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**EFFECT OF WOMEN ECONOMIC EMPOWERMENT ON GENDER BASED
VIOLENCE IN SOMALIA**

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HUMAN DEVELOPMENT) OF KENYATTA UNIVERSITY

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DECLARATION

This research project is my original work and has not been presented for an academic award in any University.

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DEDICATION

To

Carlo and Ivano, my family, for their continuous support.

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ABBREVIATIONS AND ACRONYMS

ARC	American Refugee Committee
CEDAW	Convention on the Elimination of Discrimination Against Women
CISP	International Committee for the Development of Peoples
COVAW	Cost of Violence against Women
CHF	Common Development Fund
DHS	Demographic Health Survey
EE	Economic Empowerment
FGM	Female Genital Mutilation
FGD	Focus Group Discussion
GBV	Gender Based Violence
GDP	Gross Domestic Product
HDR	Human Development Report
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Steering Committee
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
INTERSOS	International SOS
IPV	Intimate Partner Violence
IRC	International Rescue Committee
MDGs	Millennium Development Goals

NGO	Non-government Organization
SADC PF	Southern Africa Development Community – Parliamentary Forum
TFG	Transitional Federal Government
UN	United Nations
UNSCR	United Nation Security Council Resolution
WHO	World Health Organization
WEE	Women Economic Empowerment

OPERATIONAL DEFINITION OF TERMS

Economic Impact	Effects of gender based violence that are related to the ability of a survivor to conduct an economic activity, earn a living and have decent living standards.
Gender Based Violence	Any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females.
Health Consequences	The results of gender based violence on a survivor's health status. These include physical, psychological and emotional consequences.
Sexual Violence	An act, attempt to obtain a sexual act, unwanted sexual comments or advances, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the survivor of violence, in any setting, including but not limited to home and work
Social Consequences	Those issues which come as a result of gender violence and affects the relationship between the survivor and the other members of the society

Survivor

A person who has experienced gender-based violence.

Women Economic Empowerment

Is a concept combining empowerment and economic achievement. This concept focuses on factors helping women advance economically as a process that empowers them from a social and political point of view.

ABSTRACT

Gender Based Violence is a global public health and economic problem that affects both women and men. Approximately 35.6 per cent of women globally are reported to suffer from some forms of gender based violence. This entails considerable costs for national economies of both industrialized and developing countries. Often, Gender Based Violence is a reflection of gender inequality and women subordination in most societies. In Somalia Gender Based Violence is a widespread problem and the country's Inequality Index stands at 0.776 placing Somalia at the fourth highest position globally in terms of gender inequality. During the month of September 2012 alone, United Nations partners registered 277 cases of sexual violence in Mogadishu, 237 of which were rapes. The growing recognition of the gender based violence problem in Somalia by the Federal Government, donors and civil society has led to the adoption of a range of responses to address the complex dynamics that characterize it. Various non-governmental organizations have adopted multi-sectoral protection programmes targeting gender based violence survivors. Women economic empowerment is recognized in these programmes as a crucial issue that can help women beneficiaries to lift up and escape from the risk of gender based violence. The aim of this study was to analyze the effect that women economic empowerment has on gender based violence in Somalia. The Methodology adopted in the study was qualitative analysis through a case study approach. The study was conducted in the Banadir Region, Wadajir District in the capital city of Mogadishu, South Central Somalia. Primary and secondary data were collected from women beneficiaries of the programme "Promoting rights protecting women, Prevention of and Response to Gender Based Violence against women and girls in Mogadishu", implemented by the NGO CISP in South Central Somalia. The data collection techniques used included in depth interviews, focus group discussions and key informant interviews. The sampling procedure was that of purposive sampling whereby 22 women beneficiaries of the economic empowerment component of the multi-sectoral protection programme were interviewed. The variables studied included women economic empowerment, education, age, number of children and marital status. The data were examined through a descriptive analysis using correlations and cross tabulation. The study found that women economic empowerment has a positive impact on gender based violence survivors and it has the potential to decrease the risk for further abuse. However, in order for women economic empowerment to have a long term effect on gender based violence other factors that influence gender based violence in Somalia need to be tackled simultaneously. Furthermore, the study suggests that longer term multi-sectoral protection programmes that foresee more women economic empowerment components need to be considered in order to have a long lasting impact on gender based violence survivors in Somalia.

CHAPTER ONE

INTRODUCTION

1.1 Background

Gender Based Violence (GBV) is “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females” (Inter Agency Standing Committee, 2010:7). It is violence against a person on the basis of gender and it encompasses a wide range of human rights violations protected by international instruments and conventions. Forms of GBV vary according to countries and cultures but the most common forms include sexual assault, sexual violence, sexual exploitation and/or abuse, denial of opportunities, trafficking, female genital mutilation (FGM) and domestic violence (IASC, 2010). While some types of GBV can also apply to males, GBV is most often used to intend violence against women and girls given their increased vulnerability and subordinate status in most societies (IASC, 2010).

Gender Based Violence is identified by the United Nations (UN) Women (2013) to be a significant risk factor for poor health, impacting on individuals’ physical, sexual and psychological health as well as on their social and economic well-being. The effects of GBV are particularly numerous and severe in conflict and post-conflict countries, such as in Somalia, where women experience gender-targeted violence and other human rights abuses, as part of military campaigns and as a result of the breakdown of community norms which accompany armed conflicts (United Nations Office for the

Coordination of Humanitarian Affairs, 2013). In an emergency context, as in Somalia, human rights violations may become extreme due to the increased insecurity, weak rule of law, lack of humanitarian access, and frequent natural hazards (UNOCHA, 2013). In this situation, according to UNOCHA (2013), the risk of sexual violence among the vulnerable communities such as the Internally Displaced Persons (IDPs) and the minorities becomes extreme.

Gender based violence reflects and reinforces inequalities between men and women in a society. Gender equality and women empowerment have been identified to be key factors in preventing and responding to GBV and recognized in the Millennium Development Goals (MDGs) framework (UN Women, 2013). Goal 3 of the MDGs specifically aims to promote gender equality and women empowerment (UN Women, 2013). Indicators to assess progress towards achieving Goal 3 of the MDGs include the share of women in wage employment in the non-agricultural sector and the proportion of seats held by women in national parliament (UN Women, 2013). Target 3A of MDG 3 also seeks to eliminate gender disparity in primary and secondary education. This is in recognition of the link between education and self-determination, improved health, social and economic status as well as positive health outcomes for the mother and the child (United Nations Women, 2013).

Several assessments on the performance of MDGs have been undertaken. With regard to Goal 3, the UN Women (2013) reports that gender parity in schooling worldwide is close to being achieved at the primary level. However, only 2 out of 130 countries have achieved this target at all levels of education. Globally, 40 out of 100 wage-earning jobs

in the non-agricultural sector are held by women (UN Women 2013). This means that there is still inequality in access to employment between men and women. With regard to parliamentary seats, the UN Women (2013) reports that at the pace witnessed since 2000, it will take nearly 40 years to reach the parity zone in parliaments for women.

Addressing GBV is recognized to be a central issue for achieving the MDG 3 targets (UN Women, 2013). In the growing debate on what should follow the MDGs, GBV has been indicated by various stakeholders as a concern that should be kept at the forefront of the debate (Irish Consortium on GBV, 2013).

Gender Based Violence is a global public health and economic problem that affects both women and men. However, most authors (Mejia *et al.*, 2014; Mwereru, 2012; Kabeer, 2001) agree that women are more vulnerable to GBV given their subordinate status in most societies. Also statistics tend to suggest that women bear the greatest brunt of GBV. Approximately 35.6 per cent, or one third, of women globally are reported to suffer from some forms of GBV (WHO, 2013). An analysis undertaken by the World Health Organization in collaboration with the London School of Hygiene and Tropical Medicine in 2013 reveal that lifetime prevalence of physical and/or sexual intimate partner and non partner violence on women stands at 45.6 per cent in Africa, 40.2 per cent in South East Asia, 36.6 per cent in the Eastern Mediterranean countries, 36.1 per cent in the Americas and 32.7 percent in high income countries (WHO, 2013).

Incidences of intimate partner violence (IPV) account for between 40 and 70 per cent of female murder in Australia, Canada, Israel, South Africa and the United States (UN Women, 2013). The UN Women organization (2013) also reports that approximately 140 million girls and women in the world have suffered from FGM.

Gender based violence is a pervasive problem throughout Africa (UN Habitat, 2004). It is a fundamental violation of women's rights, which has devastating consequences for women and men, their families and the broader community (UN Habitat, 2004). According to the Southern Africa Development Community (SADC) – Parliamentary Forum (PF), South Africa is the hardest hit country in the SADC region with regard to the escalation of GBV (SADC-PF, 2011). According to an Interpol study in 2008 (as cited in SADC-PF, 2011), a South African woman was raped every 17 seconds and it was estimated that one in every two women would be raped during her lifetime. In Namibia, 41 per cent of women suffer some form of GBV and married women are more likely to suffer from physical violence than single women (SADC-PF, 2011). Violence against women is often perceived as acceptable for more than one-third (35%) of Namibian men who declare that wife-beating is justifiable due to socio-cultural as well as other reasons (SADC PF, 2011). In Zimbabwe, at least one in every four women has been beaten by an intimate partner and one in five has been threatened with physical violence (SADC PF, 2011).

In the Democratic Republic of Congo, sexual violence is used as a weapon of war in the context of the armed conflict characterizing the country (SADC PF, 2011). Rape is strategically used in the country to inflict shame, suffering and humiliation, and as a means to control women's sexuality and their productive and reproductive roles (SADC PF, 2011). Documented statistics reveal that about 1,100 cases of sexual violence are reported each month (SADC-PF, 2011). These reported cases translate to an average of 36 victims a day (SADC PF, 2011). The most affected population is made of girls aged

between 10 and 17, although 10 per cent of the victims are less than 10 years old (SADC-PF, 2011).

Sexual violence is the fastest growing crime regionally and globally, and it is the less likely to be reported and result in a conviction. In South Africa, for example, less than 1 per cent of rapes end in a successful prosecution (SADC-PF 2011). Violence against women is not a new phenomenon, nor are its consequences. What is new is perhaps the rising recognition that acts of violence against women are not isolated events but rather form a pattern of behaviour that violates women's rights, limits their participation in society, and damages their health and well-being (WHO, 2013).

Gender Based Violence is not only a violation of women's basic human rights, but also an economic issue. There are a number of studies in both industrialized and developing countries that describe the macro level costs of providing services for those experiencing GBV (Kaniz, 2011). Kaniz (2011) argue, for example, that GBV leads to lower productivity, absenteeism from the workplace and consequent lower earnings by the survivors of violence. According to Kaniz (2011), each dollar in lost earnings will lead in turn to a further decline in Gross Domestic Product (GDP) for the country concerned through the multiplier effects.

The Irish Joint Consortium on Gender Based Violence (2013) reports that in 1993 the Colombian national government spent approximately 184 billion pesos (US \$73.7 million) to prevent, detect and offer services to survivors of intimate partner violence. The country's expenditure on GBV amounted to approximately 0.6 per cent of the total national budget in 1993. In Uganda, the annual cost of responding to IPV was \$2.5

million in 2010 (SADC-PF, 2011). This included the costs of health sector and local councils. In South Africa, the national costs of scaling up post rape, including the provision of post-exposure Human Immunodeficiency Virus (HIV) prophylaxis amounted to about \$15.5 million in 2010 (SADC PF, 2011). A study by Kaniz (2011) in Bangladesh revealed also that the total cost of domestic violence in Bangladesh in 2010 was over 143 billion Taka (US \$ 1.8 billion). This amounted to 2.05 per cent of the country's GDP or the equivalent of 12.65 per cent of government spending that year (Kaniz, 2011). A large portion of this cost is borne by GBV survivors and their families, competing with vital expenditure needs for food and education.

Developing countries are not alone in bearing this enormous cost. In the United Kingdom, domestic violence costs the state around £3.1 billion (US \$4.9 billion) each year while in Australia the annual financial cost to the national economy has been estimated to stand at AUD 8.1 billion or US \$7.02 billion (Kaniz, 2011). The implication of these is that decisive action to prevent violence against women and girls is likely to result in a reduction of GBV related costs, and eventually, to an increased productivity by reducing absenteeism from the work place and increasing earnings of survivors. This in turn can lead to increased competitiveness of a country's economy resulting in employment creation and economic growth.

1.2 Gender Based Violence in Somalia

Gender Based Violence is widespread in Somalia (Somalia GBV Working Group, 2014). Though statistics are uncertain, the Federal Government of Somalia, local authorities and the international community all agree that GBV exists at unacceptable

levels and must be curbed (Somalia GBV Working Group, 2014). Since the downfall of Siad Barre regime in 1991, the country has experienced years of anarchy and it has broken into a number of semi-autonomous regions represented by politico-military clan factions fighting for political power and control over natural resources (Power-Stevens, *et al.*, 1995). It was not until 2012, when a new internationally-supported government was installed that the country began to enjoy a measure of stability once again (UNDP Somalia, 2012).

Comprised of a former British protectorate and an Italian colony, Somalia was created in 1960 when the two territories merged. Somalia is a predominantly Muslim country, Islam having been absorbed from coastal Persian and Arab immigrants and traders in the 13th century (Power-Stevens, *et al.*, 1995). Relations with neighbour countries have been marked by its territorial claims on Somali-inhabited areas of Ethiopia, Kenya and Djibouti (Power-Stevens, *et al.*, 1995).

Somalia had adopted a number of international conventions relating to the rights of women, including the Convention for the Elimination of all Forms of Discrimination against Women (CEDAW) under the Siad Barre regime. However, few of the conventions were ratified (Power-Stevens, *et al.*, 1995). Steps were, however, undertaken to give women legal rights in the spirit of CEDAW. In this respect, the constitution entitled all citizens to equal rights and duties regardless of sex, religion, origin or language. (Power-Stevens, *et al.*, 1995). These rights included inheritance of property, non wage discrimination based on sex, entitlement to maternity leave, and non discrimination of educational opportunities. Also, the need to increase women's

participation for the acceleration of socio-economic development was recognised by Siad Barre's government (Power-Stevens, *et al.*, 1995). However, in practice, women played no role in the formal or informal political spheres in pre-conflict Somalia and formal legislation had little bearing on the vast majority of women's lives according to Power-Stevens, *et al.* (1995).

The conflict situation in Somalia is particularly dreadful for women who form fifty percent of the total population in the country (UNDP, 2012). The inequalities and inhuman conditions in which they live, both in general and as a result of the conflict, is a major contributing factor to Somalia's extremely poor human development index (HDI) (UNDP, 2012). Somalia's HDI in 2012 stood at only 0.285 while its Gender Inequality Index in 2013 was at 0.776 placing the country at the fourth highest position globally (UNDP, 2012; UNDP Somalia, 2013). With regard to the gender inequality index for the same year, neighbouring countries such as Kenya and Tanzania had an index of 0.608 and 0.556, respectively. The best performers in the index were Norway and Australia with an index of 0.065 and 0.115, respectively (UNDP Somalia, 2013). This demonstrates the huge gaps that characterise countries globally and regionally with regard to gender issues, and highlights the critical situation of Somalia in terms of key indexes on human development as compared to other countries.

