

THE INCIDENCE/PREVALENCE OF GENDER-BASED VIOLENCE IN CHAD : A CALL FOR ACTION

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Abstract

Gender-based violence (GBV) has been internationally recognized as a violation of human rights affecting individuals' life, health and well-being, especially women. Therefore, this study attempts to summarize the situation of gender-based violence in Chad. A documentary-based qualitative study using a content analysis method was employed. Data were primarily collected through secondary sources. The search for information and literature was done through Google Chrome search engine, Google Scholar and ReliefWeb Response Services Web using keywords such as "gender-based violence" OR "violence against women" OR "sexual violence" AND "in Chad". Findings revealed that women, girls, refugees, internal displaced and returned people were more concerned with different forms of GBV. Findings also revealed that the causes of GBV are multidimensional in Chadian context including sociocultural, economic and political with high social, economic, psychological, physical and health consequences. The study concludes that GBV has a negative impact not only on the victims but also on the whole Chadian society and suggests the need for a more holistic approach to tackle and end GBV by 2030 with a special focus on gender literacy, sexual violence literacy and health literacy skills to empower individuals and communities.

Keywords: Gendered violence, incidence, gender inequality, women's vulnerability, Chad

Résumé

La violence basée sur le genre (VBG) a été internationalement reconnue comme une violation des droits humains affectant la vie, la santé et le bien-être des individus, spécialement les femmes. Ainsi, cette étude tente de récapituler la situation de la violence basée sur le genre au Tchad. Une étude qualitative basée sur les documents utilisant une méthode d'analyse de contenu a été employée. Les données ont été principalement collectées à travers des sources secondaires. La recherche des informations et de la littérature a été effectuée via le moteur de recherche Google Chome, Google Scholar et ReliefWeb Response Services Web utilisant les mots clés tels que « violence basée sur le genre » OU « violence contre les femmes » OU « violence sexuelle » ET « au Tchad ». Les résultats ont révélé que les femmes, les filles, les réfugiés, les déplacés internes et les rétournés étaient plus concernés par les différentes formes de la VBG. Les résultats ont également révélé que les causes de la VBG sont multidimensionnelles en contexte tchadien incluant les causes socioculturelles, économiques et politiques avec de lourdes conséquences sociales, économiques, psychologiques, physiques et sanitaires. L'étude conclut que la VBG a un impact négatif non seulement sur les victimes mais aussi sur la société tchadienne tout entière et suggère le besoin d'une approche plus holistique pour s'attaquer et mettre fin à la VBG en 2030 avec une focalisation spéciale sur les compétences en littératie en genre, littératie en violence sexuelle et littératie en santé pour renforcer la capacité des individus et des communautés.

Mots clés : Violence genrée, incidence, inégalité de genre, vulnérabilité des femmes, Tchad

Introduction

Gender-based violence (GBV) is a major social and public health concern, which is globally recognized as a serious and pervasive phenomenon affecting individuals' lives and health, especially women (Giammarioli et al., 2023). It is also a violation of human rights (Jatusi & Oyeledun, 2002). GBV refers to harmful acts or practices against individuals based on their gender, sexual orientation or gender identity (Giammarioli et al., 2023), and remains one of the most serious social, legal

and health challenges for the 21st century and has serious impact on women's health and well-being (Sanjel, 2013). Both women and men as well as other individuals who do not fit within the narrow parameters of the assigned society and cultural gender-based roles may experience GBV but around the globe, women and girls were more concerned (Giammarioli et al., 2023). It can occur at any stage of individuals' life and encompasses physical, sexual and psychological violence including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation (FGM), non-spousal violence, exploitation, sexual harassment, intimidation at work, in educational institution and elsewhere, trafficking in women, forced prostitution and violence perpetrated or condoned by the State (Fatusi & Oyeledu, 2002).

