

Baseline Qualitative Research on Sexual Violence and HIV in Kinshasa and Kisangani, Democratic Republic of Congo

OPPORTUNITIES FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

JUNE 2013



Democratic Republic of Congo
Ministry of Health





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KEY TERMS

Democratic Republic of Congo (DRC), gender-based violence, HIV prevention, research report, social and behavior change communication

ACRONYMS

ART	Antiretroviral therapy	PLWHA	Person living with HIV/AIDS
DHS	Demographic and Health Survey	PMTCT	Prevention of mother-to-child transmission of HIV
DRC	Democratic Republic of Congo	PNMLS	National Multisectoral HIV/AIDS Prevention Program
FGD	Focus group discussion	STI	Sexually transmitted infection
GBV	Gender-based violence	USAID	United States Agency for International Development
HIV	Human Immunodeficiency Virus	VCT	Voluntary Counseling and Testing
IDI	In-depth interview		
IPV	Intimate partner violence		
PEP	Post-exposure prophylaxis		

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OPPORTUNITIES FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

BACKGROUND AND RATIONALE FOR THE RESEARCH

The Democratic Republic of Congo (DRC) is a post-conflict country that has experienced grave human rights violations, including high rates of gender-based violence (GBV). According to the 2013–2014 Demographic and Health Survey (DHS), women were subjected to GBV in all parts of the DRC, not only in conflict zones. More than half of women (52 percent) had been victims of physical violence since the age of 15, most frequently from their partner or husband. Three-quarters of female DHS respondents (75 percent) felt that a man would be justified in beating a woman for at least one of the following reasons: fighting with him, burning food, going out without telling him, neglecting the children, or refusing to have sex with him.

The DHS survey also revealed that over a quarter of currently sexually active women (27 percent) reported being victims of sexual violence at some point in their lives and 16 percent had experienced such violence during the past 12 months. In total, half of female respondents (50 percent) were injured by physical or sexual violence during the past 12 months. Thirteen percent of women who were currently or had ever been pregnant experienced some type of violence during their pregnancy. Almost half (49 percent) of those women experiencing violence did not seek help or speak about it with anyone.

These high rates of GBV are alarming—not only because of their immediate effects on women and implications for women’s equality and development, but because of the links between GBV and HIV transmission. The HIV epidemic has become highly feminized in sub-Saharan Africa, where more than three-quarters of 15 to 24 year-olds newly infected with HIV are female and where the majority of the world’s HIV-positive women live. Linkages between HIV and GBV are a global concern, but given the particularly high prevalence of HIV and its disproportionate impact on African girls and women, it is an area of critical concern in the East, Central, and Southern Africa regions. Adolescent girls and young women are among those at greatest risk: they

“stand at the interface of gender and generation” and therefore “have even less power and resources than older women and are even more invisible than adolescent boys and young men.”¹

Research has shown a clear relationship between intimate partner violence (IPV) and HIV transmission. IPV can be indirectly linked (as a “mediating” factor) to increased risk of HIV infection in so far as exposure to IPV has been associated with victims having multiple partners, engaging in transactional sex, and having problems with substance abuse.² Women in abusive or inequitable relationships may also fear asking their partners to use condoms or otherwise engage in safer sex. And abusive partners have been shown to be more likely than non-abusive partners to be non-monogamous. One study suggests that the higher the frequency of violence in a relationship, the greater the risk of the victim contracting HIV.^{3,4}

IPV is also closely linked to disclosure status. Some studies have shown that women experience violent reactions from their partners when they disclose HIV positive status. While data are limited, studies from sub-Saharan Africa that have examined violence as an outcome of women’s disclosure have reported that between 3 percent and 15 percent of women who disclosed their status said they experienced negative reactions including blame, abandonment, anger, and violence.⁵ According to Human Rights Watch,

1 Mabala, R. (2006). From prevention to protection: addressing vulnerability in urban areas. *Environment and Urbanization*. October; 18(2):407–432. doi: 10.1177/0956247806069624.

2 Dunkle K, et al. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*. May; 1:363(9419): 415–1421.3. Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique and ICF International. 2014. Democratic Republic of Congo Demographic and Health Survey 2013-14. Rockville, MD, USA: MPSMRM, MSP and ICF International.