Decades of conflict, insecurity, environmental shocks, and the widespread use of harmful traditional practices put women at high risk of GBV in Somalia (Somalia GBV Working Group, 2014). Somalia experience an extremely high maternal mortality and rape, FGM, child marriage, and other forms of violence against women and girls are

common (UNDP Somalia, 2013). In addition, women participation in politics and decision-making spheres is extremely limited, perpetuating narrow gender based roles and inequalities (UNDP Somalia, 2013).

In September 2012, UN partners registered 277 cases of sexual violence in Mogadishu alone, 237 of which were rapes (UNDP Somalia, 2013). The UN legal aid partners have also reported an increase in sexual and GBV in Mogadishu, with many women attacked in IDP camps (UNDP Somalia, 2013). The reported cases of women attacked in IDP camps reveal that one-third of the attacks are carried out by men in uniforms (UNDP Somalia, 2013).

1.3 Response to Gender Based Violence

A growing recognition of the GBV problem by governments, donors and civil society as a universal pandemic has led to the adoption of a range of responses to address the complex dynamics that characterize it. Various Non Governmental Organizations (NGOs) protection programmes targeting GBV survivors have started to emerge throughout the Horn, East and Southern Africa (UN Habitat, 2014). These programmes are based on the premise that prevention efforts, aimed at changing the attitudes and behaviours perpetuating GBV, can make homes and communities to be safer places for everyone (UN Habitat, 2004). National and international NGOs have responded to GBV by establishing services and support to address the needs of women experiencing violence in several countries. Together with local governments, NGOs are responding with innovative multi-sectoral protection programmes. Women and men in many

communities are also raising their voices against GBV with conviction, clarity and commitment (UN Habitat 2004).

A number of multi-sectoral protection programmes targeting GBV survivors have been implemented in Somalia with over US \$100 million being spent each year by donors and UN agencies (UNOCHA, 2013). Organizations such as the International Rescue Committee (IRC), International SOS (INTERSOS), American Refugee Committee (ARC), International Committee for the Development of Peoples (CISP) and many others, have implemented multi-sectoral protection programmes in Somalia that focus on prevention and response to GBV. These programmes center on the provision of health care, including psychological support, counseling and safe spaces to survivors of sexual violence, and on promoting GBV awareness at community level. Moreover, multi-sectoral protection programmes work on women economic empowerment (WEE) with the aim of increasing women's income and ability to provide for oneself and their family.

One of these multi-sectoral protection programme is "Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu" implemented by CISP in the Banadir Region, Wadajir District in the capital city of Mogadishu, South Central Somalia. This project targets women survivors of GBV and supports them not only with health and psychological support but also focus on WEE in order to enable women to escape the threat of future victimization (CISP, 2013).

Economic empowerment (EE) of women is identified as an important tool to help women prevent and escape the threat of GBV and improve their participation status in

household and community decision making. This is based on the assumption that an economically empowered woman achieves an improved position within the household through which she can bargain a better and safer relationship with her partner. Moreover, an economically empowered woman has more exit options from an abusive relationship. Women's economic empowerment is also fundamental to strengthening women's rights and enabling them to have control over their lives and exert influence in society (Organization for Economic Cooperation and Development, 2011). When women are empowered, their families are healthier, more children go to school, their productivity and incomes are improved and more gender equitable societies can be created (UN Women, 2013).

1.4 Statement of the Problem

Decades of conflict, insecurity, environmental shocks, and the widespread use of harmful traditional practices put women at high risk of GBV in Somalia (Somalia GBV Working Group, 2014). The country has witnessed an escalation of GBV cases, especially in Mogadishu, where during the month of September 2012, UN partners registered 277 cases of sexual violence of which 237 were rapes (UNDP Somalia, 2013). Many of the women are attacked in IDP camps with one-third of the attacks being carried out by men in uniforms who were supposed, instead, to offer protection and security to the internally displaced people (UNDP Somalia, 2013).

Gender equality and women empowerment are recognised in the MDGs as key factors in the prevention and response to GBV. A number of multi-sectoral protection programmes have been implemented in Somalia with economic empowerment of GBV

survivors being at the core of these programmes. One of these multi-sectoral protection programme is “Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu” implemented by CISP in the Banadir Region, Wadajir District in the capital city of Mogadishu, South Central Somalia. This programme targets women survivors of GBV and supports them not only with health and psychological support but also focus on WEE in order to enable women to escape the threat of future victimization (CISP, 2013). The GBV survivors enrolled in the programme for its WEE component underwent a vocational training that helped them to gain skills and become economically active. The aim of the WEE component was that of helping the women to become economically self reliant and avoid the risk for further abuse. This study sought to establish the effect of WEE on GBV in Somalia in order to understand the factors conducive to GBV that can inform GBV interventions such that programs direct their targeting strategy by considering situations likely to promote GBV,.

1.5 Research Questions

The research questions that the study aimed to respond to were:

- (i) What is the extent of women awareness in Somalia on the various forms, causes and effects of GBV?
- (ii) What is the nature of the multi-sectoral protection programmes targeting GBV survivors in Somalia?
- (iii) What is the effect of Women Economic Empowerment on GBV in Somalia?

1.6 Objective of the Study

The overall objective of the study was to analyse the effect of women economic empowerment on GBV in Somalia. The specific objectives were to:

- (i) Determine the extent of women awareness in Somalia on the various forms, causes and effects of GBV
- (ii) Investigate the nature of the multi-sectoral protection programmes targeting GBV survivors in Somalia;
- (ii) Establish the effect of women economic empowerment on GBV in Somalia;

1.7 Significance of the Study

The study is useful to policy makers by providing information that may help in ensuring that policies, services and initiatives to prevent and respond to GBV are well-designed and appropriate to the context where they occur. This is particularly important in a conflict context such as that of Somalia. The study is also useful to NGOs and donors operating in the study area by bringing in new knowledge and contributing to a deeper understanding of the GBV problem in the Somalia context. Moreover, the study contributes to the discussion on how best to use multi-sectoral development tools targeting GBV survivors and how to adapt them appropriately to the Somalia context. The study findings also provide additional literature on the subject matter and form basis for further research.

1.8 Scope of the study

The study was based on a protection programme targeting GBV survivors titled “Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu”. This is a GBV protection programme, implemented by CISP in the Banadir Region, Wadajir District in the capital city of Mogadishu, South Central Somalia. For its economic empowerment component, the programme had a total of 22 beneficiaries of women survivors who were the focus of the study.

1.9 Organization of the Paper

The study is structured into five chapters. The preceding chapter has given a background to the problem under investigation, the problem statement and the research objectives. Literature review is presented in chapter two. This chapter undertakes an overview of the theories on GBV and WEE as advanced by various scholars. An empirical literature review is also presented in chapter two. Chapter three presents the methodological approach that was used in undertaking the study. Chapter four provides the empirical findings on women economic empowerment of the selected protection programme and its effect on gender based violence. Chapter five presents the summary, conclusions and policy implications resulting from this research study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter a review of theoretical and empirical literature on GBV and women economic empowerment is undertaken. Also, an overview of the literature presented which highlights the key gaps identified is also summarized.

2.2 Theoretical Literature

A number of theories aiming to explain GBV and its occurrence in different societies have been advanced. These theories draw from different fields ranging from psychology, sociology and anthropology and concentrate on various factors associated with GBV at the individual, situational, and societal levels (Cooper, *et al.*, 2012). Clinical psychologists and legal scholars have, for example, focused mainly on pathological personality traits of GBV perpetrators as a means to identify, counsel, or prosecute them (Cooper, *et al.*, 2012). Sociological and feminist scholars focus instead on situational and societal levels, such as gendered power asymmetries characterizing a society (Brownmiller, 1975). The social psychological perspective, on the other hand, focuses on the interaction between individual characteristics and the immediate situation in which GBV occurs (Anderson & Anderson, 2008).

2.2.1 Family Stress Theory

One of the theories advanced to explain GBV in a society is the Family Stress proposed by Reuben Hill (1949). Borrowed from family science, this theory explores why some family systems adapt and even grow when faced with situational stressors or transitional events, while other family units deteriorate and disintegrate under similar circumstances (McCubbin, 1993). Hill (1949), argued that when accumulated, acute and sudden stressors (events) in the family could lead to family crises, including physical, emotional, or relational crises. However, their impact could be buffered, according to Hill (1949), with protective factors that help families to survive multiple contextual stressors. Among these protective factors, Hill (1949) identify integration, the bonds of unity and coherence that the family has consisting of common interests, affection and a sense of economic interdependence, and adaptability that is the flexibility of a family's structure. Family stress theory (Hill, 1949) was formulated after the Great Depression in the 1930s based on extensive observations of families who survived the crises contrasted with those who did not (Hill, 1949). This theory has been used by many scholars to explain the occurrence of GBV within certain contexts. The argument brought forward is that the stress caused by unemployment and lack of economic resources in a family contributes to GBV (Mejia, *et al.*, 2014). Thus, it is argued, that if GBV is a result of financial strain then economic contributions from women should decrease the likelihood of GBV (Mejia, *et al.*, 2014).

2.2.2 Marital Dependence Theory

Dependence theory and marital dependence theory scholars support the arguments of Family Stress theory and see women economic empowerment as a key factor in enabling women to have a greater bargaining power to negotiate better and safer relationships (Mejia, *et al.*, 2014). In particular, the marital dependency theory, as proposed by Dobash & Dobash (1979), emphasizes women's inferior economic situation and lack of opportunities outside marriage as a determinant for violence to occur in intimate relationships. Gender based violence according to this theory is mediated through women's higher tolerance of violence. This is because less educated or unemployed women are trapped in their marriage due to fewer alternatives to it and are less able to negotiate behaviour change in their partner (Dobash & Dobash, 1979). According to feminist and evolutionary schools of thought, societies with greater resource disparity by gender have a greater incidence of GBV relative to societies with greater gender parity (Schwendinger & Schwendinger, 1983). Thus, an increase of income for a woman translates into a greater bargaining power within an intimate relationship and within a given society.

The family stress theory and marital dependence theory provide a good understanding of the role played by economic issues at family level. The stress caused by economic problems can play a crucial role in the incidence of GBV. At the same time, WEE could provide a good exit option from abusive relationships to women. However, economic issues cannot alone account for the occurrence of GBV in a society. In both theories, family stress theory and marital dependence theory, there is little emphasis on how

other social and cultural factors can promote the use of violence against women and help to perpetuate GBV and women discrimination in a given society. Thus, though providing a good basis into understanding the dynamics underlying violence against women, these theories lack a more holistic perspective into the GBV problem.

2.2.3 The Socio-Ecological Theory

The Socio-Ecological Theory was first introduced as a conceptual tool in 1979 by Urie Bronfenbrenner who developed a framework to help look at the causal factors of domestic violence operating at different levels. This theory recognizes that women and girls' risk of GBV is determined by various interconnected factors at the individual, family, community and societal level. The theory thus examines the multi-faceted aspects of women risk of GBV by identifying the four different layers of interaction that can lead to a more or less favorable environment for GBV to occur (Mejia, *et al.*, 2014). These layers include: the individual; family/partner relationships; community; and society.

At the individual level, factors such as low education, socio-economic status, young age, exposure to child abuse, and prior victimization can expose women to increased risk of GBV (Mejia, *et al.*, 2014). The same factors and cultural acceptance of violence can also increase risk of perpetration by men (Mejia, *et al.*, 2014). At the societal and community levels, social norms that support the use of violence as a way to discipline and control women enhance occurrences of GBV in a society. Other factors, such as, ideologies that men must prove their masculinity by being the sole providers, weak legal sanctions for GBV, and community level poverty impact on the risk of violence

(Mejia, *et al.*, 2014). Moreover, in an environment of armed conflict and humanitarian crises sexual and other types of violence against women become widespread. In particular, GBV has often been used as a weapon of war (Cooper, *et al.*, 2012).

The Socio-Ecological Theory provides a more holistic perspective to GBV as it considers aspects and factors ranging from the individual level to family, community and society that interact to promote or condemn GBV practice in a given society. Moreover, the theory considers social norms and cultural practices as playing a crucial role into acceptance and tolerance of GBV. The theory also tends to suggest that in tackling GBV through WEE considerations must be given to addressing simultaneously individual factors, such as, women's low financial education, access to credit and lack of skills, while at the same time promoting more equitable social norms, attitudes and practices in the community (Mejia, *et al.*, 2014).

2.2.4 The Interacting Factors Model

Similar to the socio-ecological theory, the Interacting Factors Model proposed by Maynard and Winn (1989), recognizes that a wide range of factors are integrated across the various forms of violence against women. The various interacting elements that the theory proposes include sociological (historical and cultural) and interpersonal or situational (social networks) (Mwereru, 2012). The Interacting Factors Model assumes that patriarchy and shared patterns of ideas and beliefs are deeply rooted in a given society and affect the power dynamics of all relationships (Mwereru, 2012). Historical and social-cultural factors passed through generations define social networks and create an environment in which the growing child learns rules and expectations (Maynard &

Winn, 1989). Embedded in these social networks are characteristics of the personal relationships in which the individuals act violently (Mwereru, 2012).

For any society, gender roles exist as abstract knowledge structure of what is to be the accepted behavior by a given group of people within it (Cooper, *et al.*, 2012). For instance, as men are more likely to occupy roles that wield power, individuals often expect and socialize males to behave in dominant, assertive manners (Cooper, *et al.*, 2012). On the other hand, as women are more likely to occupy roles as caretakers, individuals often expect and socialize women to be passive, communal, and responsive (Cooper, *et al.*, 2012). These socially ascribed gender roles have often been used to justify violent behavior and define relationships between men and women. Thus, the patriarchal view gives men a higher value than women and this is seen as normal and natural in the given society. Cultural norms governing the use of aggression as a tool of the more powerful to subdue the weaker combines with gender inequalities to create an environment conducive to violence against women which is strictly bound to the social context of male domination and control in the society (Mwereru, 2012).

The Interacting Factors theory expresses violence against women as an assertion of power and control by men over women. The theory is very insightful into giving the idea that patriarchal relationships are deeply rooted into a society and men and women are socialized from the early stages of their childhood into their future social roles. This includes norms, beliefs and traditions that can contribute to GBV and into keeping women into a subordinate position. However, the theory fails to provide for economic

factors at personal and family level, which also can play a role into occurrences of GBV.

2.2.5 Resource Theory

Women economic empowerment has long been considered a key component in development interventions to reduce gender inequality and GBV among women. While economic marginalization is often linked to increased vulnerability to GBV, WEE is indicated as a promising strategy for overcoming vulnerability (Esplen & Brody, 2007).

MacMillan & Gartner (1999) have advanced Resource theory in an attempt to explain the use of violence against women. According to MacMillan & Gartner (1999) economic status has symbolic gender identities and for men is an important factor linked with constructing masculinity. According to this theory, family dynamics include a power system using resources and violence can be used as a way of maintaining power and control over these resources (Davis & Cobb, 2010). Since WEE has the potential of increasing power and control of women on financial resources, an increase in violence is hypothesized as an attempt by men to maintain control over women (Davis & Cobb, 2010). The theory sustains that a relative distribution of status and income resulting from WEE can threaten the status quo and this leads to increased risk of violence (Mejia, *et al.*, 2014). Therefore, resource theory suggests that women who have more education than their partner, or who are employed when their partner is not, or who have a higher income than their partner, are at a higher risk of violence (Vyas *et al.*, 2010).

