5.Rafiki 6.Daktari 7.Mfanyikazi wa NGO 8.Mfanyikazi wa UN 9.Polisi 10. Jaji 11. Kanisa 12.Chama cha wananwake 13.Mtu mwingine _____ 77.Hujui 88. Hutaki kulijibu swali | |

| | | | |
|-----|--------------------------------|--|--|
| 68. | Kwa nini hukuambia mtu yeyote? | 15. Kujilaumu 16. Kuogopa kuchekelewa 17. Kuogopa kutupwa na familia yako 18. Kutoamini mtu yeyote 19. Kuona hakuna kitu yaweza kufanywa 20. Ongeza chochote kile _____ 21. Hujui 8. Hutaki kulijibu swali | |
|-----|--------------------------------|--|--|

Section 5: Kunyarwa au kulazimishwa kukaa mahali hutaki kukaa.

| | | | |
|-----|--|--|---|
| 69. | Umelazimishwa kufungiwa jela au na mtu katika nyumba /chumba chake? Kama kitendo hiki kifanyika, ilikuwa mara ngapi? | ____ Mara ngapi? (“00”kama hukunyarwa au kulazimishwa akukaa mahali hutaki.) 79. Hujui 88. Hutaki kulijibu swali | <i>Kama mhojiwa hakunyarwa/kulazimishwa kufungiwa jela. Ruka end sehemu ya V</i> |
| 70. | Ilifanyika wapi? (Chagua kwa wingi.) | 17. Nchini mwako 18. Kijijini 19. Kijijini nchini mwako 20. Kama unahama/toroka nchi yako 21. Botswana 22. pengine pote _____ 8 Hujui 9. Hutaki kulijibu swali | |
| 71. | Ni nani aliyekuzuiya? Chagua kwa wingi. | 23. Jeshi 24. Paramilitary 25. Polisi 26. Jaji 27. Afisaa wa jela au gereza 28. Daktari au mtatibu 29. Kanisani | |

| | | | |
|-----|---|---|--|
| | | 30. Mhojiwa hamjui 31. yeyote ule _____ 79. Hujui 88. Hutaki kulijibu swali | |
| 72. | Ulikuwa umeshikwa kwa muda mgani? | ____ siku ____ wiki ____ miezi ____ miaka 79. Hujui 88. Hutaki kulijibu swali | |
| 73. | Katika hiyo muda wa uzuizi, ulinyimwa huduma ya tabibu au mkunga au huduma ya kwanza uipojihisi kama umgojwa? | 1.Sikupatwa na ugonjwa wowote 2.Nilipata huduma ya maradhi yangu (eleza)_____ 3.Sikupata huduma ya maradhi yeyote (eleza)_____ 23. Hujui 24. Hutaki kulijibu swali | |
| 74. | Katika hiyo muda ya uzuizi, ulijeruhiwa? Kama ulijeruhiwa, ilikuwa mara ngapi? | ____ Nambari kujeruhiwa (00 kama hukujeruhiwa) 77.hujui 88.Hutaki kulijibu swali | |
| 75. | Katika hiyo muda ya uzuizi, ulinajisiwa? Ni mara ngapi ulinajisiwa kama kisa kilitendeka? | ____ mara ngapi ya unajisi (00 kama hukunajisiwa) 77. Hujui 88. Hutaki kulijibu swali | |
| 76. | Ulipata mimba katika hiyo muda ya uzuizi? Mimba yako ilifanyika nini? | 1.Hukupata mimba 2.Mtoto kufaa kabla ya kuzaliwa 3.Kuzaa kabla ya zoezi yako 4.Kuzaa mtoto ambaye amekufaa 5.Kuzaa mtoto mzima mwenye afya 6.Kutoa mimba 7.Chochote kile _____ 77.Hujui 88. Hutaki kulijibu swali | |

PART V: WOMENS'S RELATIVE SEXUAL-RISK SCALE (WRSRS)

Maagizo ya mhojiwa (soma): Katika hii sehemu nitakuuliza maswali kuhusu maisha yako ya mapenzi miezi mitatu iliyopita. Chukua muda wako kama unajibu haya maswali. Majibu yako yata saidia sana.

- *By primary partner I mean a woman's main partner, like a main boyfriend or husband.*
- *A non-primary partner is someone a woman has sex with occasionally, or someone she had sex with for one night only.*
- *Questions about how often your partner used condoms will be asked. By condoms I mean both male and female condoms (rubbers). (Please show the participants both types of condoms).*
- *If you were with more than one primary partner during the past 3 months, please think about the one you were with the longest, or who was the most important to you. If you were with a primary partner during the past 3 months but are not together anymore, please think about how things were. There are no "right" or "wrong" answers.*

Maagizo ya mhoji: Tafadhali weka alama ya ()karibu na majibu ya mhojiwa.

SECTION A

(Tafadhali somea mhojiwa) sehemu hii inauliza maswali kuhusu mapenzi yako na bwanaako au mpenzi wako, au shemeji wako.

77. Ulishariki na mtu moja miezi tatu iliyopita?
ndio
La
Hujui
Hutaki kulijibu swali

(Kama ni La elekea section B)

78. Katika miezi tatu zilizopita ulishirikiana na bwana yako, mpenzi wako, au mchumba wako?

Mpenzi wako
Bwana
Mchumba wako
Hujui
Hutaki kulijibu swali

79. Katika miezi tatu zilizopita, ulikuwa na wapenzi wangapi?

Mmoja
Wawili
Watatu
Wanne au wengi kuliko wanne
Hujui
Hutaki kulijibu swali

80. Katika miezi mitatu iliyopita mpenzi wako alikuvingia katika uke wako?

Ndio
La
Hujui
Hutaki kulijibu swali

(If no, skip to question 82)

81. Katika miezi mitatu iliyopita, mpenzi wako alikuvingia/puana mara ngapi?

Moja
Mbili
Tatu
Nne au mara mingi kuliko nne
Hujui
Hutaki kulijibu swali

82. Katika miezi mitatu iliyopita ulitumia ulinyonya ume wa mpenzi wako wakati mlipururana?

Ndio
La
Hujui
Hutaki kulijibu swali

(If no, skip to question 85)

83. Katika miezi mitatu iliyopita ulinyonya ume wa mpenzi wako mara ngapi?

Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

84. Katika miezi mitatu iliyopita ulitumia mpira wakati ulikuwa unanyonya ume wa mpenzi wako? Mara ngapi?

Hukutumia mpira
Moja
Mbili
Tatu
Nne au kwa wingi
Hujui

Hutaki kulijibu swali

- 85.** Katika miezi mitatu iliyopita mpenzi wako alikuvingia katika mkundu wako wakati mlikuwa mnapururana?partner?

Ndio

La

Hujui

Hutaki kulijibu swali

(If no, skip to question 88)

- 86.** Katika miezi mitatu iliyopita, ni mara ngapi mpenzi wako alikuvingia katika mkundu wako?

Moja

Mbili

Tatu

Nne au kwa wingi

Hujui

Hutaki kulijibu swali

- 87.** Katika miezi mitatu iliyopita ni mara ngapi mpenzi wako alitumia mpira kukuvingia katika mkundu wako?

Hakutumia mpira

Moja

Mbili

Tatu

Nne au kwa wingi

Hujui

Hutaki kulijibu swali

- 88.** Ni kwa nasibu gani mpenzi wako alikuwa na mpenzi mwingine miezi mitatu iliyopita?

Hakuna uwezo

Hujui

Kuna uwezo

Pengine

Hutaki kulijibu swali

- 89.** Ni kwa nasibu gani mpenzi wako alipururana na mwanamume mwingine katika miezi mitatu iliyopita?

Hakuna uwezo

Hujui

Pengine

Kuna uwezo

Hutaki kulijibu swali

90. Ni kwa nasibu gani mpenzi wako alikuwa mlevi au alikuwa anakunywa madawa katika miezi mitatu iliyopita?

Hakuna uwezo
Hujui
Pengine
Kuna uwezo
Hutaki kulijibu swali

SECTION B

Maagizo ya mhojiwa *Sehemu hii inahusiana na mtu ambaye ulilala naye au ulipururananaye ambaye si mpenzi wako miezi mitatu iliyopita. Kama ulikuwa na huyu mtu mara tatu au kwa wingi tafadhali mfikirie kidogo uone kama alikuwa muhimu katika maisha yako kama hamonani tena au umuhimu wake katika maisha yako.*

91. Miezi mitatu iliyopita, ulikuwa na mpenzi mwingine kando ya mpenzi wako mmoja?

Ndio
La
Hujui
Hutaki kulijibu
swali

**(If no, skip to
Part VI)**

92. Katika miezi mitatu iliyopita huyu mpenzi wako mwingine alikuwa...

Mtu ambaye mlionana kila siku
Mtu ambaye mlionana usiku moja tu.
Hujui
Hutaki kulijibu swali

93. Katika miezi mitatu iliyopita ulikuwa na wapenzi wangapi wengine wa kando?

Moja
Wawili
Watatu
Wanne au kwa wingi
Hujui
Hutaki kulijibu swali

94. Miezi mitatu iliyopita, ulipururana na huyu mpenzi wako wa kando?

Ndio
La
Hujui
Hutaki kulijibu swali
(If no, skip to question 97)