3 Fonck K, Els L, Kidula N, Ndinya-Achola J, Temmerman M. (2005). Increased risk of HIV in women experiencing physical partner violence in Nairobi, Kenya. *Aids and Behavior*, Sep;9(3):335-9.

4 IDunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow, SD. (2004). Transactional sex among women in Soweto, South Africa: prevalence, risk factors and association with HIV infection. *Social Science and Medicine*; 59(8):1581–92.

5 Joint United Nations Programme on HIV/AIDS. (2004). *The Global Coalition on Women and AIDS*. UNAIDS: Geneva. Available at: http://data.unaids.org/GCWA/gcwa_backgrounder_en.pdf.

“the difficulties that women in sub-Saharan Africa face in disclosing their HIV-positive status are reflected in the fact that the lowest rates of disclosure in the studies conducted among women receiving antenatal services were in sub-Saharan Africa.”⁶ A multi-country study conducted by the World Health Organization (WHO) found that fear of violence was a barrier to HIV disclosure for an average of 25 percent of women surveyed, with rates reaching as high as 51 percent in Kenya.⁷

Women’s fear that disclosure of positive status may lead to violence may also prevent them from accessing HIV information; being tested for HIV and other STIs; reporting rape; receiving post-exposure prophylaxis (PEP); taking nevirapine to prevent vertical transmission; and receiving other forms of treatment, care, and support.⁸ Research from Zambia suggests that women who are HIV-positive and in abusive relationships may have more difficulty adhering to antiretroviral therapy (ART).⁹

Finally, in sub-Saharan Africa, where a disproportionate number of the world’s children have been orphaned by the HIV epidemic, girls who have lost the protection of their primary caregivers may be at higher risk for being exploited and abused when relocated to relatives’ homes.¹⁰ Situations of abuse and exploitation are likely to make it virtually impossible for girls to negotiate condom use, putting them at high risk of becoming infected by an HIV-positive abuser.

6 Maman S. To disclose or not to disclose: an overview of women’s HIV serostatus disclosure experiences globally. Paper presented at USAID/Synergy, Women’s Experiences with HIV Serodisclosure in Africa: Implications for VCT and MTCT; March 2004; Washington, DC. p. 3. Cited in Hidden in the mealie-meal: gender-based abuses and women’s HIV treatment in Zambia. (2007). Human Rights Watch. December;19(18A);p 25.

7 Agardh, A, Egerö, B, Eriksson, N, Hammarskjöld, M, Lazarus, JV, Liljestrand, J, and Mårtensson D. (2007). HIV/AIDS and Gender Relations: Men Matter! AIDS, Gender and Masculinities. Swedish International Development Cooperation Agency (Sida). Available at: http://www.sida.se/contentassets/d119c9bfb38543d8b6e421bc385dcfbc/aids-and-gender-relations_687.pdf.

8 Fox, S. (2003). Gender-based violence and HIV/AIDS in South Africa: organisational responses. Braamfontein, SA: Centre for AIDS Development, Research and Evaluation (Cadre).

9 Human Rights Watch. (2002). Hidden in the mealie-meal: gender-based abuses and women’s HIV treatment in Zambia. (2007). Human Rights Watch. December;19(18A);p 25.<http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Hidden%20in%20the%20Mealie-Meal-Zambia%20women%20%26%20HIV.pdf>.

10 Human Rights Watch. 2002, p. 19-20.

RESEARCH OBJECTIVES

Qualitative research was conducted by the C-Change program in DRC as a basis for designing a program to prevent GBV and HIV. The research was conducted with adolescents, adult men and women, and key informants in two cities where activities were planned: Kisangani (Orientale Province) and Kinshasa (Kinshasa Province).

