

Gender-Based Violence and the Impact on Women's Health and Well-Being in Papua New Guinea

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Abstract

This article presents the results of a research study into gender based violence in Papua New Guinea and the impact on women's health and well-being. Data were gathered using a validated WHO instrument designed for multi-country use. Two hundred women were surveyed from rural and urban areas in coastal, highland and island provinces. Despite United Nations conventions, government policies and laws, the finding is that the extent of violence against women in PNG is alarming. Two-thirds of the women had been victims of gender-based violence and this statistic was the same as a finding from a Law Reform Commission study more than twenty years ago (Toft and Bonnell, 1985; Toft, 1986). Despite extensive public awareness and education programs about gender equity and women's rights, women's acceptance of a submissive role and a man's right to hit a woman or demand sex are equally alarming. After a lifetime of women being socialised into a subservient role, there are no easy or quick solutions to achieving gender equality. It requires efforts by many stakeholders to address discrimination, promote women's equality and empowerment, and protect and uphold women's human rights.

Key words: violence against women, gender, physical violence, emotional violence, sexual violence, domestic violence, human rights

Introduction

To the best of the author's knowledge, this is the first use in Papua New Guinea (PNG) of the World Health Organization (WHO) research instrument (Jansen, Watts et al. 2003), that was designed for multi-country use to investigate women's experiences of domestic violence and its impact on their physical and mental health. A central concept for the study was the following definition of 'violence against women' from the United Nation's Convention on the Elimination of all Forms of Discrimination against Women (United Nations 1979, Article 1).

Violence against women means any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Violence against women is a violation of human rights. The current climate of emotional, physical and sexual violence in PNG violates women's basic human

rights, causes untold pain and misery, impedes women's participation in the development of the country, reinforces other forms of violence throughout society, and psychologically damages children who witness such violence.

The purpose of this study was to gain relevant data from women in a range of provinces in Papua New Guinea on gender-based violence and the impact on their health and well-being. Aspects of the data gathering included emotional, physical and sexual violence, causes of violence, injuries sustained, the impact of violence on mental and physical health, childhood experiences of violence, whether women defend themselves, where victims of violence seek help and whether women had independent incomes. The findings are important to illuminate the issues and influence interested agencies in seeking ways to prevent violence and to support abused women and children.

Methodology

Data were gathered through interviews. The interview schedule used sections of the WHO Violence Against Women Instrument which was developed for use in multi-country studies on women's health and domestic violence. The instrument was designed to explore life experiences of women in regards to physical and sexual violence by current or former intimate male partners and symptoms related to physical and mental health. Questions were translated into a local language (*Tok Pisin*) and pre-tested by a team of two trained interviewers. The survey included an individual consent form and the interviews were conducted according to ethical standards. The data analysis was done at the Centre for Information Modelling in the Humanities of the University Graz in Austria.

The study was a cross sectional survey covering four PNG provinces: Western Highlands, Eastern Highlands, Madang and the Autonomous Region of Bougainville. Interviews were conducted in five sites: Madang, Bogia, Goroka urban, Goroka rural, Mt Hagen and Arawa. Each of the sites had different demographic and geographic characteristics: Madang is the capital city of a province in the coastal region; Bogia is a rural town in the Madang Province; Goroka is the capital town of the Eastern Highlands Province; Mt Hagen is the capital city of the Western Highlands Province; and Arawa is a city in Central Bougainville. These locations are indicated in Figure 1.

Two hundred women between the ages of 17 and 60 years were interviewed between February and May 2009. A convenience sampling approach was adopted. Women who participated in the study were either volunteers who came forward after being informed of the study through local advertisements, women's organizations, church leaders, business owners and personal communication of the investigators, or actively recruited at the local markets, along main communication routes, at community council wards, and during a workshop on 'community based peace-building and trauma counselling' in Arawa. The women were representative of urban and rural highlands, coastal and islands regions. Numbers and locations of women interviews are presented in Figure 2.