95. Miezi mitatu iliyopita, ulipururana na huyu mpenzi wako wa kando mara ngapi?

Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

97. Katika miezi mitatu iliyopita, mlitumia mpira mara ngapi mlipokuwa mkipururana?

Hamkutumia
Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

97. Katika miezi mitatu iliyopita, ulinyonya ume wa huyu mpenzi wako wa kando?

Ndio
La
Hujui
Hutaki kulijibu swali
(If no, skip to question 100)

98. Miezi mitatu iliyopita, ulinyonya ume wa huyu mpenzi mara ngapi?

Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

99. Miezi mitatu iliyopita, mlitumia mpira wakati ulikuwa unanyonya ume wa huyu mpenzi wako wa kando?

Hukutumia mpira
Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

100. Miezi mitatu iliyopita, huyu mpenzi wako wa kando alikuvingia katika mkundu wako?

Ndio
La
Hujui
Hutaki kulijibu swali
(If no, skip to question 103)

101. Miezi tatu iliyopita uliingiwa kwa mkundu mara ngapi na huyu mpenzi wako wa kando?

Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

102. Miezi mitatu iliyopita, huyu mpenzi wako wa kando alitumia mpira mara ngapi kukuvingia mkundu?

Hakutumia mpira
Moja
Mbili
Tatu
Nne au kwa wingi
Hujui
Hutaki kulijibu swali

103. Ni kwa nasibu gani huyu mpenzi wako wa kando alikuwa anaona wanawake wengine miezi mitatu iliyopita?

Hakuna uwezo
Hujui
Pengine
Kuna uwezo
Hutaki kulijibu swali

- Hakuna uwezo
Hujui
Pengine
Kuna uwezo kubwa
Hutaki kulijibu swali

[illegible][illegible][illegible]

111. Ukitumia maoni yako, ni njia gani bora ambayo wanawake wahamiaji wanaweza kujikinga haya maradhi yanayopatikana kutoka puana -----

112. Ukitumia maoni yako, ni nini inaweza kufanywa ilikuinga unajisi? What do you think can be done to prevent sexual violence? ((*Pekua: before, during, after flight*))

113. Tumemaliza uhojiano. Uko na maswali yoyote au uko na chochote cha kuongezea?

Asante sana kwa kunipa hii fursa ya kukuhoji.

Matembeleo ya mhoji

| | Matembezi 1 | Matembezi 2 | Matembezi 3 |
|----------|-------------|-------------|-------------|
| Tarehe | | | |
| Mhoji | | | |
| Vidokezo | | | |

Fumbo la vidokezo : kamilishwa 1; mhojiwa hayuko 2; kukataa kujibu maswali 3; kamilishwa unusu 4; Other 5.

MHOJI: fumbo [____|____] Jina _____

Tarehe ya uhojiano : __\ ____ \ ____

Sahihi ya akida: sahihi _____ Tarehe _____

Lozi Translation of Instrument

Pimpili Ya Buikalabelo Bwa mutu

Eni sha, libizo la ka ki na---, ni sebeza mwa sibaka sa bo johannes john langba, ili bana ba sikolo sa bunaka kwa sikolo sa misbezi ya buino kwa university ya pittsburg (usa). lu zamaisa patisiso mwa dukw, ku ituta ka za makete ni bupilo boba boni. mu ketilwe ka lithonolo kuli mu be ba banwi mwa tuto ye.

ni bata ku nitifaza kuli loikalabo ze u ka fa kaufela ha li na ku patululwa. ha nina ku buuwka pampili fo ku na ni libizo la hao ni he kiyala. u na ni swanelo ya ku yemisa ngambolo nako ifi kapa ifi, kapa ku tula lipuzo ze nwi u sa li alabi. ha ku na kalabo ye lukile kapa ye fosahalile. likalulo ze nwi li kona ku ba butata kwa ku kandekiwa, kono bunta bwa basali ba ba balehi ba li fumanu ku ba nako ya butokwa ku kandeka ze se ba boni mwa bupilo.

ku ba mwa tuto ye kwa hao, ku ya ka ku lata kwa hao mi ha kuna se si sabisa ku amana ni tuto ye. ze mu boni mwa bupilo li kona ku tusa wena mane ni ba banwi basali ba ba balehimwa naha botswana kapa mwa libaka zenwi za lifasi mubu.

u na ni puzo?

(ngambolo i batilo nga mizuzu ye 60 ku fita kwa mafelelezo). kana lumela ku buziwa kapa ku ambola?

u tokomele haiba mukande kiswa u lumela ngambolo kapa wa hana

[] u hana ku amboliswa-----→u itumele kwa ku ba teni kwa hae ku fita kwa mafelelezo.

[] u lunela ku amboliswa

u kupiwa ku zabiswa kuli ha kuna tifo ya mali ye ka fiwa ku amana ni tuto ye, kono u ka fiwa (mulkola wa mukunda . kana se ki sibika se sinde kuli lu swale ngambolo ya luna, kapa kuna ni sibaka se u bona wena se lu kona ku ya ku sona?

ha mu bata ku ziba zenata ku amana ni ngambolo ya patisiso ye, u bonane kapa ku kandeka ni: the health research unit (hru), ministry of health, gaborone, botswana. tel:3914467.

ku lukela ku talelezwa ki muamboliswi.

kweli ni silimo li ni balile mukwa wa buikalabelo o li kwa halimu ku ya ngile kalulo mwa patisiso ye.

sisano

ka lizazi,

kalulo! likepe la patisiso

likelezo ku mubuzi/muambolisi: u kupiwa ku belela muamboliswi ze mu lukela ka iw latelelana manc ni ku amana ni nwa ka alabela. u kupiwa ku nola/potolosa nombolo ye zamaele lana ni mo ku alabezw likelezo ku mabuziwa/muamboliswi:(mu bale): ni ka kalye ka ku ku l

| No. | ITEM | CODE/RESPONSE | Skip Instr uctions |
|-----|---|---|--------------------|
| 1 | U se u pilile mako ye kuma kai u li mubalehi mwa Botswana? | Butelele bwa ku ina (silimo/kweli) ____/____ 77. Ha zibi (DK) 88. Wa hana | |
| 2 | Ne u kwanisize lilimo ze kai ka lizazi la hao la ku pepwa le li felile? | Lilimo mwa lilimo ze tezi____ ____ 77. Ha zibi(DK) 88. Wa hana | |
| 3 | U pepezwi kai? | 1. munzi/naka_____/_____ ____ 7. DK 8. Wa hana | |
| 4 | U zwa mwa mushobo ufi? | 3. _____ 7. DK 8. Wa hana | |
| 5 | Ne eza musebezi o cwani mwa naha ya hao? | 1. Mulimi 2. Mulekisi 3. Beleka mwa muso 4. Mwana-sikolo 5. Cilaukile mwa musebezi 6. Ku eza mandu 7. Ku beleka mwa lapa/ndu 8. Ku sa sebeza 9. Mubeleki wa kontilaka | |

| | | | |
|------------|---|--|------------|
| | | 10. Mwa sisole 11. police officer 12. Omiunwi _____ 77. DK 88. Refuse | |
| 6 | Wa kona ku bala hande, ka butata ha u koni? | 1. Ha koni 2. Ka butata 3. Hande 7. DK 8. Hana | |
| 7. | U kona ku nola hande, ka butata, ha u koni? | 1. Ha 2. Ka butata 3. Hande 7. DK 8. Hana | |
| 8. | Ku zwise kwa teni wena, ki baba kai ba bahulu (ba lilimo ze 18 kapa ku fitelela) ba ba pila mwa sibaka sa mina (hao)? | # Ba bahulu ____ ____ 77. DK 88. Hana | |
| 9. | Ki baba kai banana ba bali mwa pabalelo ya hao luli (lilimo ze 17 ku kutisha mwa tasi) | # Ya banana ____ ____ 77. DK 88. Hana | |
| 10. | Ka nako ya cwale u sebeleza mali (hola), sebeleza pisinisi, kappa ha u sezezi? | 1. Ha sezezi..... 2. Sebeleza pisinisi 3. Hola 7. DK 8. Hana | Skip to 12 |
| 11. | U sezeza musebeza ufi? (potolosa ze bulezwi) | 1. Musebezi 2. Mulimi 3. Musebezi o kwa tasi 4. Pisinisinyana 5. O munwi _____ | |

| | | | |
|------------|--|--|--|
| | | 7. DK 8. Hana | |
| 12. | U fumana cwani mali? | 1. Ha kuna 2. Tuso ye zwa ku munna ka/mulatiwa 3. Tuso ye zwa kwa lindambo 4. Mali a zwa mwa musebezi wa ka 5. Likaluilo za buino/makete 6. Ze nwi _____ 9 DK 8. Hana | |
| 13. | U pila nibahabo wena mwa sibaka sa hao, kappa bukaufi? | 1. Batili, hanina baheSU 2. Eni, bahesu ba pila mwa sibaka 3. Eni, bahesu ba pila bukaufi 4. Batili, bahesu ha ba pili mwa sibaka kappa bukaufi 7. DK 8. Hana | |

i

| | |
|------------|--|
| 14. | Ku zwa fo I kaleza mifilili mi u munzi/tolopo ya hao ki ufi munzi ,kamba, kappa tolopo ko se pilile? Kwa munzi ni munzi, kamba ni kamba, kappa tolopo ni tolopo ko se pilile, u kona ni bulelela se si tisize kuli u tute/siye, ni ko u ile? |
|------------|--|

| | Kamba /Munzi/Tolopo | Zazi La Ku fita | Zazi La Ku Sia | Libaka TotaLa Ku Ku Zwa/Si ya Munzi/Kamba/Tolopo (Bona Kwa Tasi) |
|--|----------------------------|--|--|---|
| | _____ | Kwali ____ Silumo _____ 77 DK 88 Hana | Kwali ____ Silimo _____ 77 DK 88 Hana | _____ |
| | _____ | Kwali ____ Silimo _____ 77 DK 88 Hana | Kwali ____ Silimo _____ 77 DK 88 Hana | _____ |
| | _____ | Kwali ____ Silimo _____ 77 DK 88 Hana | Kwali ____ Silimo _____ 77 DK 88 Hana | _____ |
| | _____ | Kwali ____ Silimo _____ 77 DK 88 Hana | Kwali ____ Silimo _____ 77 DK 88 Hana | _____ |
| | _____ | Kwali ____ Silimo _____ 77 DK 88 Hana | Kwali ____ Silimo _____ 77 DK 88 Hana | _____ |