The research aimed to examine current attitudes and behaviors related to GBV and HIV, as well as explore current prevention and response strategies utilized by local communities to address GBV and HIV. The specific objectives were:

- To understand attitudes regarding gender norms and sexual and reproductive health; knowledge and awareness of HIV/AIDS; the nature and prevalence of GBV; and the consequences of GBV and gender inequality in the target populations
- To identify community prevention and response strategies (including available resources) that currently exist to address GBV and HIV

DESIGN, METHODS, AND DATA MANAGEMENT

A total of 24 focus group discussions (FGDs) were conducted. Twelve FGDs were conducted in both Kisangani and Kinshasa, with four FGDs conducted in each of three health zones per city. The FGDs were segmented by gender and by age group (adolescents aged 14–19 and adults 20 and older). Within each health zone, one FGD was conducted for each gender and age group. In addition, 23 in-depth interviews (IDIs) with key informants were conducted in a total of seven health zones (three in Kinshasa and four in Kisangani). Within each health zone, one interview was conducted with each of the following informants: a health worker, a police officer, a religious leader, and a teacher or school director.

C-Change received approval for this study from the Ethical Committee of the University of Kinshasa’s School of Public Health and the FHI 360 Protection of Human Subjects Committee. Verbal consent to participate in the study was obtained from participants 18 and older. Adolescents aged 14–17 assented to participate in the study, and permission was obtained from their parents or legal guardians. Each participant received a transportation reimbursement of \$2 US.

Respondents were assigned identification numbers and no names were used in the notes or transcripts. To further protect confidentiality, only one person per household was invited to participate in the research, and respondents gave verbal promises not to share any information discussed in the group.

The research team was constituted of independent researchers from the Kinshasa School of Public Health (managers), the Departments of anthropology and sociology of the University of Kinshasa, faculty of social, political and administrative sciences, and the “Institut Supérieur des Statistiques”, located in Kinshasa. The research team received an initial four-day training that included a review of the following: research objectives, research instruments, how to lead a FGD/IDI, and how to analyze data. The training also included mock FGDs and IDIs in order to pretest the instrument. The field teams, i.e., moderators and note takers during FGD in Kinshasa and Kisangani, underwent a three-day training that included field practice and training regarding participant recruitment, research ethics, consent procedures, and data collection. The research team also discussed with the field team the emotional impact that the FGDs/IDIs could have on participants and appropriate ways to manage participants’ anxiety levels.

Each FGD and IDI was led by a trained moderator. All FGDs and IDIs were conducted in Lingala (in Kinshasa and Kisangani) or Swahili (in Kisangani) and audio-recorded (SONY voice recorder). Two researchers took notes in each FGD. At the end of each day the research team reviewed, combined, and completed their notes with the assistance of the audio recordings. The recordings were downloaded into password-protected computer files to which only the transcribers and study investigators had access.

During the research, the local field research manager observed selected FGDs and IDIs to ensure that moderators were conducting them correctly, participants had been recruited correctly, and expressed opinions were correctly written down by note takers. The manager also stayed with the field team throughout the research to provide direct supervision and resolve any problems.

After the research was completed, the FGD and IDI transcripts were translated into French for analysis. The researchers and site coordinators conducted a thematic content analysis of the findings using the qualitative data analysis software ATLAS.ti version

6.2.28 (copyright 1993-2015 by ATLAS.ti GmbH, Berlin). The analysis process included selection, targeting, simplification, abstraction, and transformation of the data. A code book was created and used to code words and phrases. New themes and subjects were subsequently identified. Data were analyzed by target audience and then compared across the two sites, Kinshasa and Kisangani, covering 7 health zones (3 in Kinshasa and 4 in Kisangani).

KEY FINDINGS

General perceptions of violence

Participants were asked about roles within a family. They said the father is the head of the household and the mother is in charge of raising the family and educating and protecting the children. Girls and boys help their parents with household chores. Some key informants felt the role of children is evolving, however, and they must take on more responsibility in order to survive.

The situation has changed and life is becoming more and more difficult. Children have become parents themselves, they must feed themselves and clothe themselves. Some unemployed parents, who don't have money, don't fulfill their responsibilities.