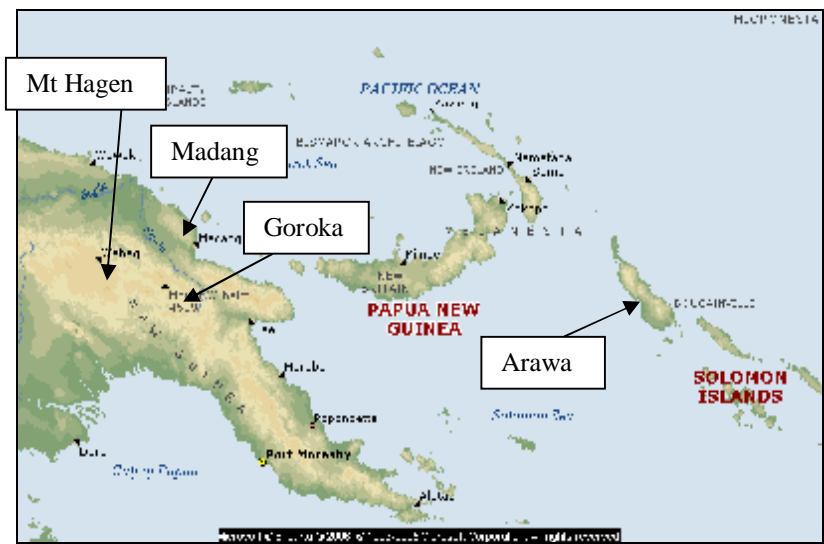


Figure 1: Papua New Guinea sites for data collection

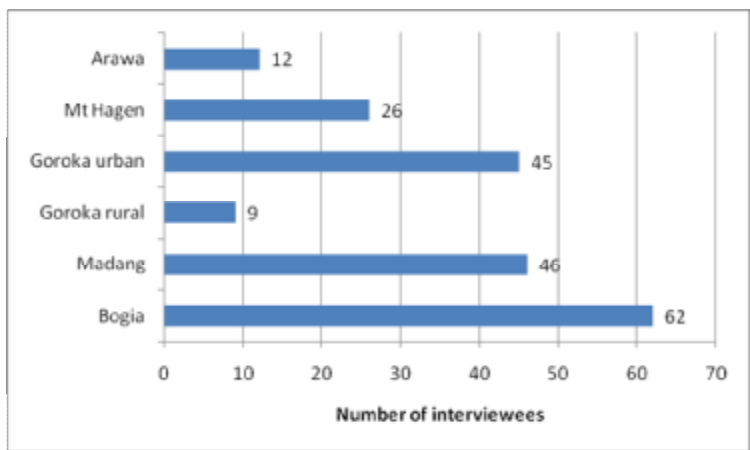


Figure 2: Numbers and locations of participants

Results

Results are frequently presented as percentages to illustrate the comparative extent of views or issues. Where the words husband and wife are used, they can also be interpreted to mean a woman and her male partner.

Husband-wife relationships

Six questions explored women's attitudes to their status within a male-female relationship. A clear majority of women interviewees (78%) believed that a good wife obeyed her husband. The majority of women (66%) believed that a man must show that he is the boss in the relationship. Over half of the interviewees (61%) agreed that a woman should choose her own friends. Less than half of the interviewees (46%) agreed that a woman was obliged to have sex with her husband. The clear majority of women (86%) thought that problems between a husband and wife should only be discussed in the home without involving outsiders. However a majority (82%) indicated that others outside of the immediate family should intervene if a husband was violent to his wife.

The fact that 78% of the women believed that they had to obey their husbands and 66% believed that the man must show that he is the boss raises the question about the impact of awareness programs on gender-equality and human rights. Women's beliefs that they have to be submissive to their husbands and that they see the man as the boss in the family are fostered by their cultural socialisation and support gender inequality and the disadvantages of females in Papua New Guinea.

When physical violence is justified

The interviewees were asked to consider when it might be justified for a man to hit a woman. The three highest ranking reasons were: (1) if a husband has proof the wife has been unfaithful (77%), (2) if the woman disobeys her male partner (77%), and (3) if the man suspects that the woman has been unfaithful (61%). Other reasons were if the woman refuses to have sex (52%) and if the woman does not complete the housework to the satisfaction of the man (51%). Clearly faithfulness and obedience to their husbands were perceived as necessary qualities for a wife.