Response codes:

Likalabo Ka Linaneo:

Libaka La Ku Si Yanaha:

Sibaka Se Si Pililwe

[Sebelisa Liketo Za libaka]

- | | |
|-------------------------------------|--|
| 1. Mwa kamba | 1. Ha kuna lico |
| 2. Mwa kamba | 2. Ku bata sikolo |
| 3. Mwa kamba | 3. Shimbuzwi ki ba un |
| 4. Mwa lubasi, | 4. Munwi/kamba taselizwe |
| 5. Lubasi ko kunwi mwa naha ya luna | 5. Yo munwi |
| 6. Ndu ya mukunda(talusa) | 6. Yo munwi wa lubasi taselizwe(isini ku holofaza mapunu). |
| 7. Le linwi (talusa) | 7. Kutela kwa hae |
| 77. DK | 8. Other (describe) |
| 88. Hana | 79. DK |
| | 90. Hana |

KALULO II: SIKALA SE SI SINA TUSO SE SI ITUTIL WE

***Likelezo ku mubuzi:** Bala sitatimende, buza muamboliswi haibau tuseza ku lumela,wa lumela, wa hana,kappa u tiiseza ku hana.laitela mwa mukoloko o zamaelela ni kalabo*

***Likelezo ku mubuziwa (mu balele):**Ni ku balela ze nwi za masitatimende ze talusa maikuto a batu e ba na ni ,ku bona beni. Teeleza hande ,ni tabela ku ituta haiba u tabezi ze nwi za linzila/mikwa. U ni bulelele haiba wa lumela kappa wa hana mo I nezi.*

| | Se Si Taluswa | Tii seza ku lumela (4) | Lume la (3) | Hana (2) | Tiiseza ku hana (1) |
|-----|--|-----------------------------------|------------------------|---------------------|--------------------------------|
| 15. | Ni ha ka ikutwa mata cwani mwa musebezi ,ni I ikutwa kuli ha ni ku I sikulula mafelelezi. | | | | |
| 16. | Ni I kutwa kuli ku sa kona kwa ka kuli ni tatulule butata ki ko ku ni tiseza ku palelwa | | | | |
| 17. | Ni palelwa ku fumana tatululo kwa butata bo bu tata | | | | |
| 18. | Ha ni koni ku ipea mwa maemo e ni sa koni ku nuhelela mafelelezo a ona | | | | |
| 19. | Haiba ni feza musebezi hande ,I kona ku ba kuli mwendi ki ka lithonolo. | | | | |
| 20. | Ha ni koni ku tatulula buntata bwa butata bo bu li mwa bupilo | | | | |
| 21. | Haiba inge ni palelwa musebezi one ni eza , ha ni koni ku lika ku eza o swana ni ona kakuli ni ikutwa kuli ni ka palelwa hape. | | | | |
| 22. | Lika ha li sa zamayi ka nzila ye ne ni lelile. Ni ziba kuli ne ni fosize kwa makalelo | | | | |
| 23. | Batu ba banwi ba kona zamaiso fa halimu a lika ze ba konisa kappa ze ba palelwa | | | | |
| 24. | Ha ni kali musebezi o munca haiba ne ni palezwi o swana ni ona ye nwi | | | | |
| 25. | Ha ni eza maswe kikuli ha ni koni ku eza mbubo | | | | |
| 26. | Ha ni lumeli musebezi oni bona kuli ha ni na ku u kona | | | | |
| 27. | Ni ikutwa ku ba ni kamaiso ye nyinyani fa halimu a musebezi o ni eza. | | | | |
| 28. | Ni I kutwa kuli yo munwi ku eza hande ku fita na mwa bunata bwa misebezi. | | | | |
| 29. | Ni palelwa ku fita fa sikonkwani sa ka mwa bupilo | | | | |
| 30. | Ha ni palelwa ku eza musebezi ku eza musebezi hande ni ipumana ni nyaza butoto bwa ka bo bu ni palelisize | | | | |
| 31. | Ni ha ni ka lika cwani ,lika li pala li kala ku konds mwa nzila ye ni lata | | | | |
| 32. | Ni ikutwa kuli ku konisa kwa kwa ka ku bonisa | | | | |

| | | | | | |
|-----|--|--|--|--|--|
| | siwela ,isini ku kona kwa ka | | | | |
| 33. | Mizamao ya ka ha I susuwezi ku kondisa musebezi wa sikwata | | | | |

PART III: HOPKINS SYMPTOMS CHECK LIST-25

Likelezo ku mu mubuzi:Bala sitatimende mi buza''mwa viki ye felile''u kile wa ikutwa cwana bala ze zamaelela/makuto laitela mwa mukoloko o swanela kalabo ye bulezwi.

Ukelezo ku mubuziwa(bala):Cwale se ni ka ku balela mukoloko wa maikuto a manwi kappa butato bo ba ikutwanga ba banwi batu. Ni kupa kuli maikuto a cwalo a kile a ku bilaeza cwani viki ye felile ku tisa kacenile.

| | DEPRESSION SYMPTOMS | Hakuna q (1) | Ha nyinya ni (2) | ahuluha nyinyan a (3) | ahulu (4) |
|-----|---|-----------------------------|-------------------------------------|--|----------------------|
| 34 | Ku fokola mata ,a kutezi fa fasi | | | | |
| 35. | Ku ipona mafosisa nwa like ze nwi | | | | |
| 36. | Ku tokku liyeha kwa ku lila | | | | |
| 37. | Ku tokwa takazo ya munna/ku sa kololokwa | | | | |
| 38. | Ku tokwa takazo ya lico | | | | |
| 39. | Ku sa lobala kapili ,sikobiota | | | | |
| 40. | Ku tokwa sepo ya bukamusa | | | | |
| 41. | Ku ishonda | | | | |
| 42. | Ku ikutwa bulutu | | | | |
| 43. | Mihupulo ya ku felisa bupilo bwa hao | | | | |
| 44. | Mihupulo ya ku swaseha , kappa ku swaleha | | | | |
| 45. | Ku balaela ni ze nwi lika ze nwi | | | | |
| 46. | Ku sa bilaela ahulu ni ze nwi lika | | | | |
| 47. | Ku ikutwa ku ikataza mwa lika kaufela | | | | |
| 48. | Maikuto a ku sa ba wa butzewa | | | | |

Ka lulo iv: Buima se siamana ni ku tunka maikuto a basali

Likelezo ku mubuziwa (bala): Ni bata ku ku buza lipuzo za lika ze tata ze u boni mwa bupilo ze tisize mifililikapa ku zwa mwa sibaka. Ni ka bala mukoloko. Batu ba banwi I ka na ya ba kuliba boni ilinwi kappa zenata za lika zeo mwa mifilili kappa ha ba zwile mwa libaka. Na ziba kutata ku lemuha kuli yenwiya lika zeo I kile ya ezahala ku wena, kono u hupule kuli ze ni kandeka ni wena ki kunutu mi likalabo za hao lika lu tusa kufumana butokwi bwa basali mwa maemo a bu balehi. Hape u hupule kuli u na ni swanelo ya ku hana ku alaba yenwi ya lipuzo mi ki tatolo ya hao ku felisa ngambolo ye nako ifi kappa ifi. Haiba inge lu fumanwa ki mutu nako ya ngambolo, na ka kuza ku fita lu ba lu ba balbeli.

Ni ka kala ku buza se si ezahezi nako ya mifili, kona ni ka ku buza ze ezahezi ha se u zwile mwa sibaka sa hao, mi mafelelezo nika ku buza za bualo bwa hao mwa naha Botswana .Bunata bwa lipuzo li batilo swana hanatakapa hanwi. Libaka ha lu kutela lipuzi kukuli li lu tusa ku utwisisa hande nako yeo musali wa mubalehi a li mwa butata.

Cwale ni kala ku ki buza lipuzo ku amana ni ze ezahezi ka nako ya mifilifili mwa naha ya henu.