The Resource theory while being very useful to understanding how power systems within household level can interact to keep women in a subordinate position relative to men, can also be challenged in that it provides only one aspect of why GBV can occur in a society. The theory does not consider other cultural and traditional aspects that can at the same time influence the incidence of GBV in a society. For example, in a society where women enjoy great levels of gender parity and are rewarded and treated based on their merit just as are men, and where there are laws in place that prevent discrimination based on gender, the incidence of GBV would not be so widespread. Thus, the applicability of the Resource theory remains limited to contexts where gender disparity and discrimination of women are more prevalent.

2.2.6 Queer and post-colonial feminist theories

Queer and post-colonial feminist theories, derived from Michel Foucault and Antonio Gramsci's theories of power and hegemony, help to explain how GBV is maintained in a society (Fisher, 2014). Antonio Gramsci (1947), in particular, developed the concept of hegemony to express how power is comprised of knowledge and ideas. Hegemony is maintained through consent of the people by way of concessions and hegemonic forms of oppression which are not easy to dismantle (Fisher, 2014). This is because "when privilege and oppression are woven into the fabric of everyday life, we don't need to go out of our way to be overtly oppressive for a system of privilege to produce oppressive consequences" (Johnson, 2005:33). While Gramsci referred mainly to economic power relations between the bourgeoisie and the proletariat, the concept of hegemony has

been, used to further understand other dynamics of power, such as racism, sexism and violence against women (Fisher, 2014).

Queer and post-colonial feminist theories recognize that violence based on gender is a form of hegemonic power that must be exposed and understood if this violence is to end. Gender Based violence is a consequence of unequal power relations between men and women whereby violence is used as a mechanism for the social control of women and serves to maintain male dominance and female subordination (Pratto, 1996). In most societies men enjoy greater economic, political, and social power, though variability exists in these power inequities (Cooper, *et al.*, 2012). These variations are used by scholars to study the circumstances under which power or motivation to gain power lead to GBV (Cooper, *et al.*, 2012).

Queer and post-colonial feminist theories are very useful into understanding how power relations are gendered at very deep levels. There are specific mechanisms in place that facilitate the exercise of power and these mechanisms are produced and maintained through patriarchy, which promotes oppression of women because of its male-centered characteristic. However, Queer and post-colonial feminist theories lack to address the interrelated nature of other factors that can contribute to GBV and help to keep violent practices against women in a society.

2.3 Empirical Literature

Many empirical studies have tested whether the interaction of individual, situational and societal factors are more predictive of GBV than the factors alone or cumulatively. Other studies have explored how individual characteristics reinforce the societal link

between power and sexual violence (Cooper, *et al.*, 2012). An interactive understanding of factors conducive to GBV can inform GBV interventions such that programs direct their targeting strategy by considering situations likely to promote GBV, and the normative perceptions or individual characteristics of likely perpetrators within those situations (Cooper, *et al.*, 2012).

Marital dependency is considered an important factor contributing to women acceptance of GBV. Straus *et al.*, (1995), studying the relationship between a woman's economic dependency and the level of abuse in the United States, found that women who were highly dependent on marriage tended to experience more physical abuse than those whose dependency was low. The authors argue that dependent wives have fewer alternative options to marriage and less resources within it with which to bargain changes in their partner's behaviour (Straus *et al.*, 1995). This means that women tend to tolerate more abuse. In the study Straus *et al.*, (1995), constructed an objective dependency index based on variables including women employment status, how much of the income of the household comes from her and whether she has young children, and a subjective dependency index which was used as a measure of a woman's perception of how dependent she is on her husband. The study found that the tendency to tolerate minor violence is significantly related to subjective dependency but the reverse is true for severe violence. Women who tolerate severe violence are significantly more likely to score high on objective dependency. For these women, there is not a question of negotiating behaviour or leaving the marriage, as they have no better economic alternatives to it.

Marital dependency is also influenced by the number of children that a woman has. Having more children makes a woman more dependent financially on her partner while the higher the education level the more the economic alternatives to marriage (Bettum, 2014). Bettum (2014), cites the study undertaken by Yount and Carrera (2006) in Egypt who observed that the more children a woman had, the more likely she was to be abused. In their study, Yount and Carrera (2006), as reported by Bettum (2014), conducted a household survey in which variables such as education of women and education of their partners, women employment status, contribution to family incomes, number of children and religion were considered. The study revealed that women with more children and less education levels than their partners were more likely to accept violence because of increased dependency on their partner. These women had fewer alternatives to marriage.

Both the studies by Straus *et al.*, (1995) and Yount & Carrera (2006) provide important information on the interaction of different factors that contribute to GBV. Moreover, the role of economic dependency of women on their partners is also highlighted as an important variable impacting on women acceptance of violence. However, both studies do not consider the influence that variables such as the age of women and the social norms that characterize a given context might have on GBV. Age is a variable that can show whether women at younger or older ages are more or less fragile and subject to GBV practice while social norms allow understanding the wider context where the GBV practice occurs.

Often in empirical work the level of education of women is used as a crucial variable influencing GBV. Education is hypothesized to have an impact on economic growth and development and to be indicative of the incidence of GBV in a given society (Mikola & Miles, 2007). According to Mikola and Miles (2007), girls' education is an important factor in understanding the connections between the status of women, welfare of the family, human capital available in a society and future development. This is sustained by Lagerlof (2003), as reported by Mikola & Miles (2007), who finds a strong positive correlation between countries' per capita GDP levels and gender equality measured by female to male years of schooling. According to Human Rights Watch (2014) women with less education are more likely to experience violence than those with higher levels of education.

Vyas *et al.*, (2010) study supports the argument that female access to secondary education and reduction in educational inequality are protective factors for IPV levels in low and middle-income countries. Vyas *et al.*, (2010), undertook a cross-sectional household survey of ever partnered women aged 15-49 years in Tanzania between 2001 and 2002. Measures of economic empowerment were based on education attainment, employment status, and women contribution to household income. Other covariate variables considered in the analysis included women age, partnership status, religion, and whether she had a child. The study revealed that male and female access to secondary education and reductions of inequality in education have important protective impacts on the levels of IPV. The results of the study, however, did not support the theory that women's access to income leads to an improvement in women's situation

within the household. There was a strong inverse association, however, between women's education attainment and acceptance of wife beating. Women who had some secondary or more schooling were significantly less likely to accept that it is justifiable for a man to beat his wife.

The study of Vyas *et al.*, (2010) considers some of the major variables influencing education and GBV. However, it does not analyze the role played by household socioeconomic status and social norms and beliefs, which also influence the role of women, her education level and GBV in a society. Socio cultural norms and beliefs play a great role in education levels of women. The fact that women have less opportunities in the labour market may contribute to their unequal treatment within the household with regard to education opportunities. Duflo (2012) study in India, for example, found that many parents believed that educating girls, who were mainly expected to marry and take care of the household, was not as important as educating boys. Thus, fifty-seven per cent of the parents interviewed wanted for boys to study as far as possible, but only twenty eight per cent of them declared the same also for girls (Duflo, 2012). The gender gap that exist in most societies not only with regard to education, but also political participation and employment opportunities, should thus be reduced as this will benefit other society wide outcomes including curbing levels of GBV (Duflo, 2012).

The assumption that there is a link between income generation and women's empowerment, both in terms of economics and gender relations, is widely accepted and supported by NGOs, multi and bilateral organizations and by academics and development workers around the globe (West, 2006). Women economic empowerment

is often seen as a prerequisite for sustainable development, pro-poor growth and the achievement of all the MDGs. According to West (2006), gender equality and empowered women are catalysts for multiplying development efforts and often indicated as key instruments to ending GBV. This view is supported by Aizer (2010) research in the United States, who found that an increase in women's wages was significantly related to lower intimate violence incidents leading to hospitalization. In addition, improving social and economic outcomes for women can have a multiplier effect for improving the well-being of current and future generations (Cerise *et al.*, 2013).

Women participation in income-generating activities is assumed to lead to women's empowerment because by having access to resources a woman can improve her bargaining position, thereby allowing for greater control over decisions and life choices (West, 2006). The argument is that an income of her own will allow a woman a greater ability to take care of herself and her children's needs thus will be, less dependent on her husband or others for survival. According to West (2006), the ability of women to negotiate is also increased because not only does she have more to offer to the household, but also because the woman enjoys an improved fallback position. Thus, a greater bargaining power is seen as empowering because it affords a woman greater control over herself and her family's life (West, 2006). Schuler *et al.*, (1996) study, as cited by West (2006), reveals, in fact, that women whose incomes provided most of their families' earnings achieved a redefinition of their roles and status in the household and this translated into increased empowerment in terms of a reduction of GBV. Other arguments also see employment as empowering because it allows women to participate

in public sphere and interact with a wider network of individuals which help the women increase their self-esteem and self-worth (West, 2006).

The relationship between WEE and GBV is, however, still not clear (Mejia, *et al.*, 2014). While some experiences support the view that WEE reduces the risk of GBV others point to the contrary. Economic empowerment of women, according to West (2006), challenges the status quo in the household and this can motivate a man to use violence in order to maintain his position. Thus, improved access to income and livelihood assets among women is associated with higher reporting of GBV (Mejia, *et al.*, 2014).

As predicted by the Family Stress theory, the socioeconomic status of the family is an important variable that plays a significant role in family dynamics. However, as argued by Resource theory a lower economic and educational status of men is also often associated with higher GBV levels. According to Cooper *et al.*, (2012), men who have lower economic, educational, or occupational status than their wives and men who perceive themselves to have less decision-making power than their wives are more likely to use violence.

The assumptions of Resource Theory are supported by the study of Yount & Carrera (2006) in Cambodia, who find that women with more education than their husbands have 1.6 times higher odds of experiencing violence. Yount & Carrera (2006) consider variables including the years of schooling of both partners, employment status, marital status, incomes of partners, and socioeconomic status of the family. Other variables included are early life experiences of women, such as, paternal education or existence

of violence against their mothers. The study concludes also that early-life experiences on domestic violence positively influence levels of GBV in the country.

The positive relationship of women higher levels of income or education and GBV is also confirmed by the study of Flake and Forste (2006) in Peru, as reported by Bettum (2014), who find that the odds of experiencing GBV are 1.3 higher for women with more education than their spouses. At the same time, the study by Friedemann-Sanchez and Lovatòn (2012) in Colombia finds that unemployment for the male partner together with a lower share of the couple's earnings increase the risk of violence. The study also suggests that a lower socioeconomic status for the family significantly increases the probability of physical violence for women (Friedemann-Sanchez and Lovatòn, 2012). This is supported also by the study in Thailand by Hofman *et al.*, (1994), as reported by Bettum, (2014), which constructs a combined index of the household's income, husband's education and his occupational achievement, and which concludes that a lower probability is associated with wife abuse at a higher socioeconomic index.

West (2006) study in India explores the impacts that an economic income has on broad aspects of women's lives. The study uses Demographic Health Survey (DHS) to empirically analyze the link between labour force participation and women's empowerment of ever married women aged 15-49. Empowerment is measured across four indicators, which are decision making, freedom of movement, control over resources and views of violence against women. Ordered logit models are used to first assess the relationship between employment status and women's empowerment across the four indicators of empowerment. The findings of West (2006), suggest that

employment is important to empowerment but the strength of the relationship varies by empowerment indicator. With regard to GBV, the study finds that working is negatively associated with empowerment in India. The author suggests that this result may be because women who work are breaking traditional norms about appropriate behavior, and in doing so, they may be at an increased risk of GBV. Violence is the price that these women pay for breaking norms and being employed and a greater expectation of violence leads to a greater acceptance of it.

Dalal study in India in 2011 is also insightful in understanding the relationship that characterize WEE and GBV. Dalal (2011), compared working and non working groups of women in India with the aim of exploring whether WEE acted as a protective factor against GBV. Dalal (2001) undertook a cross sectional study with a sample of seventy thousand women from different districts, and chi square tests were performed to examine differences in proportions of dependent variables (exposure to GBV) and independent variables. Multivariate logistic regression was used to assess the independent contribution of the variables of WEE in predicting exposure to GBV. The author concluded that WEE is not the sole protective factor in relation to GBV but when associated with women higher education and modified cultural norms it may protect them from GBV.

Agarwal and Panda (2005) study in Kerala, India, considers among other variables property holdings and assets that women own and finds a correlation between women owning property, like land or a house, and lower risk of marital violence. More specifically, Agarwal and Panda (2005) study reports that among the propertyless, 49

per cent had experienced GBV, while among the propertied GBV concerned only 7 per cent of women. Moreover, the study reveals that the percentage of women who left home due to a violent relationship was much greater among the propertied (71%) than among the propertyless (19%). Hence, the study argues that ownership of property can serve both as a protective factor from GBV and as an exit option. The study concludes that land or property ownership provide a different kind of security than does employment.

The study by Gahimbare (2012) in Burundi also supports the argument that women's empowerment must include the question of inheritance of property by women. This is in an attempt to give women power to own land and credit, which the author identifies as important factors in curbing GBV levels in the Burundian society. The study analyzed the programmes implemented by the local NGO Floresta Burundi aimed at empowering vulnerable populations (particularly women) in the rural agricultural context in Rutana Province, Burundi. The study used a qualitative approach using semi-structured interviews, focus groups discussions (FGDs) and observations to examine the effects of a rural women empowerment programme as promoted by the NGO Floresta in Burundi. The study concluded that the extent to which the concept of women's empowerment is identified in terms of practices and activities depends on how its meaning is used and adapted to the conflict context characterizing Burundi. The author concludes that women's empowerment must be forcefully negotiated in a patriarchal society as this could help to curb GBV levels in Burundi.

Social norms and beliefs also often play a crucial role in condoning and perhaps encouraging GBV in particular societies. A UNICEF-led survey in 12 border areas of Somalia in mid-2012, revealed that women human rights violations are not even considered as violations in a culture where the rights of women are simply not considered (UNICEF, 2013).

Adams' (1988) study in the United States, as cited in Cooper, *et al.*, (2012) reveals that men who beat their women justify the violence by citing inappropriate behavior by them. In addition, the study undertaken by Anderson & Anderson (2008), predicts that when men feel that they are inadequately meeting prescribed masculine gender roles they can react through the use of sexual aggression. MacMillan & Gartner (1999) argue that this dynamic is linked to social expectations of masculinity, such as the shame men may feel from not being able to provide for their family.

The multiple factors influencing GBV demonstrate the multi-layered context on which practices of GBV are based. Thus, a careful assessment and planning with the concerned community is required in policy and program interventions aimed at ending GBV (Cerise *et al.*, (2013).

2.4 Overview of Literature

The literature reviewed provides a useful description of the theories explaining the nature and features of GBV and how this is expressed in different contexts. This includes the nature and forms, causes and effects of GBV including the cost and impact on national economies and at individual level. The theoretical literature provides some

of the major theories on GBV. While some theories, Family Stress Theory and Marital Dependence Theory, see GBV as the result of women inferior economic position, other theories, the Socio-Ecological Model and the Interacting Factors Model, concentrate on the different factors that interact to keep women in a subordinate position in society. These theories have been supported by various empirical works that concentrate on the main factors that influence GBV against women. These factors, as pointed out in the Empirical Literature Review comprehend women economic status, education level, rights of women, number of children and social and cultural norms that interplay to perpetuate violence against women. Education level emerges from the empirical review as an important predictor of women empowerment in terms of decision making, freedom of movement and control over resources.