—Police chief, Kinshasa

FGD participants and key informants were also asked to describe different kinds of violence in their communities. In Kinshasa, many people referred to Kuluna, or youth gangs armed with knives, who injure, kill, and terrorize certain neighborhoods in the city. Many other types of physical and psychological violence were also mentioned. Types of physical violence included parents fighting with each other, children fighting over food, sexual abuse, and torture of children by their parents. Types of psychological violence included children being accused of witchcraft, women and children being kicked out of their homes, trespassing, and children’s rights being violated. Both male and female respondents also mentioned women and girls being victims of sexual violence.

Violence is when you do something without the consent of your partner. For example,

if a girl refuses to have sex when a man forces her to do it against her will. Taking someone by force, forcing them to do things....

—*Adult female, Kisangani*

Violence is when things are done by force. For example, you take a 12 year-old girl who has never had sex and you force her to lose her virginity. For example, my little brother got a girl and forced her to have sex.

—*Adolescent male, Kinshasa*

When asked about the ideal age for marriage, participants mentioned that girls should ideally be older than 18, because children under 18 are considered minors. However, all of the FGD participants recognized that in practice, the age at marriage is determined by a girl's physical development. "Free unions" (cohabitation) are common at 14–16 years of age, typically when a girl becomes pregnant. Some girls get pregnant as young as 12 years old.

Because of poverty, young girls don't get married, but they get pregnant when they are 12–14 years old. At 12 years of age it's very rare to find a girl who is a virgin.

—*Adolescent male, Kinshasa*

Sexual relations and HIV

The majority of participants reported that men take the initiative when it comes to sex. Female participants added that sex is often a source of conflict between a couple, often degenerating into fights and physical violence. Some male participants did say that women take the initiative when it comes to sex, even aggressively.

The majority of the time, it's the women that force boys to have sex. When they don't have anything to eat at home, they take advantage of sex to get pregnant. In this case, the boys don't have a choice and they accept, ignoring the fact that it was planned in advance.

—*Adolescent male, Kisangani*

Youth frequently engage in sexual relations outside of marriage. Sexual encounters can take place in

a variety of places (depending on one's age and means), ranging from hotels to street corners to the bush on the outskirts of cities. Participants in Kinshasa mentioned kuzu kipe ya yo bars, which are set up for sexual encounters. Some youth have sex on the first day they meet a partner.

Participants were aware of the risks of extramarital sex, including infection with STIs and HIV, which can be fatal. When asked how HIV can be transmitted, participants mentioned sharing sharp objects, having unprotected sex, and blood transfusions. Only a few participants were aware that HIV could be transmitted from mother to child. Participants in both health zones felt that anyone could get AIDS. Participants were aware of other STIs, but had difficulty identifying them by name.

When asked how to prevent HIV, participants mentioned using condoms, not sharing sharp objects, being faithful, and abstaining from sex outside of marriage. Some participants felt that men typically carry condoms, while others felt that women do, especially if they are having extra-marital affairs. A few key informants said that women who carry condoms are prostitutes, however.

The world has changed—women today protect themselves. In Kingabwa, women have more (condoms) because of prostitution.

—*Police commander, Kinshasa*

...a woman who carries condoms is a prostitute or has a lover besides her husband.

—*Male pastor, Kinshasa*

The majority of respondents said that women take the initiative to use condoms because they are afraid of pregnancy and STIs. Participants reported that men do not like to use condoms because they reduce sensation, but some use them to avoid pregnancy and STIs.

Sexual violence

According to participants, sexual violence occurs when one person forces another to have sex without that person's consent. Most participants felt that it is men who are sexually aggressive towards women.

Some women felt that this is due to the fact that men are easily excited and can't control their sexual desires. A few participants recognized that times have changed, however, and that women have started being sexually aggressive towards young men.

It's a complicated story because today girls themselves chase boys; sometimes they will go as far as the boy's house. More often, it's boys. Other girls are prostitutes who rape boys.

—Policeman, Kisangani

Some of the male participants felt that the government wasn't doing its role to suppress or prevent sexual violence targeted at them.

The State is complicit because a 22 or 23 year old woman can force a young 15 year old man to have sex and when they are discovered, the State arrests the boys without asking what happened. Only the boy is arrested and put in prison without taking the girl's age into account.