Kalulonyana 1: SGBU nako ya (musebezi ni) mifilili

Likelezo za mubuziwa (bala) : Nako ya mufiufiu mwa (naha ya henu) ne u liyo munwi wa bane ba tunkilwe mwa likezo ze tatama? U sika libala kuli ni buza ku amana ni palo ye u boni likezo zeo li ezahala ku wena nako ya muse bezi ni/kapa nako ya mifililimwa lihac la ho.

Likelezo ku mubuzi:Bala litaelo ku mubuziwa ze latelelwa ki litoloko ni likalabo ni likalabo. Laitela mo ku zamaelella **ni likalabo**

| 49. | | ha kusika ezahala | Ha 1-2 | Ha 3-5 | Ha 6 niku fita | Viki ni viki | Zazi ni viki | DK | Ha na |
|-----|--|-------------------------|-----------|-----------|----------------------|--------------------|--------------------|----|----------|
| | A. Washiwa lubaka kapa natwa | | | | | | | | |
| | B. kamiwa | | | | | | | | |
| | C. Natiwa kappa lahakiwa | | | | | | | | |
| | D. Tamiwa kappa tamiwa kwa meto | | | | | | | | |
| | E. Susizwe ka sillvaniso sifi kappa sifi | | | | | | | | |
| | F. Kunupile kappa tabilwe | | | | | | | | |
| | G. Timilwe liko , mezi kappa buloko | | | | | | | | |
| | H. Iktwile ku sa ba hande kwa lilama | | | | | | | | |
| | I. Beilwe mwatolongo isi ka tatoya hao | | | | | | | | |
| | J. Ku sa ngiwa buleliswa inge musali | | | | | | | | |
| | K.Hapeleuzwe ku tubula liapalo | | | | | | | | |
| | L. Ku seciwa mwa lilama zamubili | | | | | | | | |

| | | | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|
| | M. Tubetilwe u sa lati | | | | | | | | |
| | N. Swelwin kwa lilama za busali | | | | | | | | |
| | O. Natilwe kwa lilama za busali | | | | | | | | |
| | P. Hapelelizwe ka ku sabiswa ni silemano ku konyiwa mwa mulomo, nyo kappa munungu | | | | | | | | |
| | Q. Konyisizewe ni sika mwa nyo kappa munungu | | | | | | | | |
| | R. Putelezwe ku konyiwa kuli u fiwe lico mezi, silelezo ya lubasi kappa ka mabaka a manwi | | | | | | | | |
| | S. Hapelelizwe ku baha yo munwi ha natiwa | | | | | | | | |
| | T. Hapelelizwe ku buha munwi ha konyiwa | | | | | | | | |
| | U. Se sinwi hape | | | | | | | | |
| 50. | Ya ku ezize zeo ki mani? Patolosa kalabo | 1. Masole 2. Mutai wa sisole 3. Basilelezi ba hana 4. Mupokola kappa wa lipatisiso 5. Muzekisi kappa muatuli 6. Mubabaleli wa tolongo 7. naka wa milyani ya sikuwa 8. Tichele 9. Mwa linzwi la mulimuubeleki 10. Batusi ba batu 11. Ya yahile bukaufi/memba wa skaba 12. Ye u sa zibi 13. Yo munwi wa ba balehi 14. Wa lubasi 15. Yo munwi _____ 77. DK 88. Hana | | | | | <i>Tulela kwa kalulonyana .2, Haiba mubuziwa ha sika bona se sinwi ku amana ni SGBU mwa n aha ya amuhezwi ku yona</i> | | |

Kalulonyana 2: SGBV ka nako ya ku saba/sa ba mwa sibaka sa hao

Likelezo ku mubuziwa (bala): Nako ye ni talimisisa fa butata bo bu ezahezi ku wena ku zwa nako ye u balehile. Cwale ni kala ku utwissa se si ezahezi ku wena ku zwa nako ye u balehile mwa naha ya hao. Sana pili ni ka ku buza za lika ze ezizwe fahalimwa hao ki batu ba ba cwale ka masole , ba mutai wa sisole, mapokola, ni ba ganteli ba ba litolongo. Mi ni kala ka nako ye u siile lihae la hao (kabakala mifilifili) ku isa kwa nako ye u kutezi mwmwa o munzi li a lihae la hao. Likezo ze I kana kappamwa munzi o munwi. Bunata kiu lipuzo ze swana ni ze buzize, kono fa ni bata ku ziba haiba ze lu kile za ezahala ka nakoye ne u zwile mwa lihae la hao. U si ke wa libala kuli u kona ku yemisa ngambolo ni ku I katulusa nako ifi kappa ifi. Mi ni ka zwela piu ku eza likalabo za hao ka kunutu luli.hupula kuli lu bata ku utwisisa nombolo kaufela ya lika ze ezahezi ku wena ha ne u siyo/sabile mwa lihae la hao.

Likelezo ku mubuzi: balela mubuziwa lithelo ku latelelwa ku litaluso ni likalabo. Potolosa nombolo ye zamaelana ni taluso. Laitela mwa mukoloko o zamaelelana ni taluso/toloko.

| 51. | | ha kusika ezahala | Ha 1-2 | Ha 3-5 | Ha 6 niku fita | Viki ni viki | Zazi ni viki | DK | Ha na |
|-----|---|-------------------------|-----------|-----------|----------------------|--------------------|--------------------|----|----------|
| | A. Washiwa lubaka kapa natwa | | | | | | | | |
| | B. kamiwa | | | | | | | | |
| | C. Natiwa kappa lahakiwa | | | | | | | | |
| | D. Tamiwa kappa tamiwa kwa meto | | | | | | | | |
| | E. Susizwe ka sillvaniso sifi kappa sifi | | | | | | | | |
| | F. Kunupile kappa tabilwe | | | | | | | | |
| | G. Timilwe liko , mezi kappa buloko | | | | | | | | |
| | H. Ikutwile ku sa ba hande kwa lilama | | | | | | | | |
| | I. Beilwe mwatolongo isi ka tatoya hao | | | | | | | | |
| | J. Ku sa ngiwa buleliswa inge musali | | | | | | | | |
| | K. Hapeleuzwe ku tubula liapalo | | | | | | | | |
| | L. Ku seciwa mwa lilama zamubili | | | | | | | | |
| | M. Tubetilwe u sa lati | | | | | | | | |
| | N. Swelwin kwa lilama za busali | | | | | | | | |
| | O. Natilwe kwa lilama za busali | | | | | | | | |
| | P. Hapelelizwe ka ku sabiswa ni silemano ku konyiwa mwa mulomo, nyo kappa munungu | | | | | | | | |
| | Q. Konyisizewe ni sika mwa nyo kappa munungu | | | | | | | | |

| | | | | | | | | | |
|-----|---|--|--|--|--|--|---|--|--|
| | R. Putelezwe ku konyiwa kuli u fiwe lico mezi, silelezo ya lubasi kappa ka mabaka a manwi | | | | | | | | |
| | S. Hapelelizwe ku baha yo munwi ha natiwa | | | | | | | | |
| | T.Hapelelizwe ku buha munwi ha konyiwa | | | | | | | | |
| | U. Se sinwi hape | | | | | | | | |
| 52. | Ya ku ezize zeo ki mani? Patolosa kalabo | 1. Masole 2. Mutai wa sisole 3. Basilelezi ba hana 4. Mupokola kappa wa lipatisiso 5. Muzekisi kappa muatuli 6. Mubabaleli wa tolongo 7. naka wa milyani ya sikuwa 8. Tichele 9. Mwa linzwi la mulimuubeleki 10. Batusi ba batu 11. Ya yahile bukaufi/memba wa skaba 12. Ye u sa zibi 13. Yo munwi wa ba balehi 14. Wa lubasi 15. Yo munwi _____ 77. DK 88. Hana | | | | | <i>Tulela kwa kalulonyana .2, Haiba mubuziwa ha sika bona se sinwi ku amana ni SGBU mwa n aha ya amuhezwi ku yona</i> | | |

Kalulonyana 3: SGBU mwa naha ya kamuhelo I ku zwa fa mifilifili

Likelezo ku mubuziwa (bala): cwale seni ka tabela ku ku buza lipuzo ku amana ni ze ezahezi ku wena ku zwa fo fitezi mwa naha Botswana. Lipuzo li swana ni ze se ni ku buzize mi ki la mafelelezo ni ku buza zona. Likezo ze ne lika be li ezahezi ku wena haena ,mwa sicaba sa hao kappa ko kunwi mwa naha Botswana, mi ne li ka be li ezizwe ku wena ki yo munwi wa sicaba sa hao, ku beya membala wa si pokola, sisole, ya bona za buntu, kappa ye u bapani ni yenani ba banwi ba ba pila mwa sicaba sa henu. Sina lipuzo za pili, lu sa buza za mifilili ye ezahezi ku wena. U hupile kuli lu bata ku utwisisa palo ya lika ze ezahezi ku wena ha ne li li mwa naha Botswana (hakuna, ha 1-2, ha 3-5.....)