GBV is rooted in systemic gender inequality. Fatusi and Oyeledu (2002) argued that socially assigned gender roles which sanctioned male domination over women and women's low social status were the basis of GBV. Besides, Enaifoghe (2019) affirmed the occurrence of GBV is due to systemic gender inequalities in the society that disempowers women, girls and the minorities groups such as Lesbians, Gays, Bisexuals, Transgenders, Cisgenders, Queer (LGBTQ)...stifling their voices. Therefore, it has multidimensional causes including social, economic, cultural, political and religious factors (Sanjel, 2013). The cycle of violence is exacerbated by the lack of a functional justice system and the dearth of available resources (Enaifoghe, 2019). In addition, cultural acceptance of violence against women, male domination in every aspect of domestic and community life, women's low employment and economic opportunities, cultural practices that compromizes women's health and well-being, individual and psychological characteristics such as history of childhood abuse and domestic violence, low self-esteem, drug abuse and mental health problems play significant role in the occurrence of GBV (Fatusi

& Oyeledu, 2002). Despite, various efforts made by governments, national and international organizations to end GBV in the globe, the violence which has serious psychological effects on victims, remains the foremost human rights violation in sub-Saharan Africa (Enaifoghe et al., 2021), particularly in Chad. This situation calls for new actions and strategies to end GBV by 2030 in Chad. Therefore, the study aims to summarize available evidence on the incidence/prevalence and nature of GBV.

Methodology

Research design

GBV is a sensitive issue in research associated with several ethical and methodological risks and concerns such as the safety of both respondents and researchers, the need to protect the mental well-being of respondents and researchers, risks of trauma of both respondents and researchers (Jewkes et al., 2000). Due to these numerous research challenges, this study relied on a documentary-based qualitative study. Qualitative research method is used to gain in-depth insights into a topic or to develop new research ideas (Creswell & Creswell, 2018).

Data sources and collection

The primary data sources were documents such as institutional reports, dashboard reports, articles...Using documents as research sources is not uncommon in social sciences because they are relevant, trustful and useful in social research (Ahmed, 2010). To search for literature, we deployed technology-based mechanisms like internet browsing of the various websites searching for useful literature. We visited Google Chrome search engine, Google Scholar and ReliefWeb Response

Services Web provided by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for literature on gender-based violence in Chad by using a combination of the following keywords in French and English: “gender-based violence” OR “violence against women” OR “sexual violence” AND “in Chad”. Besides, we used the Chadian demographic and health survey reports because they also provide information on the prevalence of GBV.

Data analysis

We determined the relevance of documents that we consulted based on their importance to the research, while the criteria for focusing on particular extracts reflect the issues on which we are seeking evidence. The content of different materials was analyzed using content analysis method, which allows researchers to study and make sense of written documents available in public and/or private domains (Mogalakwe, 2006) and relevant information that can help reaching our research objective were extracted.

Results

State of gender-based violence in Chad

GBV represents a major social problem with a high incidence in Chad. Statistics presented in Table 1 show an alarming situation.

Table 1: Incidence reported in refugees Camps by UNHCR and outside Camps by UNFPA

	2013	2014	2015	2016	2017	2018 ^a	2019 ^b	2020 ^c	2022	2023 ^c	2024
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UNFPA	/	/	/	/	2,243	744	971	1,773	3,520	2,938	2,780
UNHCR	989	1,242	1,525	1,247	/	/	1,188	1,242	/	/	/

Sources: UNFPA and UNHCR

Notes: ^aIncidence for Jan-Apr; ^bIncidence for Jan-May; ^cIncidence for Jan-Sept