From the results, the finding is that the majority of women hold the belief that a man has a right to hit a woman particularly if he believes she has been unfaithful, disobedient or not provided for his home comfort in a satisfactory manner. Women tend to stay in their submissive role and accept maltreatment from their male partners despite laws and policies and efforts of government, church and non-government organizations to educate people to think otherwise. Hope for the future lies in the minority of women who no longer think physical violence from men to women is acceptable.

Emotional violence

The survey sought to illuminate ways in which women's emotions were adversely affected by male behaviour. Over half (55%) of the women indicated that being insulted by the man made her feel bad. Other reasons were if the man threatened to hurt the woman (49%), being belittled or humiliated (47%), or behaviour that scared or intimidated the woman (46%). Many of the women

admitted that they felt more affected by emotional violence than by physical violence. While physical injuries heal in a comparatively short time, mental anxiety and feelings of low self-esteem can last a life time.

Impact of emotional violence on women’s health

Of the women surveyed, the majority of women (65%) only rated their personal health as fair, poor or very poor. Perceptions of personal health show that women confront not only physical, but also psychological problems. Figure 3 presents problems women experienced in the four weeks preceding this survey. Among the interviewees, 63% found enjoying their life difficult, 58% found making decisions difficult, 58% were nervous and tense, 55% were unhappy, 54% felt their daily work suffered, 54% had lost interest in doing things they used to like before.

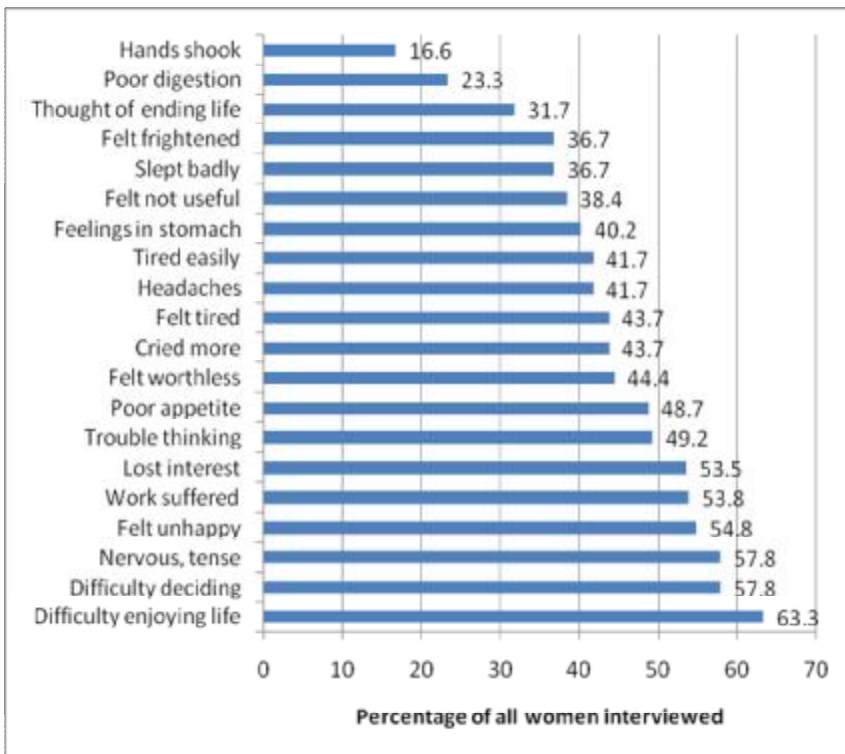


Figure 3: Problems women had in the four weeks preceding the survey

Physical violence

Nearly two-thirds (65%) of the 200 women interviewed had been victims of physical violence by their male partners. A previous study about intimate partner violence carried out by the PNG Law Reform Commission between 1982 and 1986 in 16 provinces also found that on average two thirds of women

had been hit by their partners (PNG Law Reform Commission 1992). The results of this current study show that the situation has not improved over the past twenty years.