—Adolescent male, Kisangani

Participants cited a number of motivators behind sexual violence, including how girls dress, alcoholism, fetishes, pornography, sexual stimulants, resistance on the part of the girl, gang violence, the need to satisfy sexual desires, and promiscuity within families.

The way that girls dress, other girls don't wear leggings, drinking alcohol and taking sexual stimulants, kuluna (gang violence), voyeurism.

—Adult female, Kinshasa

The majority of men who rape are pushed to do it by sexual desire. It's after drinking alcohol that their desire is released, and at this moment they need to satisfy their body. There is also a moment when hemp takes charge of young people. You also need to take dress into account, because a man can't stand to see a young girl's breasts exposed. Drunkenness also drives boys...

—Adult male, Kisangani

Participants had mixed opinions about the prevalence of sexual violence. Some felt that it had decreased

since the State began combatting it in cities. Others felt that more parents were choosing to deal with the problem within the family instead of reporting it. Others felt that sexual violence had significantly increased, although instances are "masked" because people don't talk about them publicly.

Currently the problem of sexual violence has grown; it's a large-scale problem. People talk about violence here and there.

—Adult female, Kinshasa

Participants spoke about how things had changed in the past five years, because rapists are now afraid of going to prison. Women's groups have played a role in getting new laws passed. Potential rapists are also afraid of being featured on the *Moliere* TV station.

There are women's groups who are always talking about it on television and laws that have been put in place with prison sentences. Security has also been strengthened. Today, people satisfy their desires with prostitutes, moderating the situation. There are also needy girls that sell their bodies to get what they need.

—Adolescent male, Kinshasa

However, a few participants felt that the underlying causes of sexual violence had not changed (e.g., poverty, drugs, pornography) and that the situation would not change.

Participants reported that parents tend to deal with a rape by negotiating with the rapist's family, especially in cases where the families have known each other a long time or live together. Parents of a victim only go to the police when the two sides don't agree. Families don't want to ruin the reputations of their daughters, so the problem remains hidden. According to the participants, such families are often the biggest advocates for rapists.

One mother whose daughter had been raped went home to get money to pay for the rapist's release from prison. The mother said, "If the boy goes to prison, how will I live, because he's the one who supports me."

—Police commander, Kinshasa

Families rarely report rapes, preferring to remain silent so that their secret is not revealed. According to some participants, this depends on the age of the girl.

When you are talking about young girls, the family files a complaint with the police; but when it's a case of big girls older than 12, the family remains silent to safeguard their reputations.

–Female health worker, Kinshasa

Participants said for some families, rape is a source of income. Parents may deliver their daughter to the family of the rapist. Other families may file a complaint and demand hundreds of dollars in damages. Sometimes fights break out between members of the two families (big brothers, uncles, and cousins). This is when the police intervene and present the case to the judges, who will rule against a rapist and award damages to a rape victim.

The head of the family often intervenes to resolve a conflict by traditional means. He will offer moral support to the rape victim, ensuring she is integrated within the family and treated like the other children. Support is usually provided by immediate family members, given that rape is usually kept a secret.

Participants stated that the wider community is usually unable to help rape victims, because most rapes remain hidden. Some do not remain hidden, however. Many female adolescents 12 to 18 years old are pushed into marriages because of rape. When a rape is reported, NGOs and women's groups advocate for the rapist to be sentenced and provide financial and psychological assistance to the rape victim. Men may make fun of a girl who has been raped, because she has lost "value" in everyone's eyes. Other men may wish to kill the rapist. A young girl who has been raped will feel diminished and will no longer feel comfortable participating in group activities. People make fun of her and she may be rejected by the community, although she may find spiritual support within the church.

The majority of boys are unhappy and think that the rapist should have gone to prostitutes, who expect that; the men are even ready to kill the guilty party; the young girls think that the victim, if she is older than 14, let herself be raped; the women get mad and think that the girl should have cut off the penis; the religious leaders think

that the girl is bewitched and needs a spiritual deliverance; there are no women's clubs in the neighborhood.

–Female health worker, Kinshasa

Participants reported that victims encounter many problems after being raped. They may suffer from anxiety because they are rejected by their communities and their families and their prospects for marriage are reduced. If everyone knows about the situation, the rape victim almost becomes like an object, without any importance, feeling very uncomfortable because others are making fun of her. In some cases she may stop going to school and move elsewhere.