Likelezo ku mubuzi: balela mubuziwa likelezo ku latelelana ni litaluso ni likalabo. Potolosa nombolo ye swanela talusa. Laitela mwa mukoloko o swanela.

| 53. | | ha kusika ezahala | Ha 1-2 | Ha 3-5 | Ha 6 niku fita | Viki ni viki | Zazi ni viki | DK | Ha na |
|-----|---|--|-----------|-----------|----------------------|--------------------|---|----|----------|
| | A. Washiwa lubaka kapa natwa | | | | | | | | |
| | B. kamiwa | | | | | | | | |
| | C. Natiwa kappa lahakiwa | | | | | | | | |
| | D. Tamiwa kappa tamiwa kwa meto | | | | | | | | |
| | E. Susizwe ka sillvaniso sifi kappa sifi | | | | | | | | |
| | F. Kunupile kappa tabilwe | | | | | | | | |
| | G. Timilwe liko , mezi kappa buloko | | | | | | | | |
| | H. Ikutwile ku sa ba hande kwa lilama | | | | | | | | |
| | I. Beilwe mwatolongo isi ka tatoya hao | | | | | | | | |
| | J. Ku sa ngiwa buleliswa inge musali | | | | | | | | |
| | K. Hapeleuzwe ku tubula liapalo | | | | | | | | |
| | L. Ku seciwa mwa lilama zamubili | | | | | | | | |
| | M. Tubetilwe u sa lati | | | | | | | | |
| | N. Swelwin kwa lilama za busali | | | | | | | | |
| | O. Natilwe kwa lilama za busali | | | | | | | | |
| | P. Hapelelizwe ka ku sabiswa ni silemano ku konyiwa mwa mulomo, nyo kappa munungu | | | | | | | | |
| | Q. Konyisizewe ni sika mwa nyo kappa munungu | | | | | | | | |
| | R. Putelezwe ku konyiwa kuli u fiwe lico mezi, silelezo ya lubasi kappa ka mabaka a manwi | | | | | | | | |
| | S. Hapelelizwe ku baha yo munwi ha natiwa | | | | | | | | |
| | T.Hapelelizwe ku buha munwi ha konyiwa | | | | | | | | |
| | U. Se sinwi hape | | | | | | | | |
| 54. | Ya ku ezize zeo ki mani? Patolosa kalabo | 1. Masole 2. Mutai wa sisole 3. Basilelezi ba hana 4. Mupokola kappa wa lipatisiso 5. Muzekisi kappa muatuli | | | | | <i>Tulela kwa kalulonyana .2, Haiba mubuziwa ha sika bona se sinwi ku amana ni SGBU mwa</i> | | |

| | | | |
|--|--|--|----------------------------------|
| | | 6. Mubabaleli wa tolongo 7. naka wa milyani ya sikuwa 8. Tichele 9. Mwa linzwi la mulimuubeleki 10. Batusi ba batu 11. Ya yahile bukaufi/memba wa skaba 12. Ye u sa zibi 13. Yo munwi wa ba balehi 14. Wa lubasi 15. Yo munwi _____ 77. DK 88. Hana | <i>n aha ya amuhezwi ku yona</i> |
|--|--|--|----------------------------------|

Skip Instructions: If Participant never experienced SGBV in host country/ post conflict, skip to Section 4.

| | | | | | |
|-----|---|----|-----|----|---------|
| 55. | <p>Tula likelezo:Haiba mubuziwa na sika ezwa ye nwi ya lika zeo, za SGBU tulela kwa kalulonyana 5.</p> <p><u>Kalulonyana 4: Ze tuna ze sabisa ze ezahezi ku wena ze amana ni SGBU</u></p> <p>likelezo za mubuziwa(bala):fa ni ka ku kupa kuli ule silisinwi ze ezahezi ku wena ka mo no sika elwa hande ha ne u sebeza ni nako ya ndwa mwa (nah hao)se u bona kuli ki se si ku utwimize ahulli ku na ni lipuzo ze latellela. Ni ku rupa ku hupula li sinwi feela se ne li ezizwe ha li alaba lipuzo nozwi mwa tasi. Seo si ka lu tusa ku ziba butata ne ukeni ku bona. Mwa lika ze ne li ku utwimize lu butuku ki lifi ze ne ezizwe ku wena? Ne u kile</p> <p>likelezo ku mubuzi:Balela mubuziwa likelezo ku latelela ni likalabo lumelelana ni zona(batili, eni, dk, hana) potolosa nombolo ye lumelelana ni kalabo ye swanela</p> | No | Yes | DK | Refused |
| | A. Washiwa lubaka kapa natwa | | | | |
| | kamiwa | | | | |
| | Natiwa kappa lahakiwa | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | C. Tamiwa kappa tamiwa kwa meto | | | | |
| | D. Susizwe ka sillvaniso sifi kappa sifi | | | | |
| | E. Kunupile kappa tabilwe | | | | |
| | F. Timilwe liko , mezi kappa buloko | | | | |
| | G, Ikutwile ku sa ba hande kwa lilama | | | | |
| | H. Beilwe mwatolongo isi ka tatoya hao | | | | |
| | I, Ku sa ngiwa buleliswa inge musali | | | | |
| | Hapeleuzwe ku tubula liapalo | | | | |
| | J. Ku seciwa mwa lilama zamubili | | | | |
| | K. Tubetilwe u sa lati | | | | |
| | L. Swelwin kwa lilama za busali | | | | |
| | M. Natilwe kwa lilama za busali | | | | |
| | N. Hapelelizwe ka ku sabiswa ni silemano ku konyiwa mwa mulomo, nyo kappa munungu | | | | |
| | O. Konyisizewe ni sika mwa nyo kappa munungu | | | | |
| | P. Putelezwe ku konyiwa kuli u fiwe lico mezi, silelezo ya lubasi kappa ka mabaka a manwi_____ | | | | |
| | Q. Hapelelizwe ku baha yo munwi ha natiwa | | | | |
| | R, Hapelelizwe ku buha munwi ha konyiwa | | | | |
| | S. Se sinwi hape | | | | |
| | T. Ya ku ezize zeo ki mani? Patolosa kalabo | | | | |

| | | | |
|------------|--|---|--|
| 56. | | 1. Masole 2. Mutai wa sisole 3. Basilelezi ba hana 4. Mupokola kappa wa lipatisiso | |
|------------|--|---|--|

| | | | |
|-----|--|--|--|
| | | 5. Muzekisi kappa muatuli 6. Mubabaleli wa tolongo 7. naka wa milyani ya sikuwa 8. Tichele 9. Mwa linzwi la mulimuubeleki 10. Batusi ba batu 11. Ya yahile bukaufi/memba wa skaba 12. Ye u sa zibi 13. Yo munwi wa ba balehi 14. Wa lubasi 15. Yo munwi _____ 77 DK 88 Hana | |
| 57. | Kezo yeo I ezahezi lili? | Kweli ____ Silimo ____ 77. DK 88. Hana | |
| 58. | Ne u li kai kezo yeo hai ezahala? | 1. Mwa ndu ya hao 2. Kwa musebezi 3. ko kunwi mwa munzi wa hao 4. Ko kuni mwa naha ya hao 5. Ko ku sili (talusa)_____ 7. DK 8. Hana | |
| 59. | Kana ne u sika ezwa hande ki mutu a li munwi kappa sikwata sa batu? | 1. Mutu a li munwi 2. sikwata sa batu 7. DK 8. Hana | |
| 60. | Kana ya na ku eza cwalo na ku fumbela ku ku nbulaya ka nako ya kezo? | Batili Eni 7. DK 8. Hana | |

| | | | |
|------------|--|--|------------|
| 61. | Ni u li ni mani ka nako ya kezo (potolosa likalabo). | 1. muezwi na li a nosi..... 2. munna hae/mulatiwa 3. Banana 4. Musali yo munwi 5. Lubasi lo lunwi 6. Yo munwi u sili _____ 7. DK 8. Hana | Skip to 63 |
| 62. | Se ne si ezahezi ky mutu/batu be ne u inzi ni bona kini? | 1. Funbezwi ku bulaiwa 2. Natilwe 3. natilwe kwa mapunu 4. hapelelizwe ku buha 5. bulailwe 6. Punyhile 7. Se sinwi (talusa) _____ 77. Ha zibi potolosa likalabo 88. Hana | |
| 63. | Kini I ka libaka lifi ha ne li sika kupa tuso kwa likolofalo za hao? | 1. Did <u>not</u> seek treatment 2. Traditional Healer 3. Neighbor/Friend 4. Hospital 5. Health Center 6. Respondent's Family 7. Husband's Family 8. 9. Se sinwi _____ 77. DK 88. hana | Skip to 64 |
| 64. | Kini I ka libaka lifi ha ne u sika kupa tusa kwa likolofalo za hao? Potolosa likalabo kaufela. | 1. Na sika tokwa tuso ya kalafo 2. Na sa zibi kwa ka ya 3. Tuso ya likalafo ne I siyo bukaufi 4. Ne ku sina tuso/bunde bo ne bu ka fumanwa fa teni 5. Ne ku swabisa 6. Mubuziwa na saba ku ekeza fa mifilifili/bu banoki 7. Na sike a lumelwa kappa ku kolwa sa na | |