Extensive literature exists on GBV and the main factors contributing to it. However, the relationship between women economic empowerment and GBV is still not clear. While some experiences support the view that WEE reduces the risk of GBV others point to the contrary. Thus, this study identifies a gap in literature with regard to how women economic empowerment influences GBV and more specifically how WEE impacts on GBV levels in a conflict context such as that of Somalia.

From the empirical review this study has drawn some of the main variables impacting on GBV. In addition to education and income, this study includes other variables considered important in investigating the effect of WEE and levels of GBV in a society. These variables are number of children, age and marital status of women. The variables of age and marital status can reveal whether women at younger/old ages that are

married/not married are more or less vulnerable to GBV. At the same time, the number of children a woman has, as shown by the empirical literature, can influence her dependence and acceptance of GBV.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focuses on the research methodology employed in the study. The sections covered include: research design, theoretical framework, definition and measurement of variables, site of the study, target population, research instruments, data types and data sources and data analysis.

3.2 Research Design

This study was based on qualitative research design and it employed a case study approach. Case studies are in-depth examinations of people or groups of people, which, as argued by Stake (1995), are intended to capture the complexity of the object of study. The qualitative research design employing a case study approach was used to capture the experiences of women who have suffered from GBV and to help establish the effect of WEE on GBV.

3.3 Theoretical Framework

The theoretical and empirical literature reviewed present some of the various models and theories that seek to create a framework for understanding the relationship that exists between WEE and GBV. These theories include Family Stress, Marital Dependence, the Socio-Ecological Model, the Interacting Factors Model and theories of Power and Dominance. Many of these theories, as seen above, support both the idea that WEE results in a decrease of GBV and that GBV is exacerbated by WEE.

Both theoretical and empirical works demonstrate that GBV has a complex nature and is affected by many factors at individual, family, context and societal level. This study, thus, recognizing the multilayered nature of GBV, was guided by the Socio-Ecological Model (Figure 3.1), which was first introduced as a conceptual tool in 1979 by Urie Bronfenbrenner, and later adapted by Mejia, et al. (2014). The study following the Mejia, et al. (2014) adaptation of the Socio-Ecological Model, tries to examine the multi-faceted aspects of women risk of GBV. The Socio-Ecological Model recognizes that women and girls' risk of GBV is determined by various interconnected factors at the individual, family, community and societal level. The model can also be used to frame corresponding prevention and response strategies to decrease GBV (Mejia, et al., 2014).

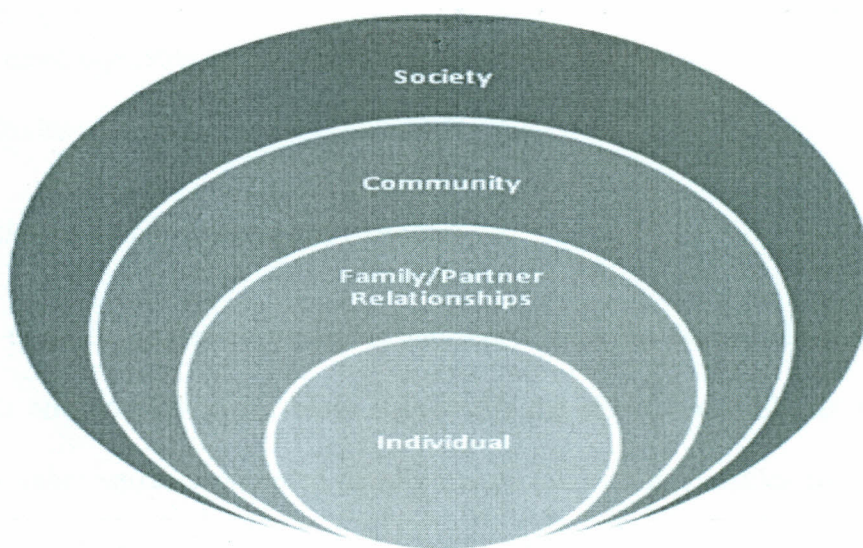


Figure 3.1: Socio-ecological model.

Source: Author's own adaptation from various sources.

At the individual level, factors such as low education, socio-economic status, young age, exposure to child abuse, and prior victimization can expose women and girls to increased risk of GBV. The same factors and cultural acceptance of violence can also increase risk of perpetration by men (Mejia, *et al.*, 2014). At the societal and community levels, factors such as societal norms that support the use of violence as a way to discipline and control women, ideologies that men must prove their masculinity by being the sole providers, weak legal sanctions for GBV, and community level poverty impact on the risk of violence (Mejia, *et al.*, 2014).

According to Mejia *et al.*, (2014), any attempt in tackling GBV through WEE using the socio-ecological model should concentrate in addressing individual factors such as women's low education, access to credit, and enhancing skills, while simultaneously promoting more equitable social norms that challenge traditional and harmful gendered beliefs, attitudes and roles.

3.4 Definition and measurement of variables

This study treats the variables chosen as indicators of the incidence of higher or lower GBV levels on Somali women. More specifically the effect that WEE, as interacting with all the other variables selected, finally has on GBV. The variables are defined as follows:

GBV this is any harmful act perpetrated against a person's will and it is based on socially ascribed differences between males and females. In this study, GBV is self reported by women

respondents and it was measured through data categorization, cross tabulation and correlation and examined through a descriptive analysis.

WEE this is the capacity of women to bring economic changes for themselves and it was measured in terms of the amount of income (in US \$) that the women have been able to generate and therefore contribute to their households as a result of the income generating activities supported by the programme analyzed.

Education this is the formal knowledge acquired by a person after having completed a formal schooling path. It was measured by the years of formal schooling completed by each woman enrolled in the programme.

Age was measured in terms of years of each woman beneficiary.

Number of Children this comprise the number of children that a woman has and it was measured by the actual number of children as reported by each respondent

Marital Status this is the civil status of each individual in relation to the marriage laws or customs of the country. This is a categorical variable and it was measured through assigning a specific value to each category provided.

3.5 Site of Study

The study was undertaken in the Banadir Region, Wadajir District in the capital city of Mogadishu, South Central Somalia, with an estimated population of 1.4 million people as reported by UNDP (2012).

Mogadishu is a highly complex humanitarian environment where conflict has resulted in huge population displacement into and out of the city. The peak of the conflict was in 2007 when the joint Transitional Federal Government and Ethiopian forces fought the Islamic Courts Union (UNDP Somalia, 2013). In following years, the Transitional Government and AMISOM forces continued to fight Al-Shabaab, which also led to massive displacements from Mogadishu.

The presence of various clan militia groups in Mogadishu poses security risks and protection concerns to local population, IDPs and humanitarian workers. Access to livelihoods is limited, and women, especially IDPs, are exposed to countless violations including GBV (UNDP Somalia, 2013). Figure 3.2 gives the map of the study area.

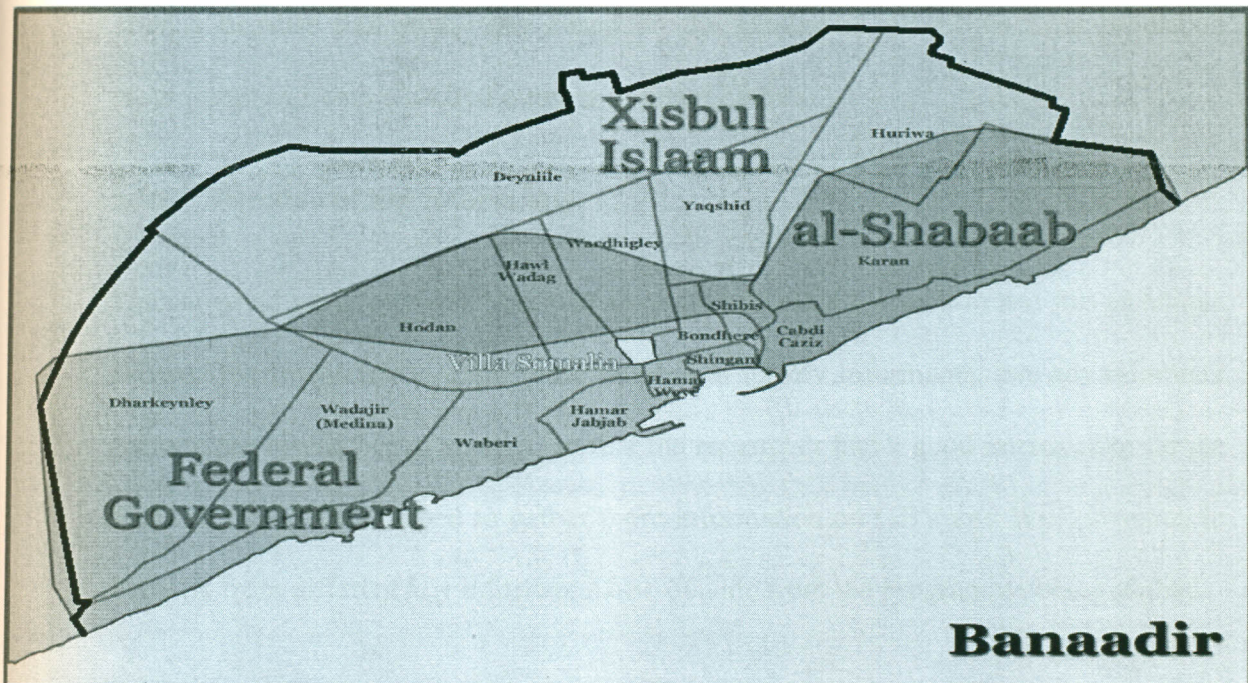


Figure 3.2: Map of Mogadishu

Source: British Broadcasting Corporation (2006)

3.6 Target Population

The target population for the study was the total beneficiaries of the women economic empowerment component of the selected protection programme in Mogadishu. This population was composed of 22 respondents who had been identified as survivors of GBV from self reported violence. The population mainly lived in the Mogadishu area. Women beneficiaries were residents of the following districts of Mogadishu: Karaan (6 respondents), Bondhere (10 respondents) and Yaqshid (6 respondents). Thus, accordingly with the qualitative nature of this study, all the women beneficiaries of the economic empowerment component of the programme were selected for this research.

This is because this study was based on the evaluation of a time limit protection programme and with a limited number of beneficiaries.

3.6.1 Selection of key informants

The snowball sampling technique was very useful to this research in that this technique allowed the researcher to expand the number of its key informants: one key informant referred the researcher to another, so that the researcher had a good introduction for the next interview. This helped to gather more information on GBV and WEE situation in Somalia from different key informants also outside from the programme being studied.

3.7 Research Instruments

The research instruments that the study used included: in-depth interviews, structured interviews and focus groups discussions which were deemed to be the appropriate techniques to solicit answers from women on such a sensitive issue as GBV. The research instruments developed for this study are attached in the appendices section (APPENDIX I, APPENDIX II, APPENDIX III).

The researcher applied structured and in depth interviews in order to collect in depth information on women experiences and opinions on GBV and effectiveness of economic empowerment. Interviews were also carried out in order to collect information on the topic from other key informants in order to have a more complete information on GBV and WEE in the Somalia context. Key informants were persons involved in the implementation of “Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu” programme

implemented by CISP, and other organizations implementing similar programmes in the study area. Focus Groups Discussions were used to obtain information that is difficult to get using other methodologies. In addition, the researcher wanted to interact with the participants, pose follow-up questions and ask questions that probe more deeply.

The choice of these qualitative research instruments allowed the recovering of the voice of women who had suffered from GBV. Their experiences were useful to inform about benefits and limits of existing concepts guiding multi-sectoral protection programmes and provide inputs on what should be reconsidered in order to design effective GBV programmes. Through these research instruments primary data were collected from the women beneficiaries of the selected programme.

3.8 Data Types and sources

The data collected throughout this study were primary and secondary data. Secondary data were collected through analysing available official documents regarding the selected programme such as project document, analysis and baseline surveys carried out by CISP.

Through the use of research instruments such as in-depth interviews and FGDs, primary data were collected from women beneficiaries of the protection programme selected for the study. In order for the researcher to pose follow up questions and asses the responses provided by women during the individual in depth interviews, 3 FGDs were undertaken in each of the districts where women resided: Yaqshid, Bondhere and

Karaan. This data helped the researcher to analyse the effect of WEE on GBV in the Somalia context.

Structured interviews were used to collect information from key informants who were people involved in the implementation of the selected protection programme as well as humanitarian operators from other organisations implementing similar programmes in Somalia.

A total of 15 key informants were interviewed. These were staff from the non-governmental organization CISP engaged in the implementation of the multi-sectoral protection programme selected for the study as well as other key informants involved in the implementation of similar programmes with other NGOs in Somalia. These NGOs included, INTERSOS, Danish Refugee Council, CARE International, International Rescue Committee, Relief International, Elman Peace and Protection Cluster representatives.

3.9 Data analysis

The data collected were analyzed through a descriptive analysis that used categorization, correlation and cross tabulation of the data to respond to each of the study objectives. The analysis of the data was, thus, organized according to the objectives of the study.

To respond to the first objective of the study on the extent of women awareness in Somalia on the various forms, causes and effects of GBV a descriptive analysis of the data collected through in depth interviews and FGDs was undertaken using correlation

and cross tabulation. Questions on the forms, causes and effects of GBV in Somalia were asked to women and the responses provided were categorized to determine the extent of women awareness in Somalia.

To respond to the second objective of the study on the nature of multi-sectoral protection programmes targeting GBV survivors in Somalia, project documents of the selected programme were analysed to get information on the target group, selection criteria of beneficiaries and other important characteristics of the programme. These characteristics included the selection process of beneficiaries, type of support provided to women survivors and how the economic empowerment component fitted into the whole case management process of GBV survivors. This information was analyzed through a descriptive analysis to explore the nature of multi-sectoral protection programmes targeting GBV survivors in Somalia.

To respond to the third objective of the study, that is establishing the effect of WEE on GBV in Somalia, a descriptive analysis of the data collected through in depth interviews and FGDs was undertaken using correlation and cross tabulation of data. Variables considered in data collection included the age of women; marital status; economic empowerment determined in terms of previous and actual income of women; number of children per women and education level of GBV survivors.

CHAPTER FOUR

EMPIRICAL FINDINGS

4.1 Introduction

In this chapter, the findings of the study are presented. The findings are presented under the following sub-headings: descriptive analysis of respondents, extent of awareness of GBV forms, causes and effects of GBV in Somalia, nature of multi-sectoral protection programmes targeting GBV survivors and the effect of women economic empowerment on GBV in Somalia.

4.2 Descriptive Analysis of Respondents

The study sought to establish the effect of women economic empowerment on GBV in Somalia. A qualitative research design was employed using a case study approach to capture the experiences of women who have suffered from GBV and to help establish the effect of WEE on GBV. Women beneficiaries were residents of the following districts of Mogadishu: Karaan (6 respondents), Bondhere (10 respondents) and Yaqshid (6 respondents). All the women sampled, 22 respondents, had come into contact with CISP protection programme after one or more episodes of violence.