They feel humiliated, sad, worried, and may commit suicide if they haven't been helped. They feel abandoned and excluded from society.

–Adult male, Kinshasa

According to adolescent male participants, a girl can easily reintegrate back into society if nobody knows about the rape. Many girls have premarital sex and it's not considered rape.

When asked what happens to rapists, participants reported that some change their behavior after being imprisoned and others move away. However, some are considered "stars," or powerful men, when they get out of prison. For this reason, parents prefer to resolve a rape by negotiating with the family of the rapist instead of going to authorities.

Security and safety

Participants were asked to identify places where they felt at risk of sexual violence. Respondents mentioned isolated places without much traffic, dark places, unfinished houses, and drinking establishments where women consume a lot of alcohol. In more rural areas, the forest and isolated roads are also risky places. Some women also said that police rape women at night.

Medical care

When asked about the type of care that rape victims receive, the majority of participants reported that families bring the girls to the hospital or doctor to receive medical care. The majority of participants were not aware of any special services for rape victims, and said they receive only such aid as may be provided by their families.

Rape here in Kingabwa remains complicated. There is no help. The police try and do something, but the population views the problem differently. There really is no help.

–Police commander, Kinshasa

For those who do receive medical assistance, the primary objective is to help victims resume their lives after the traumatic event. If a victim arrives in a state of shock, psychological support is given to stabilize her before she receives medical treatment, with the goal of preventing post-traumatic stress disorder. Health care providers follow the national protocol adopted by the Ministry of Public Health and the Ministry of Gender.

Although participants acknowledged the value of these services, they mentioned these are not free—parents must pay the hospital for medical assistance. Participants knew that medical exams were important for verifying rape and testing for pregnancy and STIs, but were not aware of PEP against HIV.

Justice and reparations

The majority of participants reported that rapists are not brought to justice in DRC. This is the reason parents prefer to resolve a rape by negotiating a monetary payment or marriage from the rapist or his family. If the rapist has money or power, he can threaten the girl or her family before she pursues justice, in which case she has nothing to gain by filing a complaint.

Several participants did mention the fact that police take action when a rape is reported.

The police observe and protect the population and reestablish order by arresting the rapist and bringing him to the prosecutor’s office. The police will never be able to prevent these practices, but they can make people understand the consequences.

–Adult male, Kinshasa

However, the majority of respondents viewed the police as corrupt and complicit in acts of sexual violence. Even though they may arrest rapists, the perpetrators are often set free by the prosecutors. The majority of participants felt justice existed for rich people but not for “little” people (people without money).

The police are complicit. If a rapist comes from a family with money, the family pays a bribe so that the rapist can flee, or they change the nature of the infraction to lessen the penalty. Besides, people don’t like to go to the police, there are more amicable arrangements made.

–Adolescent male, Kinshasa

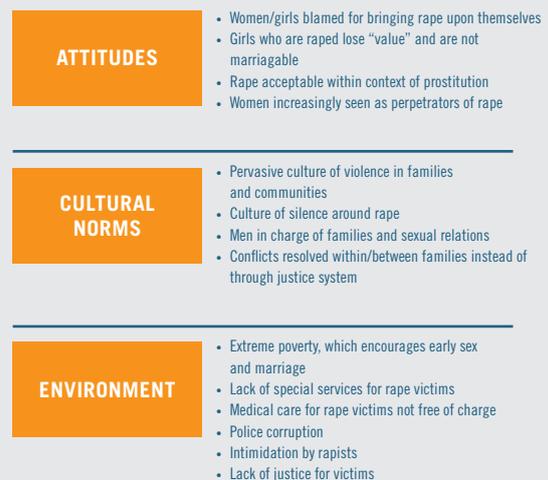
Although some participants acknowledged that there are conscientious police who do intervene fairly, many said that the police take little action because they commit a lot of rapes themselves, and that money rules instead of reason.

They don’t do anything given that the police themselves are big rapists of women and girls. They push families to resolve problems amicably so that they can be there when amends are paid to the victim’s family.