| | | | |
|-----|---|--|----------------------------|
| | | bulela 8. Mubuziwa na hupula kuli u ka nyaziwa 9. Na katisa libizo le li massive kwa libizo la lubasi lwa hae 10. Na ka tisa libizo le li maswe ku ba lubasi lwa munna hae 11. Na sina mali 12. Na sina nzi la/mota ya ku kwela 13. se sinwi _____ 77. DK 88 Hana | |
| 65. | Ne u kile wa bulelela yo munwi ku amana ni se ne si ezahezi ku wena? Haiba ku na ni ye ne u bulelezi (ku zwise kwa teni batu be ne ba ku bona nako ya kezahalo) ne u bulelezi mani? (potolosa likalabo) | 1. NA sika bulelela mutu..... 2. Munna hae/mulatiwa 3. Wa mwa lubasi kono wa munna 4. Wa mwa lubasi kono wa musali 5. Mulikani 6. Naka wa sikuwa 7. Mubeleki ye si wa muso 8. Yo munni wa ba UN 9. Muokola kappa wa kuta ya sizo 10. Wa linzwi la mulimu 11. Sikwata sa basali 12. Yo munni feela _____ 77. DK 88. Hana | <i>Skip to question 68</i> |

| | | | |
|-----|--|---|--|
| 66. | Muti kappa batu be ne u bulelezi ne ba ezize cwani ha ba utwa? (potolosa likalabo) | 1. Ne bani tunkile maikuto 2. Ne ba sa bilaeli , ba tokwa pulelo 3. Ne bangile bupaki kono ha ku na se ne si ezahezi 4. Ne ba ombaombile 5. Ne na ni lumezi ku mubeleki wa makete/sipatelanyana 6. Ne ba ni lumezi ku ba si ba muso (NGO) 7. Ne ba ni lumezi ku ba liswanelo 8. Ne ba ni lumezi ku ba linzwi la mulimu | |
|-----|--|---|--|

| | | | |
|-----|--|---|--|
| | | <p>9. Ne ba ni lumezi kuba sikwata sa basali</p> <p>10. Ko kunwi _____</p> <p>77. DK</p> <p>88. Hana</p> | |
| 67. | Ku be ne bulelezi ka za kezahalo ya na ku tusi (potolosa likalabo0ze ni ku fita ki mani? | <p>1. 1. NA sika bulela mutu.....</p> <p>2. Munna hae/mulatiwa</p> <p>3. Wa mwa lubasi kono wa munna</p> <p>4. Wa mwa lubasi kono wa musali</p> <p>5. Mulikani</p> <p>6. Naka wa sikuwa</p> <p>7. Mubeleki ye si wa muso</p> <p>8. Yo munnwi wa ba UN</p> <p>9. Muokola kappa wa kuta ya sizo</p> <p>10. Wa linzwi la mulimu</p> <p>11. Sikwata sa basali</p> <p>12. Yo munnwi feela</p> <p>_____</p> <p>77. DK</p> <p>88. Refuse</p> | |
| 68. | Llelela mutu ki lifiibaka la hao le li tuna ha ne u sika bu | <p>1. Ikutwa maswabi</p> <p>2. Saba ku tunkiwa maikuto</p> <p>3. Saba ku haniwa ki lubasi/balikani</p> <p>4. Ku sa sepa mutu</p> <p>5. Hupula kuli ha ku na se si ka ezwa</p> <p>6. Le linwi _____</p> <p>7. DK</p> <p>8. Hana</p> | |

Kalulonyana 5: Ngiwa ka kuntu/hapelezwa ku kwalelwa mwa muyaho

| | | | |
|-----|---|---|---|
| 69. | Ne se u kile wa u kile wa kwalelewa mwa muyaho ka kani (swelwi ki mutu isi kani(swelwi ki mutu isi ka tato ya hao) haiba ki cwalo, ku ha kai? | <p>_____ times (nola “00” haiba ha kuna ya na ku ngile/kwalela ka kunutu</p> <p>77. DK</p> <p>88. Hana</p> | <i>Haiba mubuiziwa na sika ezwa zeo, tulela kwa ka kalulo nyana V</i> |
| 70. | Kezo yeo I ezahalezi kai?(potlosa likalabo) . | <p>1. Hae (naha ya henu)</p> <p>2. Mwa ndu ya hao</p> <p>3. kokunwi mwa munzi wa henu</p> <p>4. kokunwi mnuwa naha ya henu</p> <p>5. Ha ne u zwa naha ya henu ku ya ku yenwi</p> <p>6. ha ne u tilo ina mwa Botswana</p> <p>7. Mo kuni</p> <p>8 DK</p> <p>9. Hana</p> | |
| 71. | Ya na ku kwalezi mani? (potolosa likalabo). | <p>32. _____</p> <p>80. DK</p> <p>88.</p> | |
| 72. | Ne u sweli nako ye kuma kai | <p>_____ Mazazi</p> <p>_____ Liviki</p> <p>_____ Likweli</p> <p>_____ Lilimo</p> <p>80. DK</p> <p>88. Hana</p> | |
| 73. | Nako ye ne u swelwi ne u timilwe lituso za | 1.Sika tokwa pabalelo ya makete | |

| | | | |
|-----|---|---|--|
| | likalabo/pabalelo, ze cwale ka liziba za ku tina ha u inzi fa fasi kappa yenwi pabalelo ye amana ni lupepo? | 2. Fumani pabalelo ya makete tulusa _____ 3. Timilwe pabalelo ya makete talusa _____ 8. DK 9. Hana | |
| 74. | Nako ye ne u swelwi, ne u natilwe ni ku holofazwa fa mubili? Haiba ku cwalo ne u natilwe ni ku kholofazwa ha kai? | _____ Natilwe ha (00)haiba ha u bsika natwa niku holofazwa 77.DK 88.Hana | |
| 75. | Nako ye ne u ewelwi, ne u holofalizwe kwa busali? Haiba ku cwalo ha kai? | _____ _____ 77 88. | |
| 76. | Wi, haiba ku cwalo Ne u kile wa itwala nako ye ne swelwi, haiba ku cwalo , ku kile kwa ezahalani kwa mulwalo? | 1.Sika itwala 2. Mulwalo ne u fololize 3.Pepile likweli li sika sika kwanelela kale 4. Pepile mwana ya 5.Pepile mwana ya ikwanezi/kondile 6.Mulwalo ne u sinyehile 7.other _____ 77.DK 88. Refuse | |

Buima sikala bo bu se si amana ni maino-maswe a basali(WR SRS)

Likelzo za mubuziwa(bala): *mwa kalulo ye ngambolo ya luna ni ka ku buza ze amana ni maikuto a hao ku amana ni likweli ze talu(3) ze felile. U ipe nako ya ku alaba lipuzo zeo. Likalabo za hao li ka fa fapano ku amana nimo lu utwiseza mano a makete a basali ni mo lu ka zwiseza pili maino a maketea basali nimo lu ka zwiseza pili maino a makete Ao.*

- *Ka mulatiwa wa pili mwa maemo, ni talusa , mulatiwa ti mulatiwa wa pili mwa maemo, ki yo tota wa musali, I kana ya ba nyazi ya niti kappa munna hao.*
- *Ye si mulao tiwa wa pili mwa meamo ki yo musali a lobala ni yena ka siwela. Kappa munna ya lobezi ni yena busihu bu li bunwi feela.*

- Lipuzo za kuli mulatiwa wa hao na sebelisize makondomu/masokisi ha kai. I ka buzwa. Ka kondomu ni talusa ya sinna kappa ya sisali.(masokisi). (bonisa mubuziwa mifuta kaufela ya makondomu/masokisi)
- Haiba ne bile ni balatiwa ba pili mwa maemo, ba ba fitelela a li munwi mwa likweli ze talu(3) ze felile, li hupu;le hande ka a li munnwi ye ne u bile wa butokwa ku wena. Haiba ne u bile ni mulatwa wa pili mwa maemo mwa likweli ze talu(3) ze felile kono ha mu sa li yo hamoho, u hupulisize mo ne li ineni lika. Ha ku na kalabo ye” lukile” kappa ye’ fosahezi”

Likalezo ku mubuzi: potolosa muhupulo o zamaelela ni kalabo ya mubuziwa

Kalulonyana A

(Balela Mubhziwa) Kalulonya ye I buza ku amana ni mulatiwa wa hao wa pili ka maemo, kikuli yena tota nyazi ya hao , munna hao, kappa ya ku beelize, mwa likweli ze talu(3) ze felile.

77. Mwa likweli ze talu(3) ze felile, ne u kile wa ba ni mulatiwa wa pili mwa maemo?

Eni
Batile
(Haiba hakuna
tulela kwa
kalulonyana B)

78. Mwa likweli ze talli(3) ze felile, kana mulatiwa wa hao wa pili mwa meamo, ne li yena nyazi ya niti ya hao, munna hao kappa ya ku beelize?

Nyazi ya niti
Munna hao
Ya ku beelize

79. Mwa likweli ze talu(3) ze felile, u kile wa ba ni balatiwa ba ba kai pili mwa maemo?

Alimunwi
Ba babeli
Ba balalu
Ba bane kappa ku fita/fitelela

80. Mwa likweli ze talu (3) ze felile, u kile wa konyiwa mwa nyo ki yena mulatiwa wa hao yo wa pili mwa maemo?

Eni
Batili

(Haiba ki batili , tulela kwa puzo 82)

81. Mwa likweli ze talu (3) ze felile, u kile wa konyiwa ha kai mwa nyo ki yena mulatiwa wa hao wa pili mwa maemo?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

82. Mwa likweli ze talu (3) ze felile, ne u kile wa konyiwa mwa mulomo (ku talusa ku bae nemba mwa mulomo) ki yena mulatiwa wa hao wa pili mwa maemo?