Interviews and FGDs were used to gather primary data from women survivors and were undertaken at each of the districts where the women lived.

The study asked the women to specify their age and number of children. Table 4.1 shows the age of each woman against the number of children per each woman.

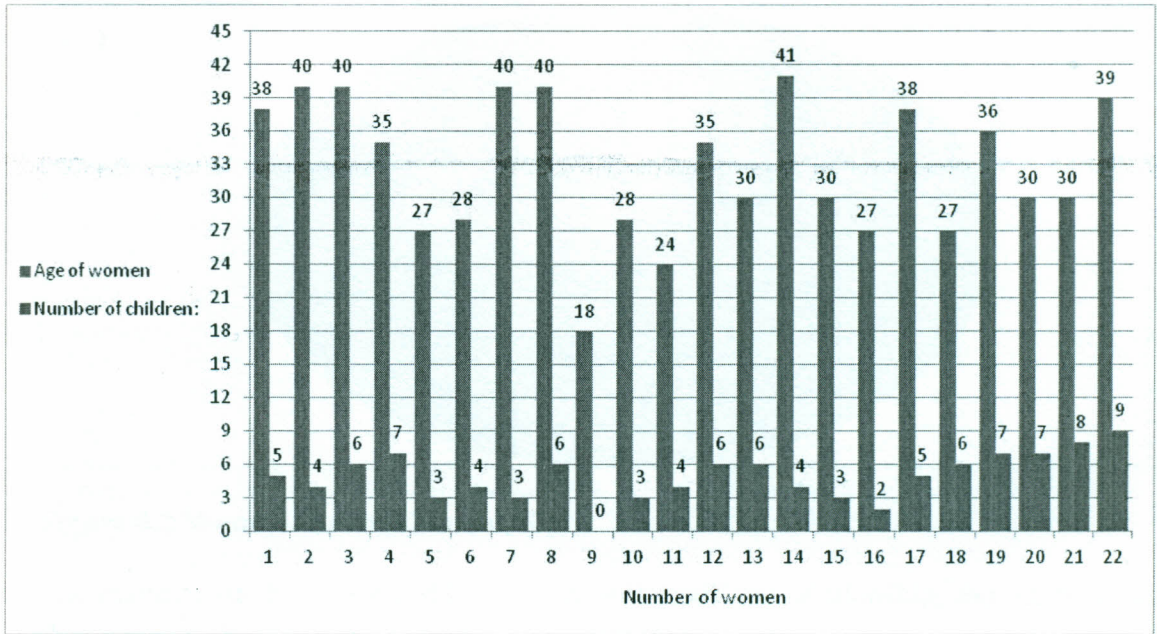


Figure 4.1 Age of women against number of children per each women

The age of the women ranged between 18 and 41 years old (the average age of women was 32.8 years) and, except one, all of them had children. The average number of children was 4.9.

The study tried to investigate the marital status of the respondents by inviting women to choose among the different options provided. Figure 4.2 shows the marital status of the women.

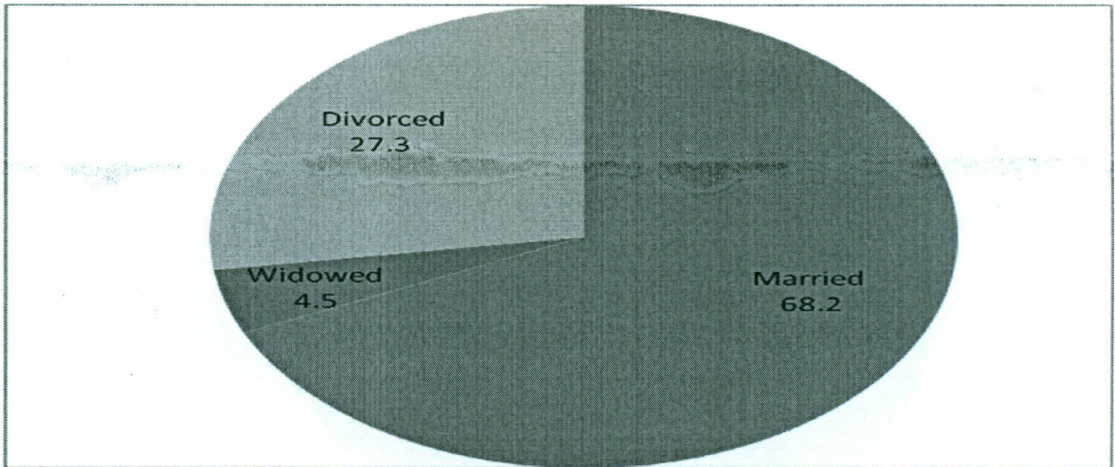


Figure 4.2 Women Marital Status (%)

The majority of the women (68.2%) were in a marriage relationship, though some of them were divorced (27.3%) and one widowed (4.5%). The findings of the study appear to locate GBV within marriage relationships. This confirms earlier studies (see Mwereru, 2012) that the perpetrators of GBV are, in most cases, people known to the survivors.

With regard to the education level, women were requested to indicate their formal education level among the different options: primary, secondary, tertiary and no formal schooling. Figure 4.3 provides the responses.

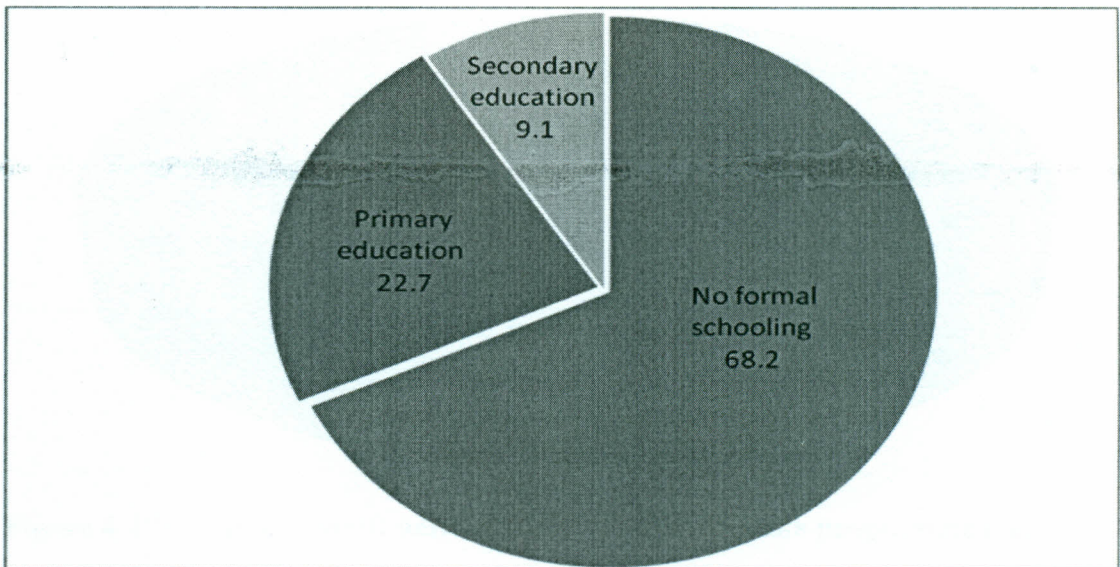


Figure 4.3 Women's level of education (%)

Only two women (9.1%) had secondary schooling, five (22.7%) had primary and fifteen women (68.2%) had no formal education. None of the sampled women had some form of tertiary education.

In order to assess women economic conditions before enrollment in the programme, the study asked the women to specify the type of activity they were involved in before enrollment. Figure 4.4 shows women economic activity before enrolling in the programme.

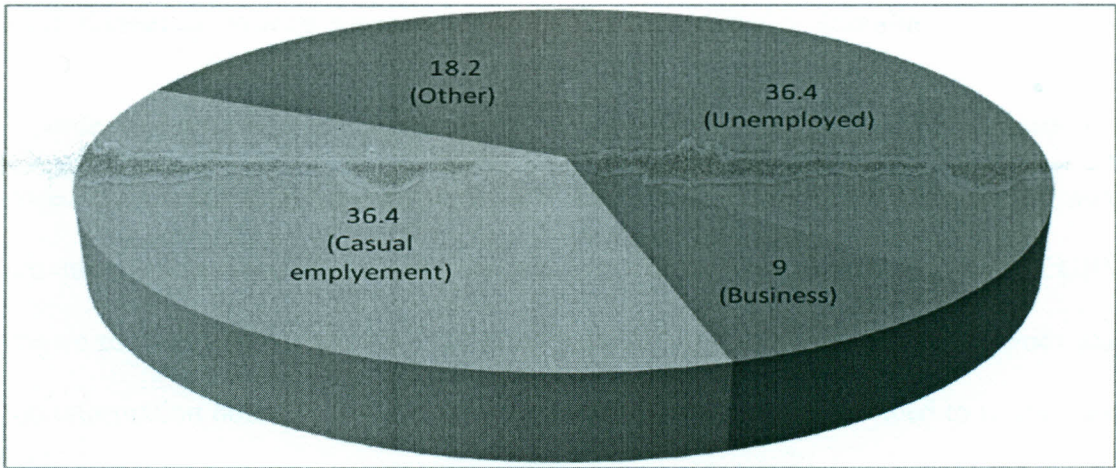


Figure 4.4 Women economic activity before enrolling in the programme (%)

Most of the women came from a prior background of unemployment or casual employment (36.4 % respectively) and none of them had been in a wage employment before enrolling in the programme. In business activities, only 9 per cent of the respondents declared to having been involved while 18.2 per cent of the women declared to have been engaged in other types of activities such as clothes washing and selling vegetables.

4.3 Extent of women awareness on the various forms, causes and effects of GBV in Somalia

The in depth questionnaire for women was structured into two parts. The first part tried to detect women awareness of forms, causes and effects of GBV while the second part tried to assess the effect of women economic empowerment component of the selected programme.

4.3.1 Extent of Women Awareness on the Forms of GBV in Somalia

In order to detect women’s awareness of GBV forms rampant in Somalia the researcher posed the question "What forms of GBV are you aware of"? The respondents were provided with a series of options from which to choose according to the forms of GBV known to them. Responses were collected from all the 22 respondents of the study and the information obtained was categorized across all the options provided to women and then analyzed through correlation and cross tabulation. The findings are presented in table 4.1.

Table 4.1 Awareness on GBV Forms in Somalia (%)

Forms of GBV	No. of Respondents aware as form of GBV	No. of respondents not aware as form of GBV	% of respondents aware of the form of GBV
Rape	22	-	100
Sexual Assault	17	5	77.3
Physical Assault	20	2	90.9
Forced Marriage	18	4	81.8
Emotional/Psychological Abuse	12	10	54.5
Denial of resources	14	8	63.6
Denial of opportunities	13	9	59.1
Denial of services	11	11	50.0
Other [Verbal abuse/Insult]:	1	-	4.5

One hundred per cent of the women interviewed indicated rape as one of the forms of GBV followed by physical assault (90.9%), forced marriage (81.8%), sexual assault

(77.3%) and denial of resources (63.6%). Only about half of the respondents knew about denial of services (50%), denial of opportunities (59.1%) and emotional or psychological abuse (54.5%) as forms of GBV. This can, perhaps, be ascribed to a cultural environment where women opportunities and access to services are not recognised as a right and their denial is accepted as normal. Only 4.5 per cent of the respondents indicated verbal abuse as a form of GBV.

The findings, thus, suggest that some major forms of GBV are known to the Somali women, however, awareness of more subtle forms of GBV, such as denial of services and opportunities are still not considered as violence per se but rather as normal behavior within a context of patriarchy and male domination. This can perhaps be ascribed to a cultural acceptance of some forms of GBV in Somalia. Mwereru (2012) also expresses a similar view in the research in Kibera informal settlement in Kenya, stating that communities and women themselves may condone certain types of violence against them due to tradition, lack of access to legal services and service providers as well as attitudes towards these forms of violence.

4.3.2 Extent of Women Awareness of Causes of GBV in Somalia

Women awareness of the factors contributing to GBV was assessed through using a Likert scale where women were provided with different statements on the factors contributing to GBV. Based on these statements, the respondents needed to specify their level of agreement or disagreement as indicated in the Likert Scale. The data were analyzed through categorizing the information obtained from the 22 respondents

according to the statements given. Table 4.2 provides women responses on the factors contributing to GBV in Somalia.

Table 4.2 Factors contributing to GBV in Somalia (%)

Factors contributing to Gender Based Violence: Statements	Strongly Agree (%)	Agree Somewhat (%)	Neither Agree nor Disagree (%)	Disagree Somewhat (%)	Strongly Disagree (%)	Total (%)
Cultural and Traditional Practices and Beliefs	59.1	22.7	4.5	4.5	9.2	100
Collapse of traditional society and family supports	45.5	36.4	9.1	9	-	100
Male wanting to assert their role in the family and community	31.8	27.3	13.6	9.1	18.2	100
Personal frustrations	50.0	27.3	-	9.1	13.6	100
Unemployment	77.3	22.7	-	-	-	100
Social conditions	40.9	45.6	4.5	4.5	4.5	100
Economic conditions	72.7	4.5	13.8	4.5	4.5	100
Insecurity because of conflict	86.4	9.1	-	-	4.5	100
General lawlessness against GBV practice	50.1	40.9	4.5	4.5	-	100
Retaliation against refugees and returnees	31.8	40.9	13.6	4.5	9.2	100
Living in an IDP camp	68.2	27.3	-	-	4.5	100
Drug abuse	68.2	22.8	4.5	-	4.5	100
Other (explain)	4.5	-	-	-	-	4.5

With regard to the factors contributing to GBV, insecurity because of conflict was identified by women as one of the major contributing factors. Insecurity because of conflict was the selected response of 86.4 per cent of the women interviewed followed

by unemployment (77.3%), economic conditions (72.7%), living in an IDP camp and drug abuse (68.2% respectively). Cultural and traditional practices as causes of GBV was the selected response of 59.1 per cent of the women interviewed followed by the general lawlessness characterising Somalia (50.1%), personal frustration (50%), collapse of traditional society and family support (45.5%), social conditions (40.9%), male wanting to assert their roles and retaliation against refugees and returnees (31.8% respectively).

The study thus identified the insecurity and conflict situation that characterizes Somalia together with the economic conditions that such situation entails as major causes for GBV occurrence. While insecurity because of conflict can be considered a direct cause of GBV in Somalia, unemployment and economic conditions are not in themselves a direct cause, however, they increase the probability of GBV to occur in the Somali context. This is in agreement with what predicted by the Family Stress theory which sees economic factors as major contributors to violence against women (Hill, 1949).

Strictly linked to the insecurity situation factor, living in an IDP camp was also highlighted by the respondents (68.2%) as another strong contributing factor to GBV. Poor living conditions, lack of access to services, lack of fencing and lighting all contribute to a general insecurity situation within the camps. According to Human Rights Watch (2014), the insecurity of IDP camps, particularly at night, poses among the gravest risks of sexual violence for women and girls in Mogadishu. Many camps have no security and often depend upon government-affiliated militias, who have

regularly been implicated in threats and assaults, including sexual, against displaced people (Human Rights Watch, 2014).