–Adolescent male, Kinshasa

Figure 1 below summarizes the barriers to combatting sexual violence that were identified during the above discussions. They can be categorized under individual and societal attitudes, cultural norms, and an overall environment that encourages violence (in spite of recent laws that have been passed instituting harsher sentences for rape).

FIGURE 1:
BARRIERS TO COMBATTING SEXUAL VIOLENCE
IN DRC



Possible solutions

When asked what can be done at the community level to prevent sexual violence, participants gave a variety of responses, such as avoiding pornography, stricter regulation of alcohol consumption, better police security, avoiding isolated places, sensitization of youth, closing of locations where rapes happen (e.g., bars, hotels), and making the public more conscious of sexual values.

Strengthen police security at night as well as during the day; young people should go home on time; avoid alcoholism and drugs; close factories that make liquor; illuminate dark places; avoid isolated places; make the public more conscious of sexual values; the police should be fair and nearby; eradicate Kuluna gangs; parents should be responsible.

—Adolescent females, Kinshasa

Some of the adult men and women also recommended that young women be sensitized about how to dress more modestly.

Participants named a variety of sources from which they obtain health information, including community health workers, schools, health centers and hospitals, television, radio, NGOs, and churches. Moliere TV was cited as a popular source of information in Kinshasa.

IMPLICATIONS FOR STRATEGIC BEHAVIOR CHANGE COMMUNICATION (SBCC)

Model of SBCC

These findings point to important implications for efforts focused on Social and Behavior Change Communication (SBCC). Figure 2 illustrates a Socio-Ecological Model for SBCC. According to this model, ability to change behavior is influenced by many factors, including knowledge, motivation, ability to act (e.g., skills, access to services, self-efficacy), and social norms.

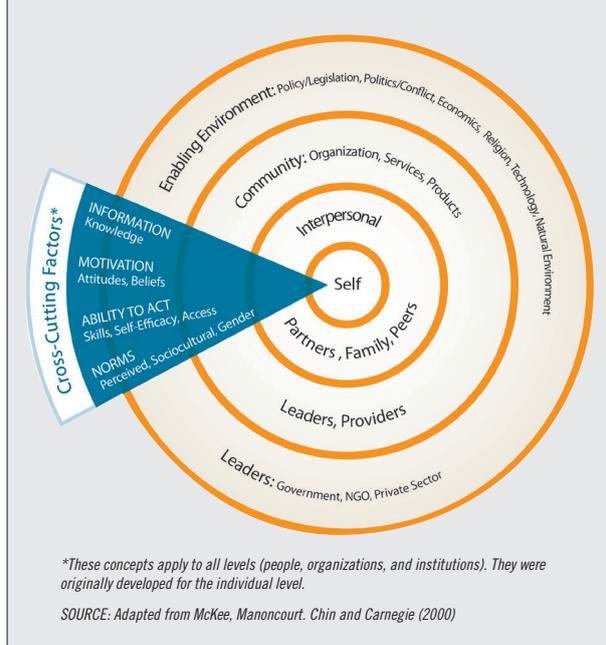
Knowledge

Research participants were very aware of the prevalence of violence, including sexual violence, in their society. They were also aware of the risks of unprotected sex, including STIs and HIV, although they did not have complete knowledge of HIV transmission. Some knew about recent laws that had been passed related to harsher sentences for rapists. None of the participants were aware of any special services available for victims of rape, aside from medical exams at health facilities. Few participants mentioned PEP against HIV, suggesting that they are not aware of this service for rape victims. Both women and men could benefit from more education about HIV transmission and prevention, the rights of rape victims, new laws related to punishment of rapists, and the existence of special services available to rape victims, including PEP.