Manifestation of gender-based violence in Chad

Literature reveals that GBV is multiform and enacted under many different ways and these are not mutually exclusive since multiple incidences of violence can happen at once and reinforce each other. It included rape, sexual assault, female genital mutilation (FGM), physical assault, forced and child marriage, denial of services, opportunities and resources, survival sex/sexual exploitation, human trafficking (Bah et al., n.d; UNHCR 2015, 2016). One report identified five broad categories of GBV that are: abuse of power and domination, psychological violence, economic violence, physical violence and sexual violence (Table 1) (Le Masson et al., 2017). The most common types of violence reported in Chad were : psychological, physical, economic, forced marriage, sexual assault and rape (Le Masson et al., 2017; Ministère de la Femme, de l’Action Sociale et de la Solidarité Nationale [MFASN], 2015; UNFPA, 2017, 2018, 2020, 2022, 2023a, 2023b, 2023c, 2024a, 2024b, 2024c) but the mostly reported cases of GBV with a very high prevalence were psychological, physical and economic (UNFPA, 2017, 2018, 2020, 2022, 2023a, 2023b, 2023c, 2024a, 2024b, 2024c). According to the national survey conducted on 2010, the common types of psychological violence experienced by women in reproductive age were in order

jealousy of the partner (55.3%), control over movement (44.5%), lack of trust (32.5%), restriction to work (27.6%), no permission to meet other female friends (27%), accusation for infidelity (18.4%), humiliation (9.6%) and threat (7%). In addition, 18.4% and 12% of women had respectively experienced physical and sexual violence in 2010 (Institut National de la Statistique, des Etudes Economiques et Démographiques [INSEED] et al., 2011). Between 2014 and 2015, 29%, 28% and 11.6% of women in reproductive age had respectively experienced physical, psychological and sexual violence (INSEED et al., 2016). In intimate partnership/relationship, 34.8% of women had experienced intimate violence, in which 26.4%, 24.1% and 10% were respectively physical, psychological and sexual between 2014 and 2015 (INSEED et al., 2016).

Table 2: Forms of GBV in Chad

Abuse of power and domination	Psychological violence	Economic violence	Physical violence	Sexual violence
• Forcing girls and women to marry	• Scorn, denigration	• Denial of resources	• Hitting in the face	• Rape (women, teenage girls and girls)
• Prevent girls from attending school	• Abandoning at home	• Depriving a woman of or monopolizing her resources (bags of millet, money)	• Thraching/beating	• Deflowering
• Prevent women from going to the health center	• Threatening to marry another woman	• Preventing women from working	• Cutting the throat of one's daughter who refused to marry the man chosen for her	• Mutilating the genitals of girls
• Preventing an abortion or forcing women to abort	• Reminding women they are inferior to men	• Asking the family of a woman who wants to separate from her husband to repay twice the dowry	• Abusing Koranic school students	• Rape of students
• Forcing women to stay at home	• Insults	• Prostitution of destitute women	• Kidnapping girls	
• Preventing women from accessing contraception	• Blaming a woman for bringing shame on the family when she is raped		• Beating a daughter to death because she became illegitimately pregnant	
• Preventing women or	• Separating a girl from her parents when she is raped			