Eni
Batili
(Haiba ki batili, tulela kwa puzo 85)

83. Mwa likweli ze talu (3) ze felile, u kile wa konye zwa mwa mulomo hakai ki yena mulatiwa wa hao wa pili mwa maemo?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

84. Mwa likweli ze talu (3) ze felile, mwa linako kaufela ze ne u kile wa konyiwa mwa mulomo ki yena mulatiwa wa hao wa pili mwa maemo , na kile a belekisa kondomu ha kai?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

85. Mwa likweli ze talu (3) ze felile, ne u kile wa konyiwa mwa munungu (ku nemba mwa munungu kappa hala maloho) ki yena mulatiwa wa hao wa pili mwa maemo?

Hanwi

Habeli
Halalu
Hane ni ku fita/fitelela

(Haiba ki batili, tulela kwa puzo 88)

86. Mwa likweli ze tali (3) ze felile , nako kaufela wena ni mulatiwa wa hao pili nwa maemo, ha ne mu itobalela mwa munungu, na mu sebelisize kondomu ha kai?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

87. Mwa likweli ze talu (3) ze felile, nako kaufela wena ni mulatiwa wa hao wa pili mwa maemo, ha ne mu itobalela mwa munungu , na mu sebeliseze kondomu ha kai?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

88. Yena mulatiwa wa hao wa pili mwa maemo yena yo, ki ha kai a ba ni nako ya ku lobala ni basali ba banwi , mwa l ukweli ze talu ze felile?

Ha kuna
Ha nizibi
Kwa konahala
Ka maaniti ku ezahezi

89. Yena mulatiwa wa hao wa pili mwa maemo yena yo, ki ha kai a ba ni nako ya ku lobala ni basali ba banwi , mwa l ukweli ze talu ze felile?

Ha kuna
Ha nizibi
Kwa konahala
Ka maaniti ku ezahezi

90. Yena mulatiwa wa hao wa pili mwa maemo yena yo, ki ha kai a ba ni nako ya ku sebelisa matokwani/milyani ye hanisizwe kappa macwala a buhali, mwa l ukweli ze talu ze felile?

Ha kuna
Ha nizibi
Kwa konahala
Ka maaniti ku ezahezi

Kalulonyana B

Likelezo ku mubuziwa: Kalulonyana ye I bulela ka ye si mulatiwa wa hao wa pili mwa maemo, ye u boni kappa bona ka siwela , ye ne u boni busihi bulibunwi feela mi ha u sika mu bona hape mwa likweli ze talu (3) ze felile. Haiba ne u bile ni besi balatiwa ba hao ba pili mwa maemo, ya na kappa ya sa li wa butokwa ku wena. Haiba ha mu sa li yo hamoho, u hupile ka mo lika ne li inezi ha ne mu sa li hamoho hakuna kalabo ye “lukile” kappa ye fosahezi”.

- 91.** Mwa likweli ze talu (3) ze felile, ne u na ni ye si mulatiwa wa hao wa pili mwa maemo?
Eni
Batile
(Haiba hakuna
tulela kwa
kalulonyana B)
- 92.** Mwa likweli ze talu (3) felile, ye nesi mulatiwa wa hao wa pili mwa maemo
Ye u boni ka siwela
Ye u boni busihu buli bunwi feela

93. Mwa likweli ze talu (3) ze felile, u kile wa ba ni besi balatiwa ba hao ba pili mwa maemo ba ba

kai?

Alimunwi
Ba babeli
Ba balalu
Ba bane kappa ku fita/fitelela

94. Mwa likweli ze talu(3) ze felile, u kile wa ba ni balatiwa ba ba kai pili mwa maemo?

Eni
Batili

95. Mwa likweli ze talu (3) ze felile, u kile wa konyiwa ha kai mwa nyo ki yena mulatiwa wa hao wa pili mwa maemo?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

98. Mwa likweli ze talu (3) ze felile, mwa linako kaufela ze ne u konyizwe mwa nyo, ki yena ye si mulatiwa wa hao wa pili mwa maemo, ne mu belekisize kondomu ha kai?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

97. Mwa likweli ze talu (3) ze felile, ne u na ni ye si mulatiwa wa hao wa pili mwa maemo.?

Eni
Batile

(Haiba hakuna
tulela kwa
kalulonyana B)

98. Mwa likweli ze talu (3) ze felile ,ki ha kai ing u konyiwa mwa nmulomo ki yena yesi mulatiwa wa hao wa pili mwa maemo?

Hanwi
Habeli
Halalu
Hane ni ku fita/fitelela

99.

Mwa likweli ze talu (3) ze felile ,ki ha kai ing u konyiwa mwa nmulomo ki yena yesi mulatiwa wa hao wa pili mwa maemo?

(Hanwi

Habeli

Halalu

Hane ni ku fita/fitelela

100. Mwa likweli ze talu (3) ze felile, u kile wa wa konyezwa mwa munungu ki ye si mulatiwa wa hao wa pili mwa maemo?

**(Haiba ku batili, tulela kwa
puzo 103)**

101. Mwa likweli ze talu (3) ze felile, ki ha kai inge u konyezwa mwa munungu ki ye si mulatiwa wa hao wa pili mwa maemo?

Hanwi

Habeli

Halalu

Hane ni ku fita/fitelela

102. Mwa likweli ze talu (3) ze felile, mwa linako kaufela ze ne u konyizwe mwa munungu, ki ha kai inge ku belekiswa kondomu, ki yesi mulatiwa wa hao wa pili mwa maemo?

(Hanwi

Habeli

Halalu

Hane ni ku fita/fitelela

103. Yena yesi mulatiwa wa hao pili mwa maemo, ki ha kai inge aba ni nako ya ku konya basali ba banwi , mwa likweli ze talu(3) ze felile?

104. Yena yesi mulatiwa wa hao wa pili mwa maemo, ki ha kai inge aba ni nako ya ku konya banna ka yena, mwa likweli ze talu (3) ze felile?

Ha kuna
Ha nizibi
Kwa konahala
Ka maaniti ku ezahezi

- 105.** Yena yesi mulatiwa wa hao wa pili mwa maemo, ki ha kai inge a ba ni nako ya ku sebelisa matokwani/milyani ye hanisizwe kappa macwala a buhali, mwa likweli ze talu (3) ze felile?

Kalulo V1: Pampili ya lipuzo ze kwalu hile

Ku ziwa fa, se ni ka ku buza ze nyinyani ku amana ni mo I ku wena mwa bupilo bwa hao, ku amana ni mo I kutwela sihulu ku amana ni SGBU, ni ku amana ni silikani sa mwa likubo kappa siluhani sa lilato. Ha ku na kalabo ye lukile kappa ye fosahezi.

- 106.** *Ha u hupula kini se si eza kuli basali ba ba balehi ba zibanefite fa bupilo bwa? Ka SGBU ni talusa ku tunkiwa maikuto a sisali, ku kopana ni mutu isi ka tato, ku hapelezwa ku kopana ni mutu u sa lati, ku hapelezwa ku eza bubuki ka tifo.(u kale ka:pili, mwa hala nako ya,ka samulaho a ku saba)*

[illegible]

- 107.** Ha u hupula kwa mulaho mwa bupilo bwa hao, kini se u hupula se si tisize kuli u ekeze kappa u fukuze ku tabela bupilo/lituto za SGBV?

108. [U buze feela haiba palo balatiwa ba fitelela a li munwi] kini/ki mani ya ku susuelize kuli u be ni muhupulo wa kuli u kopane, kappa ku ba ni silikani sa ku kopanela likubo ni mutu? (u kale ka: pili , mwa hala nako ya, ka saulaho).

109a. U eza cwani kuli u I sileleze kwa matuku (siki) a kona ku hasanyiwa ki ku lobala ni mutu?

110b. Kini kappa ki mani ya ku susuelize kuli u I ketele nzila ya ku eza cwalo kappa u sike wa eza lika zeo? -----

111. kini se u hupula kuli ki yona nzila ye lukile kwa basali ba babalehi ya ku I kambusa kwa matuku (siki) a kona ku yambukela nako yeo batu ba ba ni kezo?

112. Kini se si kona ku ezwa ku sileleza bu bangoki bwa ku kopanela likubo? (u kale ka: piu, mwa hala nako ya , ka samulaho)

113. *Lufitile kwa mafelelezo angambolo. Ku na ni seu bat ku bulela, kappa ku na ni se u bata ku ekeza?*

g

Pooto ya mubuzi

Lazazi/Kweli/Silimo

Mubuzi

Mafelelezo

Interviewer Visit

| | Visit 1 | Visit 2 | Visit 3 |
|-------------|---------|---------|---------|
| Date | | | |
| Interviewer | | | |
| Result | | | |

Ku feleleza cwana: Felize mbu 1: likalabo ne li si yo 2: Hanile 3: Ze nwi ne li si ka alabiwa 4: Zenwi5:

Mubuzi: Zibahala ka [____|____] Libizo _____

Lizazi la ngambolo: __________

Landuluzwi Ki Yo Muhulu: Sisano _____ Zazi _____

Appendix B: Botswana Research Permit



OP 46/1 CVIV (93)

August 28, 2003.