4.3.3 Extent of Women Awareness of Effects of GBV in Somalia

With regard to women awareness on the effects of GBV, several statements on the most prevalent health and psychological effects of GBV were presented to the 22 respondents of the study. A Likert Scale providing the respondents with different options ranging from 'strongly agree to 'strongly disagree' was utilized to register women responses. A categorization of the primary data obtained was then performed in order to register awareness of the predominant effects of GBV as perceived by women survivors. Table 4.3 provides more insights on the responses.

Table 4.3 Effects of GBV on women survivors (%)

Effects of Gender Based Violence	Strongly Agree (%)	Agree Somewhat (%)	Neither Agree nor Disagree (%)	Disagree Somewhat (%)	Strongly Disagree (%)	Total (%)
Danger of contracting HIV/AIDS	81.8	9.2	-	4.5	4.5	100
Lead to death	45.5	40.9	9.1	4.5	-	100
Increase the rates of divorce	63.6	4.5	18.3	13.6	-	100
Social Stigmatization	54.5	36.4	-	9.1	-	100
Social Isolation	54.5	36.5	-	4.5	4.5	100
Depression	59.1	31.8	-	4.5	4.5	100
Unintended Pregnancies	72.7	13.6	4.5	9.2	-	100
Hatred	36.4	40.9	18.2	-	4.5	100
Broken Families	50.0	36.5	4.5	4.5	4.5	100
Lost employment/inability to work	50.0	31.8	4.5	4.5	9.2	100
Other (explain)	4.5	-	-	-	-	4.5

Regarding the effects of GBV, 81.8 per cent of the respondents identify contracting HIV/AIDS and unintended pregnancies (72.7%) as some of the main effects of violence. Also high among the responses were considered increased rate of divorce (63.6%) and the social consequences of abuse such as stigmatization (54.5%), isolation (54.5%) and depression (59.1%) at personal level. This shows that the health and social consequences of abuse are the strongest felt by the Somali women. The economic effect

of GBV was identified by 50 per cent of the women who declared that the health and physical consequences of the abuse led to inability to work for women. This further contributed to the worsening of their economic situation and increased their hardships. This is in line with the findings of UNDP study in Chile, which found that women's loss of salary as a result of domestic violence was more than 2 percent of the country's GDP in 2013 (UNDP, 2013). Thus, the economic effect of GBV impacts not only on the lives of the survivors but also on national economies that have to deal with reduced productivity in addition to increased costs for health care.

4.4 Nature of Multi-Sectoral Programmes targeting GBV Survivors in Somalia

The second objective of the study was to investigate the nature of the multi-sectoral protection programmes targeting GBV survivors in Somalia. This was established by collecting primary and secondary data on multi-sectoral protection programmes being implemented in the country.

Primary data were collected from key informants who informed the researcher about the different approaches of multi-sectoral protection programmes implemented by the different organizations in the Somalia context. The qualitative data were collected from 15 key informants through the use of structured interviews. These were staff from the nongovernmental organization CISP engaged in the implementation of the multi-sectoral protection programme selected for the study as well as other key informants involved in the implementation of similar programmes with other NGOs in Somalia. These NGOs included INTERSOS, Danish Refugee Council, CARE International, International Rescue Committee, Relief International, Elman Peace and Protection

Cluster representatives. Questions regarding the components of the multi-sectoral protection programmes, the types of services provided and their effects on GBV survivors and on family dynamics were posed to key informants to detect the characteristics of multi-sectoral programming in Somalia.

In addition, secondary data collected through consultation of programme official documents allowed the researcher to establish the characteristics of the multisectoral programme “Promoting rights protecting women, Prevention and Resposne to GBV against women and girls in Mogadishu” implemented by CISP. The information obtained by primary and secondary sources was then categorized under the key themes that characterize the multi-sectoral protection programmes and examined by the researcher through a descriptive analysis. The study found that multi-sectoral protection programmes promote a holistic approach to tackling GBV in Somalia and foresee a simultaneous action across key sectors including health, psychosocial support, legal justice and security.

The health sector provides the immediate support on health and psychological needs of women and girls that have been exposed to abuse and offer GBV related services to survivors. The key informants interviewed declared that the health care to GBV survivors focused on addressing the physical, mental and psychological consequences of GBV and it was provided extensively in the programmes being implemented in Somalia. In Mogadishu, several Health care centers that provide assistance for the immediate needs of GBV survivors served as a referral system for the other types of services provided by the multi-sectoral programmes. Many beneficiaries of CISP

programme were identified after approaching the health centers for assistance following one or more episodes of violence. One of the woman interviewed declared:

I suffered from domestic violence, and one day after my husband beat me so hard I had to go to the Health Centre in Bondhere to seek for assistance as I was also pregnant. I was provided with free medical treatment. After sometimes, someone contacted me to see how my situation had changed. In this occasion I was also told of this opportunity to receive women skills training which I accepted (Respondent, 2015).

The psychosocial sector, as designed in multi-sectoral protection programmes implemented in Somalia, it encompassed education and income-generating activities in addition to psychological support for GBV survivors. The assumption guiding the psychosocial component of multi-sectoral protection programmes in Somalia was in line with IASC (2010) guidelines to not only promote women economic self-sufficiency but also monitor domestic violence risks and integrate human rights concerns in the education process.

The CISP project “Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu” aimed at improving the response to and prevention of GBV in three districts of Mogadishu (Yaqshid, Bondhere and Karaan), through a multifaceted approach which included capacity building of the women, support to service provision, awareness activities and advocacy. One of the components of the programme was that of the economic reintegration of women that had suffered

from some forms of violence. Through this component, the survivors of GBV received a vocational training and a start up kit to initiate an economic activity which would provide the women with an income that would help them respond to their needs and those of their children. Twenty five women were identified and enrolled in the first group receiving the vocational training. Three of the women later abandoned the programme, while twenty-two of them graduated and are now active in their new economic activity.

One respondent declared:

I was informed about this opportunity by one of the CISP staff, who is the community caseworker, after my husband beat me and bite my lips (Respondent, 2015).

The study found that there is a general recognition among humanitarian operators of the fact that the socio-economic situation of GBV survivors is important as women suffering from some forms of GBV often come from an extremely vulnerable situation. This vulnerability is frequently the result of a social context where male domination and women marginalization are culturally accepted. Mwereru (2012) holds a similar view in the analysis of the GBV problem in Kibera informal settlement in Kenya. Most key informants declared, however, that despite a wide recognition of the usefulness of WEE in Somalia, in very few cases multi-sectoral protection programmes included also the WEE component for women survivors. This is especially true for South Central Somalia, where given the conflict environment characterizing the region, programmes are most concentrated in the provision of services that respond to the immediate needs

of the survivors and on short term emergency interventions rather than on longer term development and support.

The legal and justice sector of the multi-sectoral protection programmes is concerned with the provision of free legal services to women survivors of GBV as well as on assisting public institutions in reviewing laws that reinforce GBV (IASC, 2010). The study revealed that the legal support and access to justice of GBV survivors are considered important in Somalia in order to prevent perpetrators from going unpunished, and in the framework of multi-sectoral programmes, different activities are undertaken that aim to redressing a culture of impunity characterizing the country. These include training and capacity-building to strengthen law enforcement and the judicial system, as well as the provision of legal advice and representation for survivors. The study found that providing free legal services to GBV survivors was one of the components of the referral system that characterize GBV programmes in Somalia. However, in most cases GBV survivors were reluctant to go a step further from the Health and Psychosocial sectors and this was often linked to a general mistrust of the women given the impunity culture of GBV perpetrators in the context of Somalia.

Finally, the study established that the security sector deals with education of those in charge of guaranteeing security, such as police, the military, and in conflict zones as in the Somalia context, peacekeeping personnel, on GBV and how to deal with women survivors. The study found that working with security forces was considered very important by most key informants. However, this was seen as very difficult in a context such as that of Somalia where often those in charge of guaranteeing security, especially

in IDP camps, were themselves accused to be perpetrators of GBV. This is in line with what is reported by the Human Rights Watch (2014) study in Somalia, which revealed that many cases of GBV acts in IDP camps were performed by men in uniforms.

The study also found that multi-sectoral protection programmes foresee activities of raising awareness against GBV and promoting the role of women in the community. This is usually done at the community level where various sensitization activities are implemented. These activities do not only focus on survivors and their awareness raising on how to access legal assistance and services, including health and psychosocial support, but also to stimulate communities to become actors of change in the prevention of GBV. This was an important component of CISP multi-sectoral programme but also of other programmes implemented by various NGOs in Somalia.

4.5 Effect of Women Economic Empowerment on GBV in Somalia

The third objective of the study was to establish the effect of women economic empowerment on GBV in Somalia. This was assessed through the data collected from the women beneficiaries of the multi-sectoral protection programme “Promoting rights, protecting women, Prevention of and Response to GBV against women and girls in Mogadishu” implemented by the NGO CISP in Somalia. The 22 respondents of the study were GBV women survivors that had undergone a vocational training and were active in generating an income from the new economic activity.

In order to assess the effects of WEE on GBV, the respondents were asked questions on their employment and economic conditions before and after enrolling in the programme,

how they felt about their new economic and social condition and how their situation had changed both at household and community level. The primary data obtained were then examined through a descriptive analysis using correlation and cross tabulation.

In order to assess women perception of feeling empowered as a result of their new economic situation and whether this had resulted in higher or lower levels of GBV, women were asked: Does your new condition fit on what you think an economically empowered woman is? Have you ever suffered from any abuse since enrolment in the programme? The responses provided were analysed through categorizing the data collected. Figure 4.5 provides an overview of the responses.

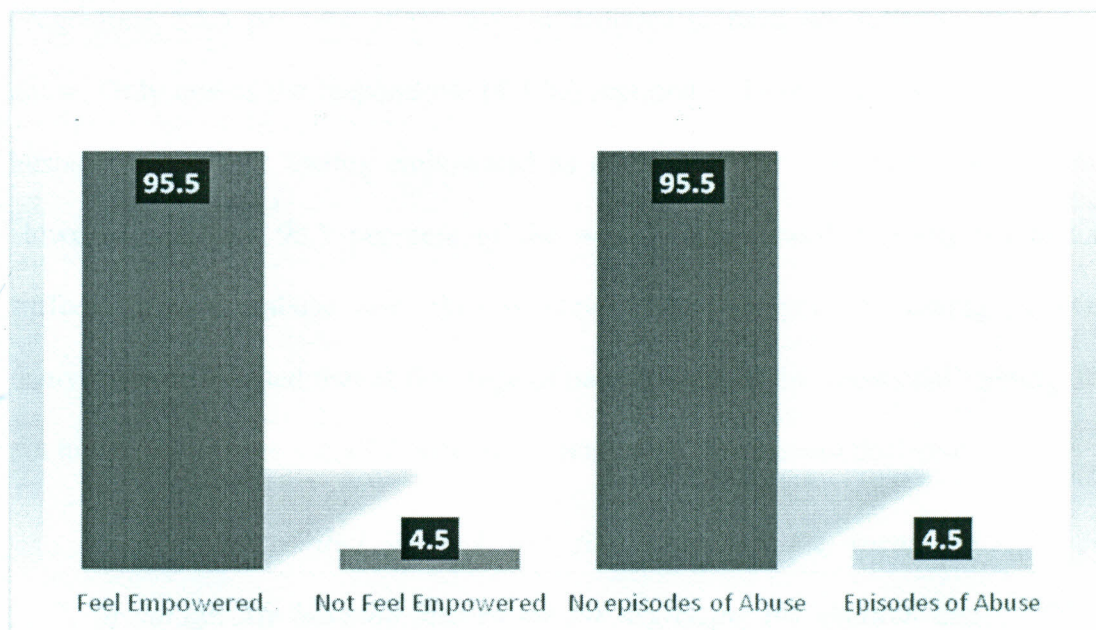


Figure 4.5 Empowerment and further abuse of women beneficiaries (%)

This study thus found that it was only at the stage of women gaining an income and contributing to their families that the attitude of men changed. This confirms the claim of the Family Stress theory, that if GBV is a result of financial strain then economic contributions from women should decrease the likelihood of GBV (Mejia, *et al.*, 2014).

In order to assess women views on the potential of WEE in reducing GBV, women were asked to indicate their views on the statement: Women economic empowerment reduces GBV. A Likert Scale ranging from strongly agree to strongly disagree was provided to register the responses. Figure 4.6 provides more details on the responses.

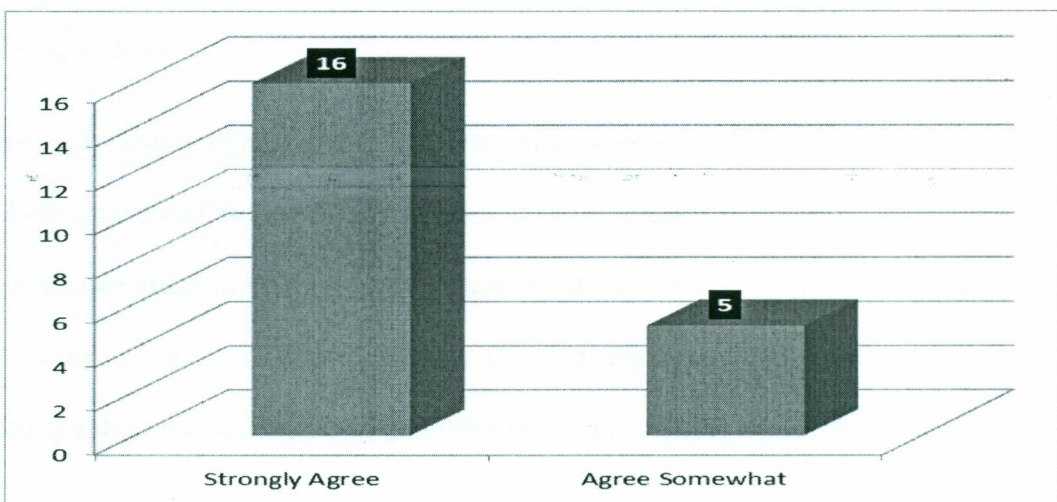


Figure 4.6 Women’s view on WEE potential to reduce GBV (No)

Among the 22 respondents of this study, 16 responded to strongly agree with the view that WEE reduces GBV while 6 respondents declared to agree somewhat. None of the respondents disagreed or were uncertain about the positive effect of WEE on GBV in Somalia. On the same question, most key informants also responded to ‘agree somewhat’ to the view that WEE reduces GBV. This is because in order to achieve a

long lasting effect on GBV other factors that characterize the GBV problem in a society must be tackled simultaneously. This confirms the Socio-Ecological theory arguments that see GBV as having a multilayered nature influenced by four different levels at individual, family, community and society level. Thus, given the multilayered nature of GBV, in addition to the individual and family levels to which WEE contributes, the community and society levels must be tackled simultaneously in order to achieve a long lasting effect on GBV in a given context. The study thus found that WEE is very important in addressing issues at the individual and family level, but given the complex dynamics that interplay to influence GBV levels in a society, other factors must be tackled simultaneously in order to achieve long lasting effects.

The study also sought to determine women perception of their decision making power at both household and community level. In order to assess this, the researcher posed two distinct questions in relation to both household and community decision making power and women feeling of their situation. The responses provided were categorized along each question posed. Figure 4.7 provides women responses.