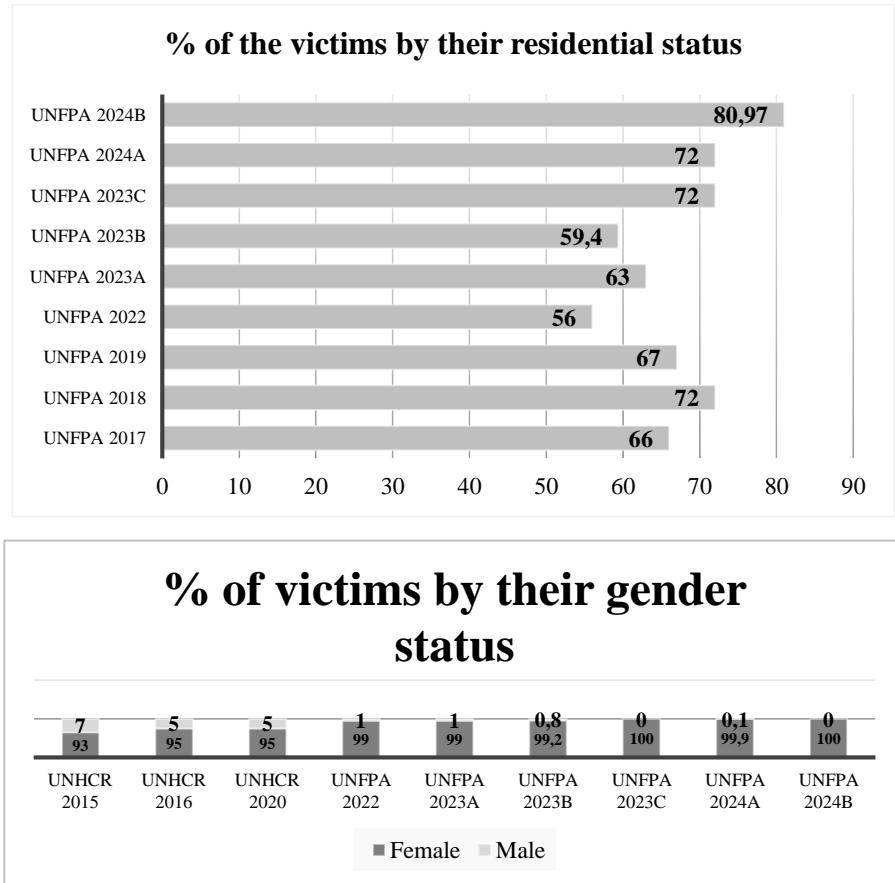
their families from complaining to the authorities	• Harassing single women in the public space
• Preventing women from getting divorced	• Divorce because a woman is HIV-positive
• Controlling the resources of the home	
• Dominating decision-making in the home	
• Poligamy	

Source: Le Masson et al. (2017)

Who is more affected by gender-based violence in Chad?

Evidence shows that women and girls and those who were aged 18 years and above represent the population at higher risk of GBV in Chad. The available data presented in Figure 1 show that women represented the majority of the victims than men with a prevalence of cases ranging from 93% in 2015 to 100% in 2024. According to the national surveys, only 3.2% of men in 2010 and 6.5% between 2014 and 2015 had respectively experienced psychological and physical violences (INSEED et al., 2011, 2016). In addition, results from Figure 1 show that non-residential people (refugees, internal displaced and returned) were more affected by the GBV than residential people in Chadian context with the prevalence rate of more than 50% of the cases.

Figure 1: Percentages of the victims of GBV by their residential (residential vs non-residential) and gender (Female vs Male) status from 2017-2024



Causes of gender-based violence in Chad

Results from the literature, presented in Table 3, reveal that GBV is a symptom of underlying problems occurring at the

individual, sociocultural, legislative, economic and political levels.

Table 3: Underlying causes or risk factors

Underlying causes or risk factors	Sources
Destabilization, low-intensity conflicts, heightened insecurity, absence of the rule of law, heightened rivalry between internal displaced population, refugees and host communities, gender inequalities, harmful traditions, livelihood constraints, greater hardship and frustration among men, alcohol abuse.	Soljhell et al. (2010)
Lack of knowledge and awareness about sociojuridical status of chadian women, sociocultural practices (mores, traditional values and gender norms), poverty.	Ministère de la Femme, de l’Action Sociale et de la Solidarité Nationale (2015)
Mores and discriminatory traditional values.	Seli et al. (2024)
Mores, traditional values and discriminatory practices towards women and girls	Bah et al. (n.d)
Illiteracy, low level of education, lack of knowledge related to woman/girl rights by women and girls, impunity, discriminatory laws, women and men’s attitudes towards GBV, sociocultural norms.	Motlagh et al. (2021)
Food insecurity and malnutrition, forced movements of population, climate change (inondations), presence of non-state army groups, harmful traditional practices, negative	UNFPA (2023d)