Forms of violence were reported as being:

- Slapped or having something thrown at them (56%)
- Punched by the man's fist (55%)
- Pushed or shoved (53%)
- Kicked and dragged (48%)
- Threatened or hurt with a stick, gun or bush knife (36%)
- Burnt (34%).

The majority of interviewees (87%) had been pregnant at some time during their life. Of those, 86% reported being hit by their partners and 47% said they were punched or kicked in their abdomen. When asked if their children had been present and witnessed violence against them, 33% said several times and 33% said many times. These children grow up learning and understanding that violence is a 'normal' way to deal with conflicts which perpetuates an ongoing cycle of violence.

Types of injuries

Physical violence leads to injuries and sometimes death. Participants reported that women get injured frequently and in different ways. Types of injuries suffered by women as a result of male violence included:

- abrasions or bruises (77%)
- cuts or punctures (61%)
- eardrum or eye injuries (41%)
- fractures or broken bones (23%)
- sprains or dislocations (21%)
- internal injuries (20%)
- burns (18%)
- broken teeth (16%)
- deep cuts or gashes (12%).

When asked how often they had suffered injuries, 41% were injured many times (more than 5 times), 42% were injured several times (3-5 times), and 18% were injured once. The results are indicative of the physical pain, suffering, mental anguish and damage to relationships that must ensue.

Extent of violence in locations

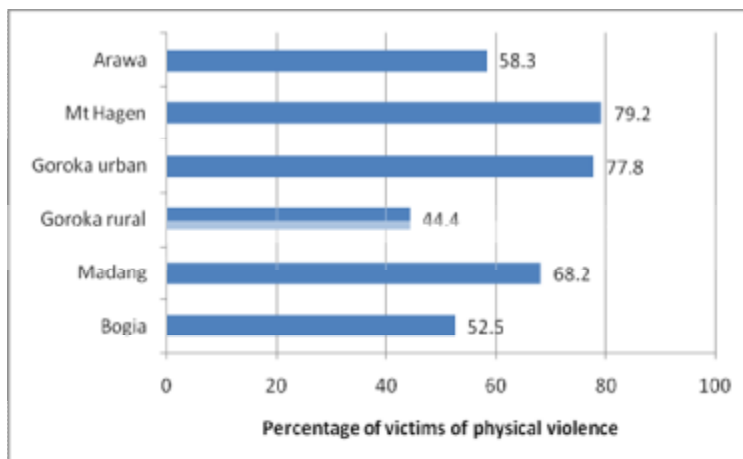


Figure 4: Percentage of physical violence in different locations

As indicated in Figure 4, the data analysis revealed that the highest cases of physical violence were against women in urban locations: Mt Hagen (79%), Goroka (78%) and Madang (68%) with violence being more common in the highlands locations than in the coastal locations.

Causes of physical violence

Women who had been victims of violence were asked to give their views on what had caused the man to be violent towards her. Causes given are presented in Figure 5. The most common reasons were jealousy (43%) and the man being under the influence of alcohol (38%).

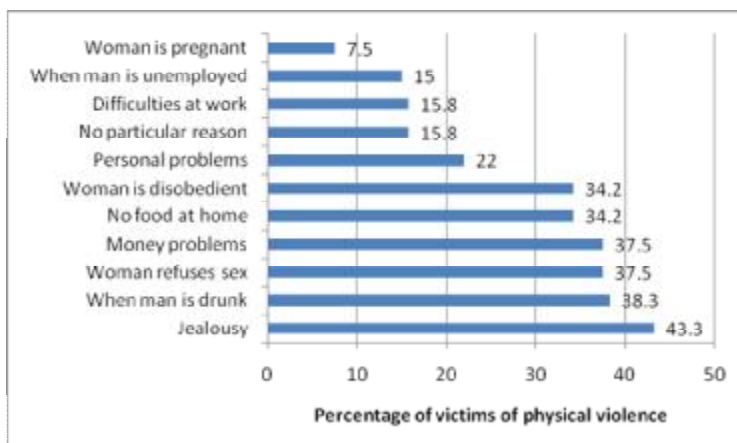


Figure 5: Women's beliefs about reasons for being hit by a man

Sexual violence

The majority of PNG women have experienced sexual violence. Almost two-thirds (65%) of the 200 participants reported being physically forced to have sexual intercourse with their partner or having submitted to sex in real fear of violence if they did not. Of those interviewees, being a victim of sexual violence was more prevalent in Goroka rural areas (89%) and Goroka urban areas (71%) than amongst victims of sexual violence from other areas. Figure 6 shows the prevalence of sexual violence from the sites from which data were collected.