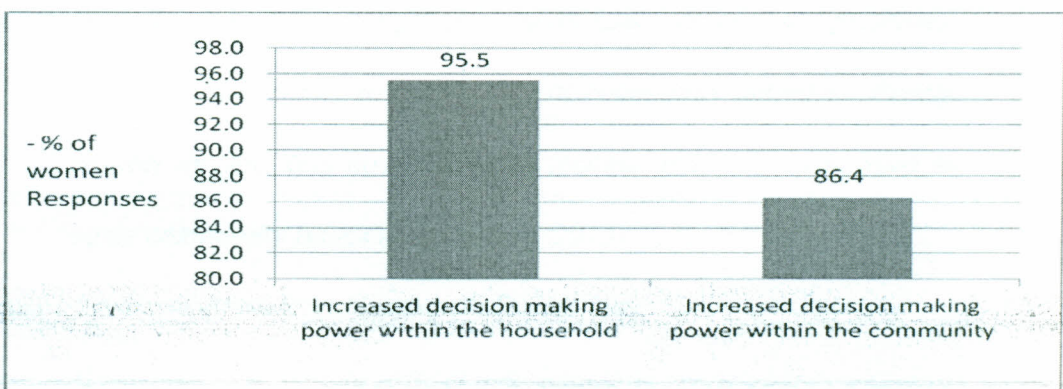


Figure 4.7 Women's decision making power at household & community level (%)

The study found that 95.5 per cent of the women interviewed felt that their decision making power had increased within the household and 86.4 per cent of them declared an increased decision making power also at the community level. This finding is in agreement with West (2006) study in India which found that women participation in income-generating activities led to women's empowerment because of increased bargaining position, which allowed them a greater control over decisions and life choices. At the same time participation in public sphere and interaction with a wider network of individuals helped women increase their self-esteem and self-worth (West, 2006).

Thus, one of the respondents from Bondhere declared:

I am in control of my income and how to spend it for the best of my family and because I am working I feel respected in my community
(Respondent, 2015)

Another woman from Yaqshid observed:

I feel so proud of myself for contributing to my family incomes and this allows me to have a greater say on house expenditure priorities. I also feel motivated to participate in community activities. People respect the fact that now I have an income and seek my opinion in some community issues (Respondent, 2015).

One of the respondents from Karaan confirmed that:

When you work people respect you. I support my neighbors with free tailoring services and sometimes also economically with small loans, and this makes the community respect me. At household level, while

my husband used to treat me as a crazy woman, I now manage the house all by myself and he shows me respect (Respondent, 2015).

In order to assess women economic conditions before and after enrolment in the programme, women were asked to indicate the income group they belonged from the three income groups provided. This was done in order to allow the researcher to do a comparison between the economic status at pre-enrolment in the programme stage and the post-enrolment economic situation of the women. The data collected were examined through categorization according to the main income groups provided. Figure 4.8 provides the percentages of women responses.

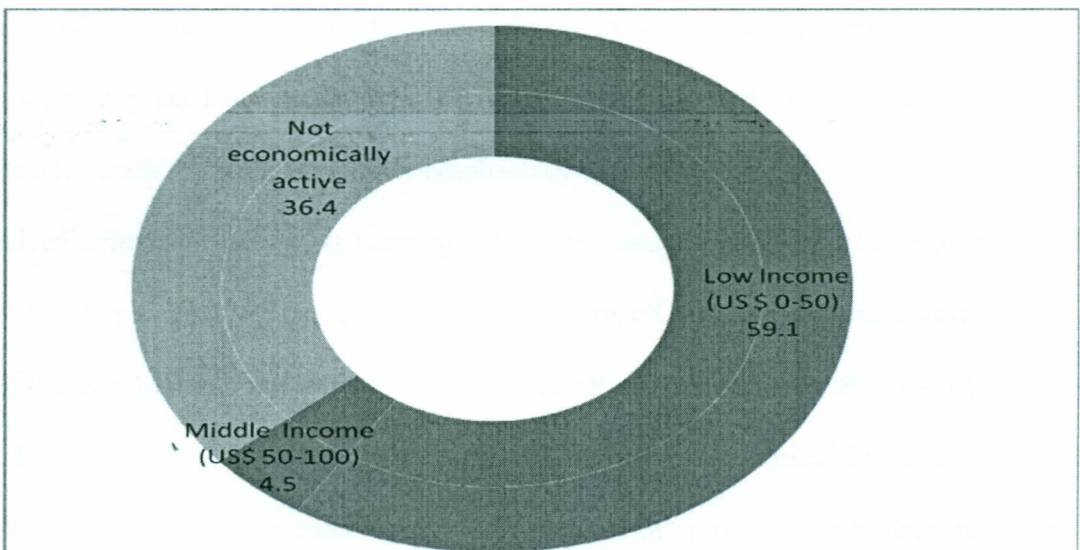


Figure 4.8 Income per month before enrolment into the WEE programme (%)

The study found that women economic status before enrolment in the programme was very low. Only one respondent (4.5%) declared to have been gaining in the middle range income (US \$ 50 to 100) while 36.4 per cent of women had no income. The remaining 59.1 per cent of the women responded that their income from previous

economic activities was in the low range (US \$ 0 to 50). Most of the women who were not economically active and those in the low income range relied for their living on their husbands, relatives and the community while others on the assistance delivered in IDP camps by the international community.

The study, thus, established that women from a precarious economic situation and vulnerable income position tend to be more subject to GBV in Somalia. All the respondents came from a situation of abuse before enrolling in the programme and this situation increased economic dependency on their husbands. This finding is similar to that of Mwereru (2012) study in Kibera informal settlement in Kenya, which found that more often than not women tend to hold on to their marriages due to the financial support they get from their husbands. This finding also confirms the statements of the marital dependency theory which emphasizes women's inferior economic situation and lack of opportunities outside marriage as a determinant for violence to occur in intimate relationships. This is because women are trapped in their marriage due to fewer alternatives to it and are less able to negotiate behaviour change in their partner (Dobash & Dobash, 1979). The study by Straus *et al.*, (1995) in the United States also confirms that highly dependent women tend to experience more physical abuse than those whose economic dependency is low.

In order to assess the new economic status of the women, the researcher asked the respondents to indicate the income group on which they belonged at the time of this research. A summary of the responses are presented in figure 4.9.

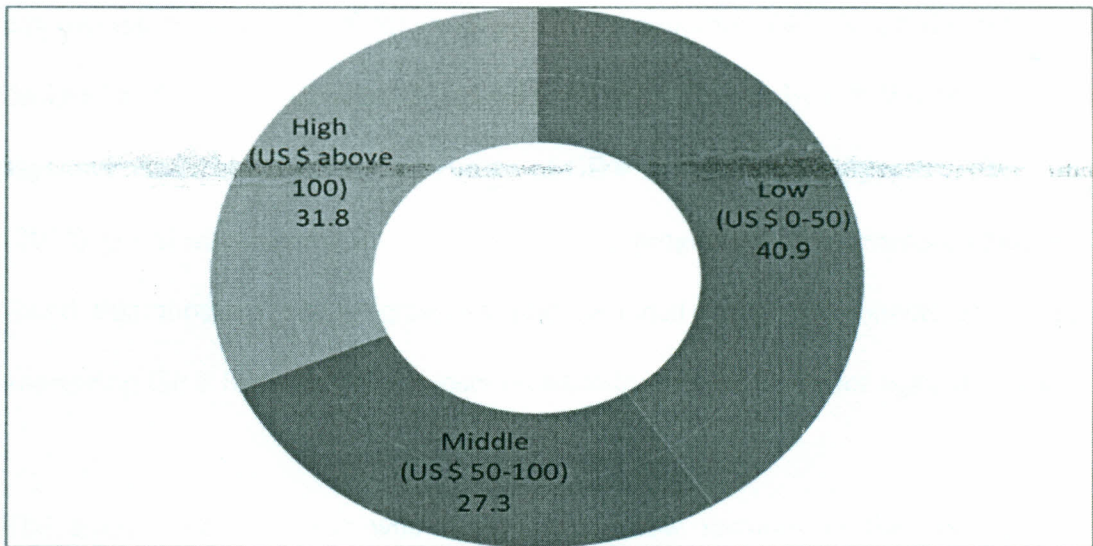


Figure 4.9 Income per month after enrollment in the WEE programme (%)

The study found a reduction of women finding themselves in the low income group as a result of the new income generating activity. From the previous 59.1 per cent of women in the low income group, the figure dropped at 40.9 per cent after starting the new economic activity. The results show that many of the respondents managed to shift from the low income group (US \$ 0 to 50) to the middle group (US \$ 50 to 100) and from only 4.5 per cent of the women reporting to be in the high income group (US \$ above 100) before the enrolment in the programme, the figure raised to 31.8 per cent as a result of the new economic activity.

The study, thus, found an improved economic situation of women respondents as a result of participating in WEE activities. This, as discussed earlier, contributed to reduce violence against women respondents (95% of the respondents declared to have not suffered any form of abuse since enrolment in the programme) and to their feeling

empowered as a result of the new economic condition (95.5% of the respondents declared to feeling empowered). This supports the statement by UN Women (2013) that says that WEE drastically reduces cases of GBV in any community. Also, Mejia, *et al.* (2014) got similar results in the multi-country programmes' assessment study which found that most of the programmes that included WEE components as a way of addressing GBV had a positive impact on attitudes towards violence against women.

The study tried to assess who managed the new incomes in the household. The respondents were asked to indicate who managed their incomes within the household by providing them with different options from which to choose. The data were analyzed though a categorization of the responses according to the options provided. Figure 4.10 shows women responses.

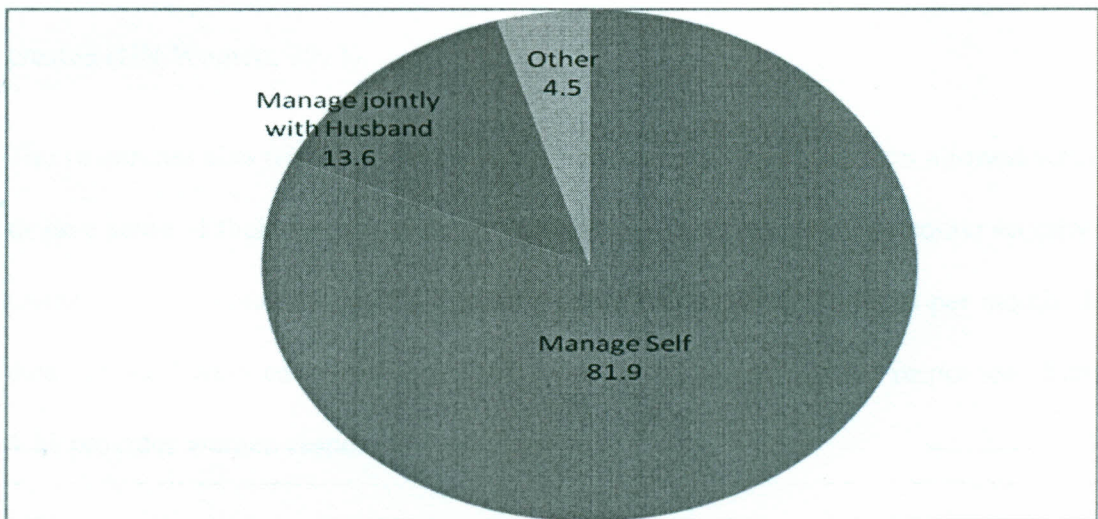


Figure 4.10 Decision power on managing income (%)

The study found that the new economic situation allowed women more decision making power with regard to managing the income they gained. Thus, 81.9 per cent of the women declared to manage their income themselves and 13.6 per cent of them responded that income was managed jointly with their husbands. Only one respondent (4.5%) declared that it managed income with her children.

In order to assess how the income of women was allocated to household expenditure, the respondents were asked to indicate which costs was their income used. The primary data obtained was then examined through a descriptive analysis. Thus, the majority of the income was allocated by women to covering household food costs and to paying school fees for their children. This seems to confirm the UN Women (2013) claim that when women are empowered, their families are healthier, more children go to school, their productivity and incomes are improved and more gender equitable societies can be created (UN Women, 2013).

The researcher also tried to assess whether the new economic situation allowed women to save some of their income in order to establish the longer term economic security of women. The respondents were asked to indicate the amount of savings per month. The data obtained were categorized into different groups as per women responses. Figure 4.11 provides women responses on savings.

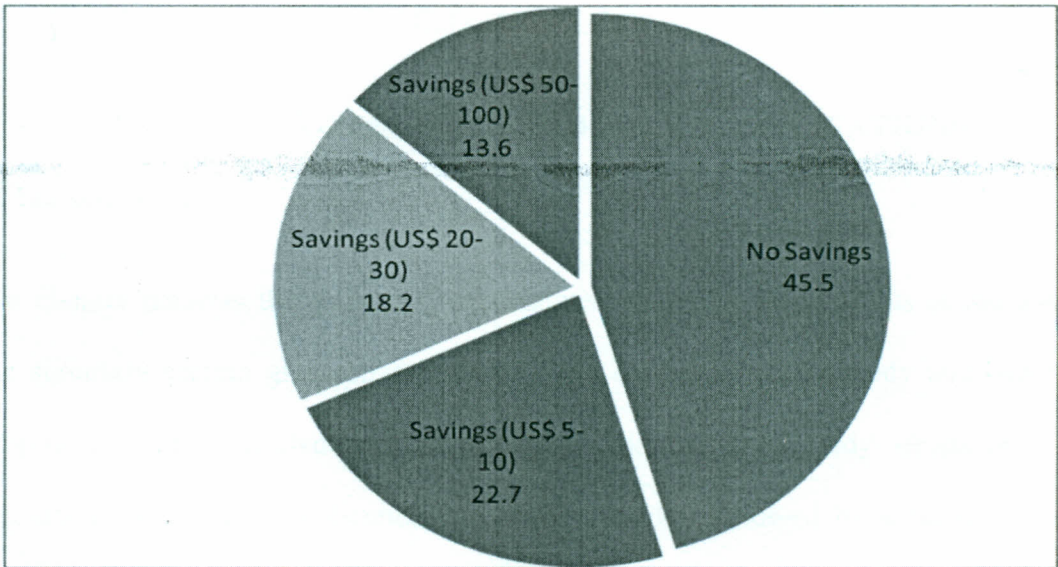


Figure 4.11 Savings on income by women (%)

The study found that 45.5 per cent of the respondents declared to have no savings from their income, 22.7 per cent saved between 5 and 10 US \$ monthly, 18.2 per cent had a saving of between 20 and 30 US \$ and only 13.6 per cent of the respondents declared a saving that ranged between 50 and 100 US \$. Thus, more than half of the respondents (54.5 %) managed to save some of their incomes. This implies that their incomes allowed women not only to cover household monthly expenses and care for their children but also to save some money for future needs. This was certainly seen by women as an empowering aspect of the programme as it allowed them to respond to external shocks and extra costs that could arise in the household while at the same time allowing them save some incomes for the future. The study, thus, established that women economic empowerment has a positive effect on GBV and has the potential of helping women to escape the risk of further GBV in Somalia.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND POLICY IMPLICATIONS

5.1 Introduction

This chapter presents the summary, conclusions and policy implications of the study. The summary section gives an overview of the objectives of the study and how the information was collected and analyzed to address each study objective. The conclusions and policy implications are then presented followed by areas for further research.