adaptative mechanisms, inter and intra community conflicts, lack of resources.	
Power inequalities, unequal sharing of resources within households, inequality in terms of workload, polygamic practices, sexist stereotypes, sociocultural prejudices, limited policy implementation, husband abandonment, lack of natural resources, household poverty, alcohol consumption/abuse, daily manifestation of patriarchal domination, women's behaviors such as lack of respect towards husband, refusal of sex activity with husband..., conflict between couples with HIV, especially when the male partner is HIV-negative, women's participation in the household decision making process, ignorance of abuses or risk to which women/girls are exposed, fear of reprisals, fear of consequences of questioning social norms or local culture, lack of general consideration of girls as right holders and lack of respect from them as agents of their own development.	Le Masson et al. (2017)
Disasters, households poverty, lack of access to protection and justice, male migration and pressure on female-headed households, limited livelihoods, domination of women by household, family, or community, lack of reproductive health and sex education.	Le Masson et al. (2019)
GBV may be caused by individuals' attitudes towards GBV. According to the national survey conducted on 2010, 62.3% of women thought that it is normal for a male partner to exercise violence against female partner. More recently, the percentage of women who had positive attitude towards GBV increased. 89.4% of	INSEED et al. (2011) and INSEED and UNICEF (2020)

women in 2019 thought that it is normal for a male partner to exercise violence against female partner and 64.3% of men thought that it is normal.

Impacts of gender-based violence in Chad

GBV is a major issue with serious social and public health consequences. It has various economic, social, physical and health effects. According to the MFASN (2015), GBV leads to the lost of woman's dignity, low self-esteem, school and work failure, health fragility (mental illness, death, disability), juvenile and senile delinquency, family disequilibrium, prostitution, and social insecurity. Besides, it leads to low decisional power in women, early marriage to preserve family reputation, and FGM (Seli et al., 2024). Other researchers revealed that GBV has a negative impact on social change by reducing human, physical and social resources of survivors and their homes; limiting opportunities for survivors to access knowledge and information; repressing collective decision-making processes; restricting learning opportunities; tolerating the impunity of perpetrators of violence and maintaining social norms (Le Masson et al. 2017). According Le Masson et al. (2019), the medical or health effects of GBV include psychological and mental trauma, pregnancy, surgery, complications during childbirth, fistula and even death. The national survey conducted in 2010 revealed that 2% of non-single women survivors aged 15-49 years had bruise, injury or fracture (INSEED et al., 2011). From 2014 to 2015, 40.1% of non-single women who experienced any type of domestic violence were physically hurt including injury, bruise, fracture, sprain, broken teeth, cut during their life and 49.1% during the last 12 months (INSEED et al., 2016).

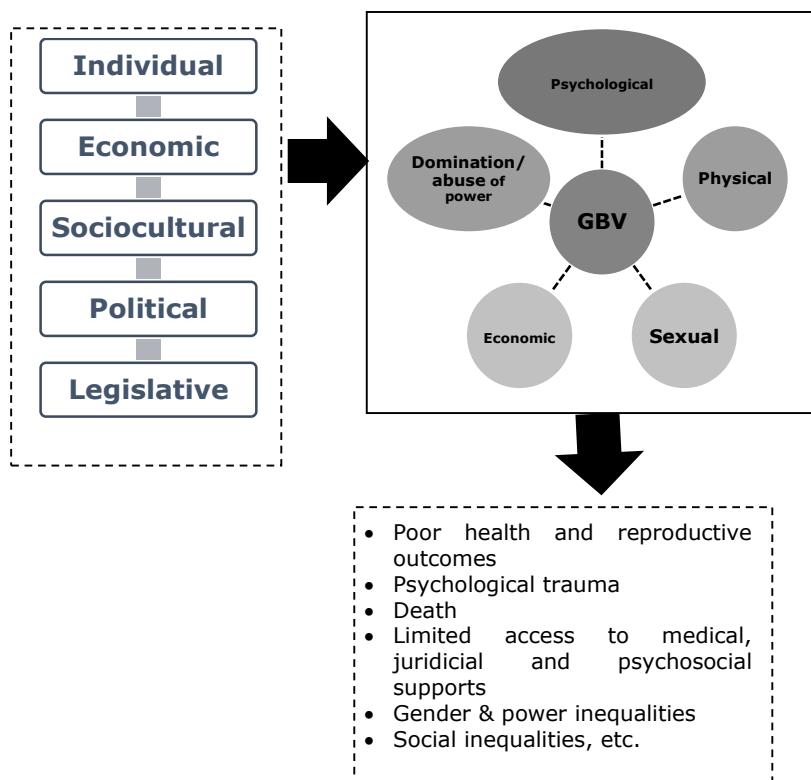
GBV has also economic costs not only on the individuals but also on the entire community, whether explicitly or implicitly in any community setting where these practices are very common. The cost includes the extra expenditures of providing the victim with health care services (Le Masson et al., 2019). It prevents women from diversifying their resources, creates a shortfall for the entire household through limiting survivors' physical and/or mental ability to maintain their domestic and productive activities or through imposing rigid social norms that forbid women to earn incomes (Le Masson et al., 2019).