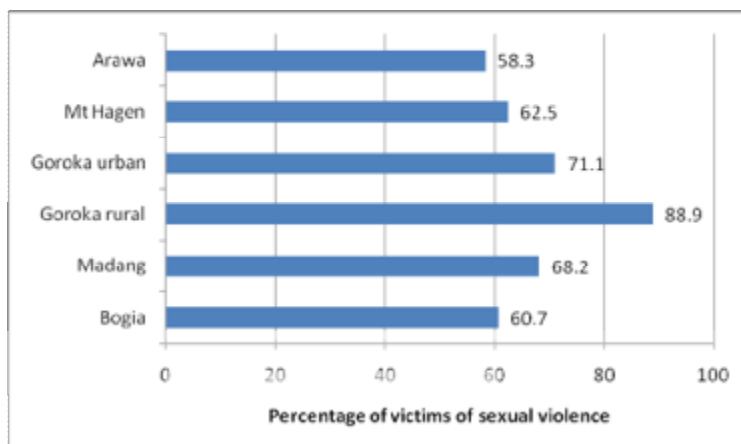


Figure 6: Prevalence of sexual violence

An Amnesty International PNG report (2006) argued that the threat of gender-based violence, particularly sexual violence, impacts on women's ability to move freely in the community, to use public transport, to access health and education services, and to travel to markets or workplaces. The threat and the reality of gender-based violence have serious consequences for women's reproductive health and increases women's vulnerability to the HIV/AIDS epidemic. In a report by UNICEF and the Government of Papua New Guinea (1996) it was stated that the climate of sexual violence creates a situation that restricts, controls and diminishes women's meaningful participation in development and violates their basic human rights.

Do women defend themselves?

Women were asked if they tried to defend themselves when subjected to abuse. They were also asked if they ever hit their husbands. The results are presented in Table 1. Some women interviewees admitted hitting their husbands and that this was usually in self-defence. Bradley (2001) claimed that husbands have physical strength and social and economic power on their side, whereas wives are usually dependent on their husbands and risk losing everything if they go too far.

Table 1: Violence by women

| Frequency | Do women defend themselves against violence? | | Do women hit their husbands? | |
|---------------|--|------|------------------------------|------|
| | | | | |
| Many times | 35 | 18% | 9 | 5% |
| A few times | 59 | 29% | 21 | 10% |
| Once or twice | 15 | 8% | 21 | 10% |
| Never | 91 | 45% | 149 | 75% |
| Total | 200 | 100% | 200 | 100% |

Women's own childhood experiences of domestic violence

Violence against women is common in Papua New Guinea. Of the interviewees, 69% had witnessed their own mothers being beaten by their fathers. When asked if they knew if their male partners had witnessed violence in their childhood, 53% said that their partner's mothers were hit by their fathers. Almost all (97%) of the interviewees had seen women being beaten by men during their own childhood.

Research shows that exposure to violence, either as victims themselves or as witnesses, has serious psychological and health impacts on children. Van der Kolk (1989) noted numerous studies that related male adult violent criminality to childhood physical and sexual abuse. While not all males exposed to personal violence in childhood go on to become violent themselves, they do so far more often than females'.

Do women talk about their experiences of domestic violence?

Domestic violence is usually considered a personal and private matter. About half of the women indicated that they would hide their harmful experiences and not talk to anyone. They would prefer to suffer silently. About half of the interviewees indicated that they would talk about domestic violence problems with parents (48%) or a brother or sister (47%). Some said they might share their worries with friends (24%) or an uncle or aunt (22%). Less commonly would problems be discussed with neighbours (16%) or the man's family (16%), and rarely would problems be discussed with children (11%). For unmarried women, sexual violence is so stigmatising that most women prefer to suffer in silence rather than risk the shame and discrimination that would result from disclosure.