5.2 Summary

The first objective of the study was to determine the extent of women awareness in Somalia on the various forms, causes and effects of GBV. This was done through the collection of primary data from women beneficiaries of the multi-sectoral protection programme implemented by CISP in South Central Somalia. The data collected were examined through a descriptive analysis using correlation and cross tabulation of data. The study established that GBV survivors are aware of some of the major forms, causes and effects of GBV. However, subtle forms of GBV such denial of services and opportunities are not seen as forms of GBV by more than half of the respondents and this can be the result of a cultural acceptance of some forms of GBV owing to a cultural tradition of male domination and women subordination in the Somali society.

The second objective of the study was to investigate the nature of multi-sectoral protection programmes targeting GBV survivors in Somalia. This was done through

primary data collection from 15 key informants as well as secondary data collection through consultation of official programme's documents. The data collected were then categorized across the key themes characterizing multi-sectoral protection programmes and examined through a descriptive analysis. The study established that this type of comprehensive programming recognize the holistic nature of the GBV problem and focus around key sectors including health, psychosocial support, legal justice and security. The services provided to women survivors include immediate health support, and a referral system of survivors to other services including legal assistance, psychosocial support and raising awareness and advocacy for the eradication of GBV. This finding is in line with the socio-ecological model that recognizes that women and girls' risk of GBV is determined by various interconnected factors at the individual, family, community and societal level. Thus, multi-sectoral protection programmes work simultaneously at the different levels and factors affecting GBV occurrence in Somalia. The study found, however, that despite a general acknowledgment of the importance of the WEE component within multi-sectoral protection programmes by most key informants, this type of intervention is lacking in most programmes being implemented in South Central Somalia. This is due to the insecurity and conflict situation characterizing the region and the focus of most programmes on short term humanitarian response rather than long term development support.

The third objective of the study was to assess the effect of women economic empowerment component of the selected multi-sectoral protection programme on GBV. The study obtained primary data from the 22 beneficiaries of the programme implemented by CISP in South Central Somalia. The data obtained were examined

through a descriptive analysis using correlation and cross tabulation of data. In view of this, it was noted that WEE has the potential to uplift the lives of women survivors. Most women reported that having an income allowed them more bargaining power with intimate partners and a greater decision making at household level both in terms of managing their incomes and setting priorities on how that income was spent. This is in line with what predicted by Family Stress theory and the Socio-Ecological model which argue that women economic empowerment can have a positive impact into households dynamics and therefore into improving relationships with their intimate partners. However, given the multilayered nature of the GBV problem, as recognized in the Socio-Ecological Model, there are many other interrelated factors that are not only economic in nature that can contribute to GBV in Somalia. These factors include socio-cultural factors, insecurity and conflict that are peculiar to Somalia where GBV is bound to the social context of male domination and control in society. Moreover, the lack of a legal framework that provides women with protection and recognizes and protects women's rights, including property and inheritance rights, can negatively influence GBV levels in Somalia.

5.3 Conclusions

The study concludes that women economic empowerment has a positive impact on GBV survivors and it has the potential to decrease the risk for further abuse. This is especially true for women having low or no levels of formal education and living in a low socio-economic status who tend to experience more GBV in Somalia. However, in order for WEE to have a long term effect on GBV other factors that influence GBV in

Somalia need to be tackled simultaneously. The study also noted that multi-sectoral protection programmes that have a long term implementing strategy in South Central Somalia are very few and the focus is more on emergency short-term programmes rather than on longer term development support which have a greater potential to have lasting effects on women lives. This is certainly due to the conflict situation characterizing South Central Somalia and to the funding policy by major international donors who focus more on emergency response programmes rather than on long term development in the context of South Central Somalia.

5.4 Policy Implication

The policy implications that the results of the study suggest for addressing the complex relationship between the WEE and GBV include the following.

Further study and stronger evaluation design that can help inform future protection programmes in Somalia. There is a limited body of knowledge and empirical data linking the economic empowerment of women and gender based violence in Somalia.

Also, women economic empowerment component of multi-sectoral protection programmes is not often used as a support mechanism to aid women come out from their state of vulnerability and disempowerment. Given the positive effects of WEE on GBV, foreseeing more interventions that include WEE could have a long lasting effect on GBV survivors in Somalia.

Considering having a longer time frame for multi-sectoral protection programmes that foresee consultative processes at the community level is also an important policy

implication. This will allow for WEE impact on GBV to be evaluated more effectively and steps to be taken promptly to rectify and improve interventions and adapt them more properly to the reality of Somalia.

Adopt appropriate conflict management strategies at community level. Given the state of vulnerability of most communities in Somalia, targeting exclusively GBV survivors by multi-sectoral protection programmes can create social tension and conflict between community members who cannot access such services. Moreover, offering WEE support tools only to GBV survivors can have as a side effect the identification of women as GBV survivors and therefore contribute to more social stigmatization of women. This calls for a greater attention to how beneficiaries are identified and supported. Economic empowerment of GBV survivors should be undertaken within a framework of intervention that target women in general so as to avoid unintended consequences and disclosure of GBV survivors identity at the community at large.

Work with men and the youth is a final policy implication. Men should be part of the process of intervention so that a cultural and attitude change can be achieved in the long run. This is crucial to positively affect GBV related outcomes.

5.5 Areas for further research

Further studies should be conducted in other areas of Somalia to assess the effects of WEE on GBV as this would enable a cross country comparison and observation of the trends in GBV. For example, it would be interesting to conduct a research that assesses GBV levels and WEE interventions in the self declared independent Republic of

Somaliland which is now a post conflict area, so that a comparison between a conflict and post conflict areas of the same country and culture could be made.

Research can also be conducted on other aspects of women lives such as health and psychological effects of GBV as well as on how culture influences acceptance of some subtle forms of GBV. This research found that denial of opportunities and services was recognized as a form of GBV by only 50 per cent of women respondents. It would be interesting to go into deeper detail and understand the reason for such result.

Further studies should also be conducted to find out the challenges that local and international organizations face in implementing protection programmes in the Somalia context. These challenges include not only socio-cultural aspects but also insecurity and hostility to international community interventions. Thus, it would be interesting to understand how these challenges limit the provision of services and the outreach of beneficiaries in South Central Somalia.

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[f337277/1373840483536/Ball_Paluck_Fletcher_Reducing%20GBV_January_2012.pdf](http://static.squarespace.com/static/5186d08fe4b065e39b45b91e/t/51e32463e4b0dd172f337277/1373840483536/Ball_Paluck_Fletcher_Reducing%20GBV_January_2012.pdf),

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR INDIVIDUAL WOMEN

PART 1: GENERAL INFORMATION

Dear respondent, my name is Elsona Agolli. I am a student at the Kenyatta University conducting a research study on the "Effects of Women Economic Empowerment on Gender Based Violence". You have been selected to be one of my respondents. I have a set of questions that I would like you to answer with the aim of coming up with data that will be useful to this study. There is no direct benefit for participating in this study. However, your participation will help the design of more effective programs to prevent and respond to gender based violence. All the information given is confidential. Please do not indicate your name.

Section A: General Information

What forms of gender-based violence are you aware of? Tick from the table below:

Forms of GBV	Tick
Rape	1
Sexual Assault	2
Physical Assault	3
Forced Marriage	4
Emotional/Psychological Abuse	5
Denial of resources	6
Denial of opportunities	7
Denial of services	8
Other [specify]:	

Section B: Factors contributing to Gender Based Violence

Below are possible contributing factors to GBV. Please read them carefully and indicate to what extent you agree or disagree with each of them. Indicate the extent of your agreement or disagreement by using the Likert scale:

The factors contributing to GBV are:

	Statements	Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
1	Cultural and Traditional Practices and Beliefs	5	4	3	2	1
2	Collapse of traditional society and family supports	5	4	3	2	1
3	Male wanting to assert their role in the family and community	5	4	3	2	1
4	Personal frustrations	5	4	3	2	1
5	Unemployment	5	4	3	2	1
6	Social conditions	5	4	3	2	1
7	Economic conditions	5	4	3	2	1
8	Insecurity because of conflict	5	4	3	2	1
9	General lawlessness against GBV practice	5	4	3	2	1
10	Retaliation against refugees and returnees	5	4	3	2	1
11	Living in an IDP camp	5	4	3	2	1
12	Drug abuse	5	4	3	2	1
13	Other (explain)					

Section C: Effects of Gender Based Violence

Below are some of the health and psychological effects of GBV. Please study each statement carefully and tick your opinion on the frequency.

The effect of GBV entails:

Statements	Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
1 Danger of contracting HIV/AIDS	5	4	3	2	1
2 Lead to death	5	4	3	2	1
3 Increase the rates of divorce	5	4	3	2	1
4 Social Stigmatization	5	4	3	2	1
5 Social Isolation	5	4	3	2	1
6 Depression	5	4	3	2	1
7 Unintended Pregnancies	5	4	3	2	1
8 Hatred	5	4	3	2	1
9 Broken Families	5	4	3	2	1
10 Lost employment/inability to work	5	4	3	2	1
11 Other (explain)					

Thank you for your time and input.

PART 2: IN DEPTH INFORMATION

Dear respondent, my name is Elsona Agolli. I am a student at the Kenyatta University conducting a research study on the "Effects of Women Economic Empowerment on Gender Based Violence". You have been selected to be one of my respondents. I have a set of questions that I would like you to answer with the aim of coming up with data that will be useful to this study. There is no direct benefit for participating in this study. However, your participation in this study will help the design of more effective programs to prevent and respond to gender based violence. All the information given is confidential. Please do not indicate your name.

1. What is your age?

[]

2. What is your marital status?

Single [] Married [] Widowed [] Divorced []

3. Number of children:

Specify Number []

4. What is your highest level of formal education?

Tertiary [] Secondary [] Primary [] None []

5. In what economic activity were you engaged before enrolling in the programme?

Unemployed [] Wage employment [] Business []

Casual employment []

Other [], specify _____

a) If economically engaged, how much income (in US \$) did you make per month?

(Tick one)

Low (0 to 50) [] Middle (50 to 100) [] High (above 100) []

b) If not economically engaged, how were you earning a living?

**6. How did you come to know about “Promoting rights, protecting women
Prevention of and response to GBV against women and girls in Mogadishu”
implemented by CISP?**

7. What has been the impact on your life from being enrolled in this programme?

8. What is your understanding of women economic empowerment?

**9. Does your new condition fit on what you think an economically empowered
woman is?**

Yes [] No []

Why? (explain) _____

10. What is your view on this statement: Women economic empowerment reduces GBV!

Strongly Agree [] Agree Somewhat [] neither Agree nor Disagree
[] Disagree Somewhat [] Strongly Disagree []

11. How much income (in US \$) do you get per month at present as a result of the Income Generating Activity you are involved in now?

Low (0 to 50) [] Middle (50 to 100) [] High (above 100) []

12. Who manages this income?

Manage yourself [] Husband [] Manage jointly with your Husband []

In laws []

Others [], please specify _____

13. For covering which household's costs is this income used?

14. Who decides on the priorities on how the money should be spent?

You [] Husband [] Joint decision with your Husband []

In laws [] Others [], please specify _____

15. How much per month do you save (if any)? _____

16. How much of the total family income does your salary contribute? (Including husband)

17. As a result of your income/working, do you feel your decision making power has increased within the household?

Yes [] No []

If yes, explain _____

18. As a result of your income/working, do you feel your decision making power has increased outside the household (e.g in your community)?

Yes [] No []

If yes, explain _____

19. In what ways has your income allowed you to empower yourself or your family? (please explain below)

20. How has the attitude of your husband changed towards you since the start of your new economic activity?

21. Have you suffered any abuse since you have enrolled in this programme?

22. If yes, was it before or after you started gaining an income from the new economic activity you are involved in?

23. What would you recommend, from a woman point of view, future programmes should consider regarding GBV situation in Somalia?

Thank you for your time and input

APPENDIX II: QUESTIONNAIRE FOR KEY INFORMANTS

Dear respondent, my name is Elsona Agolli. I am a student at the Kenyatta University conducting a research study on the "Effects of Women Economic Empowerment on Gender Based Violence". You have been selected to be one of my respondents. I have a set of questions that I would like you to answer with the aim of coming up with data that will be useful to this study. Any information you give will be for academic use only.

Name of interviewee _____

Date of Interview _____

Name of the Organization _____

Position within the organization _____

1) I would like to ask some questions about your organization and economic empowerment programmes that you implement.

a. How long has your organization had an economic empowerment intervention?

b. Who is your target beneficiaries?

i. What age groups? _____

ii. What are the inclusion and exclusion criteria for participating in this interventions? _____

c. Number of beneficiaries of your project? _____

2) Can you give me a description of the economic empowerment interventions (including program components, program inputs, training) provided by your organization?

3. What is your view on this statement: Women economic empowerment reduces GBV!

Strongly Agree [] Agree Somewhat [] Neither Agree nor Disagree
[] Disagree Somewhat [] Strongly Disagree []

4) What have been the positive effects (benefits) of your program(s) on women (or girls)?

5). What have been the negative or unexpected effects? (Both impressions/observations and documented).

6) How has your intervention affected the family dynamics or relationships of your target population? (relationships with partners, parents, children, has that changed in any way?).

7) In your opinion, what are factors that influence GBV in Somalia?

8) How does your organization evaluate the relationship between economic empowerment and GBV?

a. Does your organization screen beneficiaries for GBV before or after the economic intervention?

b. Does your organization do anything specific to protect clients from risk of GBV?

9) In your time at [name of organization], how have you seen WEE impact on the life of a woman survivor of GBV?

10) Literature mentions that after women are involved in economic empowerment programs, there can be negative consequences or tension in their families because they are earning more money. Do you have any thoughts on that from your project?

a. How are men engaged in your interventions?

11) How do you define your program's success and achievement?

12) How do you define your programs challenges?

13) What monitoring and evaluation practices do you have regarding this type of intervention?

14) How has this data has been used?

15) Are there other people at this organization or other organizations working on this in this country that would be useful to interview on this topic?

Your feedback and thoughts have been very important, and I appreciate your assistance. Before we end, do you have anything else you would like to add? Anything else you think I should have asked? Can you suggest any other person I could contact to have a talk on the topic?

AND THANK YOU FINAL COMMENTS AND THANK YOU

APPENDIX III: WOMEN FOCUS GROUP DISCUSSIONS GUIDE

Introduction:

1. Introduce self
2. Introduce group discussion process - Interactive, participative, no wrong answers
3. Complete confidentiality - to obtain unbiased responses
4. Rules for discussion - One person at a time, no side conversations, no domination

Questions guiding FGDs:

1. How do you think GBV survivors are thought of and considered in Somalia?
2. What is your view on the effect of women economic empowerment on GBV?
3. In what ways have you been empowered as a result of enrolling in the programme and thus your income generating activity?
4. In what ways have you been disempowered as a result of enrolling in the programme and thus your income generating activity?
5. How would you measure women's empowerment if you had the choice?
6. What things have you been able to achieve for yourself with your new income?
7. Have you been able to convert your new economic role and status into social capital? (acceptance in community and family and involvement in decision making processes)
8. Have you ever experienced any abuse since your involvement in the programme?
9. How does your husband react to your new condition?

FINAL COMMENTS AND THANK YOU