GBV has social effects such as rejection of the survivors by their family and community, restriction of social capital and limitation of the ability to attend school and access more lucrative income-generating activities, to develop their knowledge and to contribute to decision-making (Le Masson et al. (2019). It also affect transformative capacities such limited social change, lack of access to information and communication channels, lack of access to justice and psychosocial support services (Le Masson et al., 2019).

One report revealed that GBV negatively affects the ability of survivors and their household members to secure and strengthen livelihoods; prevents survivors from fulfilling their responsibilities; restricts women and girls own health and well-being and those of their children; have negative impact on household economic resources and access to basic services such as children's schooling; limits access to physical resources; increases family rejection. It also reduces opportunities for survivors to access employment or financial supports; forces women and girls to change their habits such as no longer collecting water or firewood, not going outside the village; promotes social exclusion of women and girls and power's abuse, domination over women and girls' behaviors and decision-making processes. It limits women and girls' ability to learn, to initiate activities and to innovate; limits survivors'

ability to complain, access to medical, juridical and psychosocial support services and holds leaders accountable for crimes or making decisions that run counter to human rights and sustainable community development; limits women's opportunities to question power relationships, unequal social norms, to conceive the possibility of remarrying, to question polygamy (Le Masson et al., 2017).

Figure 2: Conceptual framework for understanding the causes and effects of GBV on the victims and the society in Chad



Discussion

GBV remains a common problem to everyone and everywhere around the world irrespective of their differences in terms of multiple aspects and a hidden iceberg (Gebresilassie et al., 2023). Therefore, understanding how and why it occurs as well its impacts on the individuals and the whole society could be beneficial to prevent, reduce or end it.

We found that GBV remains a main problem with a high incidence and/or prevalence and took various forms including psychological, physical, economical and sexual but the most common forms that are prevalent in Chadian context were psychological, physical, and sexual. Ostadtaghizadeh et al. (2023)'s review of studies confirms our results by revealing that the most common forms of GBV were physical, sexual, psychological, emotional, economic, digital and virtual, substance use, structural, verbal, deprivation in personal or social life, femicide and suicide. These suggest a need to increase individuals' or communities' levels in gender literacy, GBV literacy and sexual violence literacy by developing and/or improving their ability to find, analyze, understand, evaluate information related to gender, sexual violence and GBV and apply these information to make informed decisions that can benefit individuals and their communities and to critically think about gendered discourses and share true information with others.