Where do women go for help?

Over half (55%) of the victims of domestic violence required hospital treatment for their injuries. Going to a hospital for treatment of serious injuries is an obvious course of action. Figure 7 indicates other avenues to which women turn for help with issues of domestic violence.

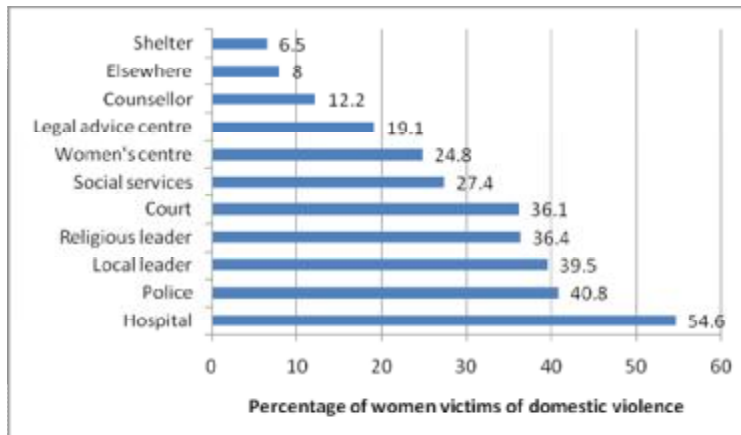


Figure 7: Avenues of help for victims of domestic violence

While some women turn to police (41%) or court officials (36%), many women are fearful of possible reprisals on the part of the abuser, a loss of income if the husband is put in jail and stigmatisation by the community. Although the laws in PNG are intended to uphold women's rights, many feel that male court officials are unsympathetic and police action is frequently ineffective. For instance, one woman said,

I do not get any help from the police. My husband is an ex-police officer, he knows all the police officers in the police station. When I come and complain that my husband bashes me up repeatedly they (at the police station) talk to us, then we go home and the bashing continues (an interviewee).

A minority of victims of violence turn to local leaders, religious leaders, counsellors and other service providers. Women who are experiencing violence rarely reveal their situation spontaneously, as they are ashamed to admit what is happening or fear that the service provider will not believe them, or worse, blame them for the violence.

Sexual abuse before the age of 15

Women were asked about sexual abuse in their childhood. Two different approaches were used to gather this information: a direct question and smiling and crying face cards. To the direct question, only 8% admitted to being under-age victims of sexual abuse. However, the outcome of these face cards showed a higher result.



Figure 8: Face cards

Each interviewee was shown the cards and asked to put a mark below the sad picture if anyone had ever touched them sexually, or made them do something sexual that they did not want to do before they were 15 years old. Using the face cards approach, 27% of the women chose the crying face to indicate having an unhappy sexual experience with a man while under 15 years of age.

Socio-economic status of women

In some reports, the financial dependence of women was seen as a contributing factor to family violence. However while the use of money may cause disputes in a household, the findings of this survey revealed that all women had an independent income from some source, if only through selling goods at the local market.