Mr. Johannes John-Langba School of
Social Work University of Pittsburgh
6001 Saint Marie Street, # 101
Pittsburgh, PA 15206 U.S.A.

Dear Sir,

Your application for a permit refers: **Research Permit: Johannes John-Langba**

We are pleased to inform you that you have been granted permission to conduct a study entitled "The relationship of Sexual and Gender-based Violence to Sexual-risk Behaviour among refugees in Botswana: The Mediating Role of Depression". The research will be carried out at Dukwi.

The permit is valid for a period not exceeding six (6) months effective August 28, 2003.

The permit is granted subject to the following conditions:

1. Copies of any report/papers written as a result of the study are directly deposited with the Office of the President, Ministry of Health, Health Research Unit, Dukwi Refugee Camp, National Archives, National Library Service, Research & Development Office, National Conservation Strategy Agency and University of Botswana Library.
2. You also deposit one electronic copy to the Ministry of Health and the Health Research Unit.

3. Any revisions to the approved application should be resubmitted to the Health Research Unit, Ministry of Health.
4. Immediately after the pretest, you submit the revised questionnaire to the Health Research Unit.
5. If any ethical violations are noted in the revised tool, this permit will be automatically withdrawn.
6. You comply with all terms that may be set by the authorities at Dukwi Camp.
7. The permit does not give authority to enter any premises, private establishment or protected area. Permission for such entry should be negotiated with those concerned.
8. You conduct the study according to the particulars furnished in the revised approved application taking into account the concerns of the Health Research Unit as communicated to you and the above conditions.
9. Failure to comply with any of the above-stipulated conditions will result in the immediate cancellation of the permit.



G. MOSWELL

for/ PERMANENT SECRETARY TO THE PRESIDENT

cc:

- Permanent Secretary, Ministry of Health
- Clerk of the National Assembly
- Head, Health Research Unit .
- Settlement Commandant, Dukwi Refugee Camp
- Executive Secretary, National Conservation Strategy Agency
- Director, National Archives
- Director, National Library Service
- Director, Research & Development Office
- Librarian, University of Botswana Library
- District Commissioner/Council Secretary
- Central District
- Land Board Secretary, Ngwato Land Board

Appendix C: UNHCR Permission Letter



United Nations High Commissioner for Refugees

Haut Commissariat des Nations Unies pour les réfugiés

UNHCR

Liaison Office Botswana

P.O. Box 288

Tel.: 2673952121

Gaborone, Botswana

Fax: 2673170996

Email: botga@unhcr.ch

09 September 2003

Notre/Our code: 03/BOT/HCR/GA/0093

To Whom it May Concern

Re: Research at Dukwi Refugee Camp: Mr. Johannes John-Langba

I wish to inform you that Mr. Johannes John-Langba, a Doctoral student from the University of Pittsburgh, USA has been granted permission by the Office of the President of Botswana (see attached letter) to conduct a research at the Camp entitled: "The relationship of Sexual and Gender-based Violence (SGBV) to Sexual-Risk Behaviours among refugees in Botswana".

During the investigation, Mr. John-Langba will be interviewing refugee women on their health and life experiences. Please provide him with any assistance in this regard.

*Thank you very much for your usual co-operation
Yours sincerely*

*Benny B. Otim
Chief of Mission*

Appendix D: University of Pittsburgh's IRB Approvals

University of Pittsburgh

Institutional Review Board

Exempt and Expedited Reviews
Christopher M. Ryan, Ph.D., Vice Chair

Multiple Project Assurance: M-1259

3500 Fifth Avenue
Suite 105
Pittsburgh, PA 15213
Phone: 412.578.3424
Fax: 412.578.8566
e-mail: irbexempt@msx.upmc.edu

TO: Johannes John-Langba

FROM: Christopher M. Ryan, Ph.D., Vice Chair

DATE: 9/3/2003

PROTOCOL: The relationship of Sexual and Gender-based Violence (SGBV) to Sexual-Risk Behaviors Among Refugee Women in Botswana

IRB Number: 0308044

The above-referenced protocol has been reviewed by the University of Pittsburgh Institutional Review Board. Based on the information provided in the IRB protocol, this project meets all the necessary criteria for an exemption, and is hereby designated as "exempt" under section 45 CFR 46.101(b)(2).

The regulations of the University of Pittsburgh IRB require that exempt protocols be rereviewed every three years. If you wish to continue the research after that time, a new application must be submitted.

- If any modifications are made to this project, please submit an 'exempt modification' form to the IRB.
- Please advise the IRB when your project has been completed so that it may be officially terminated in the IRB database.
- This research study may be audited by the University of Pittsburgh Research Conduct and Compliance Office.

Approval Date: 09/03/2003

Renewal Date: 09/03/2006

CR/ky



University of Pittsburgh
Institutional Review Board

3500 Fifth Avenue

suite 105

Pittsburgh, PA 15213

TO: Johannes John-Langba

FROM: Christopher M. Ryan, Ph.D., Vice Chair

DATE: 10/23/2003

PROTOCOL: The Relationship of Sexual and Gender-Based Violence (SGBV) to Sexual-Risk Behaviors Among Refugee Women in Botswana

IRB Number: 0308044

The Institutional Review Board reviewed the recent modifications to your protocol and find them acceptable for expedited review. These changes, noted in your submission of 10/13/2003, are approved.

- Please advise the IRB when your project has been completed so that it may be officially terminated in the IRB database.
- This research study may be audited by the University of Pittsburgh Research Conduct and Compliance Office.

Approval Date: 10/20/2003

CR/ky

Appendix E: Learned Helplessness Scale Authorization

Frances Ward, Ph.D., RN
417 South Ridgewood Road
South Orange, New Jersey
07079 (USA)

Mary Anne Nelson McDermott, Ph.D. R.N.,
77 Storehouse Road
Glen Ridge, New Jersey 07028

Dear Colleague: Johannes John-Langba:

Thank you for your interest in the Learned Helplessness Scale (LHS) for use in your research. We agree to your review and possible use of this tool based upon the following conditions'.

1. Complete, sign and return the enclosed two copies *of* the Conditions of Agreement form.

2. Within six (6) months of completing your research (whether published or unpublished), return the following information to Dr. McDermott.

- 2.1 Purpose of your study;
- 2.2 Instruments (titles and authors only) used in your study;
- 2.3 Description of the Sample, including size and characteristics (i.e., gender, age, health status, where sample was obtained), and type (e.g., random, convenience, etc.);
- 2.4 Descriptive and inferential statistical findings *of* your study (including graphs and/or tables *if* available);
- 2.5 Recommendations (related to your study).

3. *if* a decision is made to not use the LHS in this study, you will notify Dr. McDermott, in writing, within nine months of your initial receipt of the LHS.

4. That acceptance of these conditions is acknowledgment that the LHS is copyrighted in the United States and that use *of* the LHS (whether in the United

States or other country) is restricted to the study named on the *Conditions of Agreement* form. In addition, users of the LHS, agree to abide by the following'.

5. The conditions required for use of the LHS have been developed in order to address ongoing issues of reliability and validity. *If* these conditions are agreeable to you, please send the attached Agreement *forms* and a stamped, self-addressed envelope and \$L00 for handling to Dr. McDermott The LIIS will be sent to you by return mail.

Please note, if you have not already done so, you my want to read'

Quinless, F. W. & McDermott Nelson, MA. (1988). *Development of a measure of learned helplessness. Nursing Research.37 (1),_11-15.*

McDermott, MAW. (1993). *Learned helplessness as an interacting variable with self-care agency: Testing a theoretical model. Nursing Science Quarterly 6(1),_28-38,* may also be helpful for reliability and validity data.

We wish you much success in your *research* and again, thank you for your interest in the LHS.

Sincerely, t

Franc" Ward (Quinless) Ph.D., R.N.
McDermott Ph D., R.N.

Mary Anne Nelson

Appendix F: SGBV Gold Standard Questionnaire Authorization

August 7, 2003

To: Johannes John-Langba, MSW
MPH/PhD Candidate
School of Social Work
2101 Cathedral of Learning
University of Pittsburgh
Pittsburgh, PA 15260

From: Jeanne Ward, MSW, International Rescue Committee (New York City, USA)
Michelle Hynes, MPH, CDC (Atlanta, USA)
Mary P. Koss, PhD, Mel and Enid Zuckerman Arizona College of Public Health,
University of Arizona (Tucson, USA)

Re: Permission to use the SGBV Gold Standard Questionnaire

We the authors of the SGBV Gold Standard Questionnaire hereby authorize ***Johannes John-Langba*** to use all/part of the questionnaire for the dissertation research study on the condition that the authors are appropriately acknowledged.

We would appreciate your comments and/or suggestions about the questionnaire on completion of your research. If you have any questions during your research, please feel free to contact any of us.

Good luck with your research and keep in touch

Sincerely,

Jeanne Ward; Michelle Hynes; and Mary Koss