Motivation

Participants did not seem strongly motivated to protect themselves, their friends, or family members from violence. In fact, according to the DHS survey, the vast majority of women feel that a husband is justified in beating his wife in certain circumstances.¹¹ This apparent lack of motivation could be due to the fact that violence is very ingrained in Congolese society—within families, between couples, and in the wider community. Participants did express frustration with the police and the justice system, suggesting that these institutions are corrupt and unable to protect citizens or to punish perpetrators of violence. It is possible that participants' lack of motivation reflects the fact that violence is a part of

FIGURE 2:
THE SOCIO-ECOLOGICAL MODEL FOR CHANGE



everyday life in DRC and people don't feel there is much that can be done to prevent it. In order for people to feel motivated to address violence within their communities, the culture of corruption will need to be changed and the capacity of the police, the justice system, and NGOs will need to be strengthened. Regarding the threat of HIV, participants did indicate that women are increasingly taking the initiative to protect themselves by negotiating condom use. Participants tended to regard women who negotiate condom use as prostitutes, however, suggesting that negotiation of condom use within other types of relationships is not widely accepted.

Ability to act

It is very difficult for Congolese women and girls, in particular, to protect themselves from violence and report it when it does occur. In Kinshasa, armed *Kuluna* gangs terrorize neighborhoods on a regular basis. There appears to be little that women can do to protect themselves from these armed men aside from staying indoors. The large number of women who marry or cohabit very early—as young as 14 years old—are under the control of their husbands. Unmarried women may be driven by poverty to have unprotected sex in risky situations in exchange for financial support. Their inability to support themselves through other means puts them at risk of HIV and violence. When rapes do occur, girls and women may be unable or unwilling to report the crimes against them because their families may choose to resolve problems directly with the families of the perpetrators. Police corruption—including commission of violence by officers themselves—and an ineffective justice system create an environment of intimidation in which women can neither protect themselves nor seek justice. Many participants also mentioned the high prevalence of alcohol and drug use, which can fuel violence and make it difficult for people to protect themselves (whether they or a perpetrator are under the influence). Programs that empower girls and women to avoid risky situations and negotiate condom use with casual partners, and that provide appropriate services in case of rape, can help to increase self-efficacy related to violence prevention.

Social norms

As mentioned above, a pervasive culture of violence in DRC infiltrates all levels of life. In addition, a culture of silence around rape makes it difficult to report and prosecute perpetrators. The cultural norm of viewing victims of sexual violence as “diminished” in value

also make it difficult, if not impossible, for families to report rapes. If a rape is reported, a girl may never find a husband. Lack of faith in the justice system also leads many families to resolve rape cases between themselves. In some cases, the girl may even be forced to marry the rapist in order to preserve her honor, putting her at increased risk of partner violence throughout the marriage.

The research also suggested that violence is viewed as expected or acceptable within the context of prostitution. Although not directly discussed, such a norm would make it extremely difficult for prostitutes to protect themselves and report rapes.

In order to create a supportive environment in which communities can protect their girls and women, campaigns are needed to change social norms related to the acceptability of violence, the shame associated with sexual violence, and the “value” of women who have been victims of violence.

CONCLUSIONS AND RECOMMENDATIONS

Major system-wide changes are needed in order to decrease the prevalence of sexual violence in DRC, including improved security (especially with regard to *Kuluna* gangs), reduced police corruption, and improvements in the justice system. There is also a need for more services for victims of sexual violence, particularly those providing psychological support, as well as a reduction in fees that are charged for medical exams. Programs to address alcohol and drug abuse could also indirectly contribute to a reduction in all types of violence.

Community-based programs, such as the Stepping Stones program (being implemented by the C-Change project), can help men and women to examine violence in their own communities and come up with locally-driven solutions to address the underlying causes of violence. Such programs, combined with mass media campaigns, are critical for changing social norms related to the acceptability of violence, the culture of silence around rape, and the need to support girls who have been victims of sexual violence. Efforts can also link into peer education programs, which can provide girls and women with the skills they need to negotiate condom use, avoid risky situations, and support each other when violence does occur.



Comprehensive communication campaigns can address violence in multiple ways, such as educating the public about new laws and sexual rights, publicizing cases of rapists who are brought to justice, and promoting role models and different social norms. For example, television or radio dramas can model situations in which men choose not to be violent, women protect themselves successfully, or

the victims of violence are supported by their families and communities. To be most effective, mass media efforts can be combined with mid-media (such as folk performances) and interpersonal communication. Better training of health care providers in how to counsel victims of violence can encourage women to seek their services when in need.







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