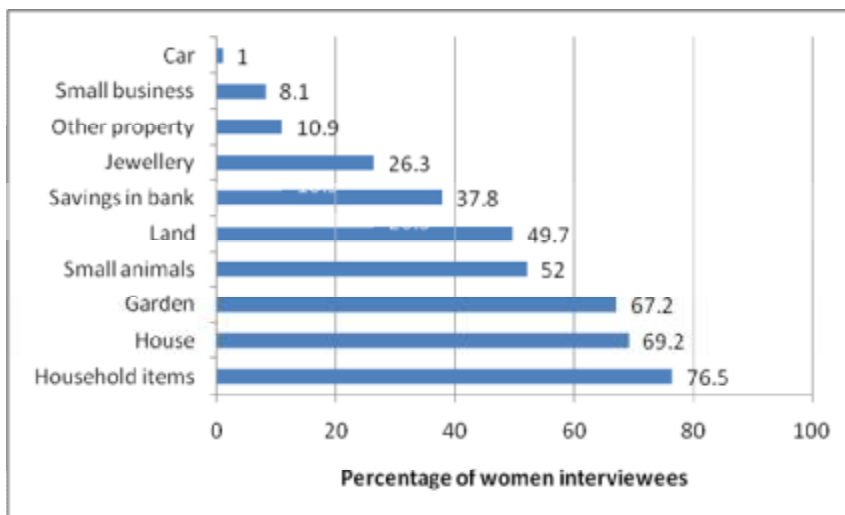


Figure 9: Women’s financial autonomy

Women in this study gained income from selling things or trading (78%), seasonal work (49%), job employment (44%) or other means (10%). A little more than half of the interviewees claimed to earn more than their husbands

(22%) or about the same (35%). The majority of women (67%) stated that they had freedom of choice about how they spent their income with some interviewees (30%) saying they gave some to their husbands. The interviewees reported that most husbands (66%) never denied a wife a share of his income. The majority of the women interviewees had assets or wealth in their own right, such as land, small animals (e.g. chickens, pigs), a food garden, a house, household items, bank savings, jewellery, a small business or a car.

This finding would indicate that financial dependency was not a major factor in cases of violence against women in Papua New Guinea.

Summary and recommendations

The data for this study were gathered from two hundred women from four provinces of Papua New Guinea. The findings revealed that, despite awareness and education programs about women's rights and gender equity, attitudes of women needing to be submissive and obedient to men were still widely held. In relationships, it was found that men were to be regarded as the boss with the authority to punish the woman for perceived transgressions. Two-thirds of the women interviewed had been victims of violence. Punishments included being kicked, punched, hit, dragged, burnt or threatened with a weapon. Children being present or a woman being pregnant was no deterrent. Perceived reasons for being abused were suspicion of unfaithfulness, disobedience or housework shortcomings. Other influences were if the man was jealous, drunk, unemployed, had money problems or difficulties at work. Injuries sustained included bruises, abrasions, cuts, dislocations, broken bones, eardrum injuries, internal injuries and broken teeth.

Two-thirds of the women interviewed had been victims of sexual violence either being physically forced to have sexual intercourse or submitting to sexual intercourse out of fear of violence if they did not. Some women had been victims of sexual abuse while under the age of 15 years. Women rarely tried to defend themselves. The majority of interviewees had seen their own mothers beaten by their fathers. Many women preferred to keep silent about being abused. Some women sought help from the police or courts but many were afraid of repercussions if they did so. Generally women felt domestic violence was a private matter.

This study set out to obtain data on the impact of gender based violence on women's health and well-being. Many women admitted being hurt more by emotional violence than by physical violence. Psychological damage was caused by being insulted, belittled, being threatened and intimidated. As a result of being a victim of violence, women admitted having difficulty enjoying life, thinking and making decisions. They experienced being unhappy, loss of appetite, loss of interest in things normally enjoyed, feeling worthless, being nervous, having headaches, becoming tired easily, sleeplessness, upset stomachs, and shaking hands. Women said they cried more, their work suffered and that they had even thought of ending their lives.

There is a need to challenge deeply embedded social norms that posit men's right to control female behaviour. The efforts that have been undertaken by government, non-government agencies and development organizations to address family and sexual violence in PNG must be strengthened. The following recommendations are made based on the findings of this study.

1. That agencies increase their efforts to reach all women with the message: Do not hit women. This recommendation stems from the finding that the situation seems not to have improved in the last 20 years.
2. That further research be undertaken to further explore the effects of violence on the mental health of women.
3. That support services provide protection for women and girls through safe houses.
4. That specialized counselling for traumatised victims of sexual violence be accessible to women.
5. That counselling services for men be developed to assist men to identify causes of violent behaviour, learn how they can control their violence and deal with challenges of changes in society.
6. That the curricula of educational institutions include human rights issues, gender issues and conflict resolution strategies that support the right of all citizens to live free from violence and other forms of discrimination.

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