The study found that causes of the incidence of GBV identified were multidimensional, including individual, sociocultural, legislative, economic and political dimensions or causes. This result confirms an earlier review that GBV is caused by multiple factors from individual, sociocultural, legislative, economic and political levels (Lennon et al., 2020; Muche et al., 2021; 7

Ostadtaghizadeh et al., 2023; Wanjiru, 2021). Our result also confirms the assumptions of ecological approach to abuse that GBV is a multifaceted phenomenon grounded in an interaction among personal, situational and sociocultural factors (Dutton, 1994; Heise, 1998). This result suggests a need to change the culture and laws that act against women, girls and other minorities groups. To reduce GBV against women, girls and other minorities groups, it is necessary that in traditional society where women, girls and other minorities have less freedom, arrangements should be made to educate them so that they could have knowledge of their basic rights. Therefore, it is important to support legal institutions follow-up and deal with any violence in the society (Ostadtaghizadeh et al., 2023). This education should not be limited to only women and girls but to the whole society regarding any kind of violence against individuals, especially women and girls and every person should consider himself responsible in this regard and government should provide financial support to create a sense of financial security in difficult situations (Ostadtaghizadeh et al., 2023).

The study also revealed that GBV has negative effects on several aspects of victims' life and the whole society. These included health, physical, psychological, economic and social consequences. This result corroborates the already established consequences of GBV. Various studies have documented that GBV increased the risk of different reproductive outcomes, mental disorders, disabilities, social and economic problems as well as gender inequalities (Grose et al., 2021; Muche et al., 2017; Wanjiru, 2021). These suggest an urgent need to develop health literacy, reproductive health literacy as well as mental health literacy skills in individuals to fight against GBV in the Chadian society. In addition, to fight against and end GBV as well as its harmful consequences, police officers, experts in women's affairs, prosecutors and judges should be trained and equipped with appropriate knowledge and skills to handle GBV

and there should be a legal protection for victims of GBV so that the offenders do not attack again or take any forms of revenge (Muche et al., 2017). Women and girls should be empowered through education, economic independence, respect for women's rights, and courts should provide a special center that work on GBV and focuses on empowering victims (Muche et al., 2017).

Strengths and limitations

The phenomenon of GBV was less studied in Chad, therefore this paper provides a synthesis of available evidence to provide insights into the issue. This study was not without limitations. Although every efforts were made to ensure a comprehensive access to literature, some information may have not been included. The study focused on secondary data limiting the empirical testing of factors that may have more influences on GBV over others. The lack of empirical published papers on GBV in Chad is also a limitation in this study. Besides, reported incidence/prevalence may not be representative for the whole population due to cultural norms that are prevalent in Chad, cases may be underreported. Due to the lack of serious attention and the ignorance of the issue of GBV in scientific literature in Chad, there is a need for more attention to the causes/factors and consequences of the GBV in Chad using either qualitative, quantitative or mixed-methods approach. Studies are needed to find out strategies used by survivors/victims to manage GBV for survival programs development.

Recommendations

Based on the findings, it is suggested a need for a holistic approach by building resource networks, counseling services and community initiatives to dispel or eradicate myths,

misconceptions, traditional norms and beliefs and harmful practices that reinforce the perpetuation of GBV in Chad. A holistic approach to tackle GBV in Chad requires addressing the issue from multiple angles, focusing on prevention, social protection, response, and long-term support by strengthening laws and policies, engaging communities through initiatives, empowering survivors, implementing educational programs that promote gender equality, healthy relationships etc. in the communities, and addressing the root causes of GBV (Mohammad, 2024). This requires a collaboration between multiple actors such as the government through the Ministry of education, health, justice, social protection, etc., national and international organizations and healthcare services.

Conclusion

Findings revealed that GBV is a major social and public health concern, which takes various forms in Chadian context and is a symptom of problems that occur at individual, cultural, economic, political and legislative level with harmful health, psychological, economic and social consequences. The study suggested a use of a holistic approach to stop or reduce GBV and a provision of education programs for raising awareness among individuals and stakeholders based on gender literacy, GBV literacy, gendered sexual and reproductive health literacy and sexual violence literacy.

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