Rape against Women in Tanzania

Studies of Social Reactions and Barriers to Disclosure

PROJESTINE MUGANYIZI
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Abstract

This thesis assessed responses toward rape against women as experienced by the victims and victim supporters in the context of the interaction between victims, supporters, and formal agencies in Tanzania. The overall research design was based on triangulation with a combination of qualitative and quantitative methods. A semi-qualitative study, in which free listings and semi-structured questionnaires were used, explored social reactions from 44 community nurses and 50 rape victims (Paper I). A tool developed from this first study was utilized for collecting data on people’s attitudes and their behavior toward rape and rape victims from a representative community sample of 1505 men and women aged 18-65 years (Paper II). Both studies helped to access suitable rape victims and supporters who participated in the third study to share experiences on the process of rape disclosure to formal and informal social networks (Papers III and IV). The results highlighted the salient social reactions and how rape victims perceived the impact of these reactions. Half of the participants interpreted rape situations based on social relationships, circumstances, and social status of the woman, rather than the legal definition. Two-thirds of the adults explained they would express negative social reactions toward a victim in some rape scenarios, and this correlated with their attitudes towards rape and rape victims. A variety of barriers in the informal and formal networks with potentially negative impacts on rape reporting, service utilization and, health outcomes were identified. In conclusion, successful interventions aimed at improving people’s response to rape, rape disclosure and, health outcomes in Tanzania should assume a holistic approach to address the negative factors identified at the individual, family and, community levels without forgetting the normative context that appears to underlie most decisions and practice.

Keywords: Rape, women, victim, supporter, social reaction, social network, community, Tanzania

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This work is dedicated to ma Bertha Damas, my mother, who passed away shortly before it was completed.
List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.


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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
</tr>
<tr>
<td>EAC</td>
<td>East African Community</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
</tr>
<tr>
<td>IMCH</td>
<td>International Maternal and Child Health</td>
</tr>
<tr>
<td>KIWOHEDE</td>
<td>Kiota Women Health and Development Organization</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PEPI</td>
<td>Programs for EPIdemiologists</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SAREC</td>
<td>Swedish Agency for Research Cooperation</td>
</tr>
<tr>
<td>Sida</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>SR</td>
<td>Social Reaction</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TAMWA</td>
<td>Tanzania Media Women Association</td>
</tr>
<tr>
<td>TAWLA</td>
<td>Tanzania Women Lawyers Association</td>
</tr>
<tr>
<td>TEARS</td>
<td>Tears, Ecchymosis, Abrasions, Redness, and Swelling (signs of anogenital trauma)</td>
</tr>
<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WLAC</td>
<td>Women’s Legal Aid Center</td>
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</table>
**Introduction**

Sexual violence is a recognized global public health and human rights problem and is ranked as one of the most severe forms of violations of human dignity\(^1\). Although estimates of the prevalence of rape are limited by variations in the methods and definitions used, in most population-based surveys that use representative samples, the lifetime prevalence lies between 10% and 21% among women aged 15 years and above\(^3-9\). Based on such studies, it is evident that in the majority of cases, rape occurs during childhood or adolescence. Moreover, 7-48% of sexually experienced adolescent girls report forced sexual initiation with the wide range probably explaining a combination of variations in the methods and the true differences in the occurrence of the events in different contexts\(^4,8-12\).

When sexual assault occurs during childhood, it may not be recognized or perceived as such by the child and such recall biases contribute to underestimation of lifetime prevalence. In some countries, up to a quarter of women experience sexual assaults from an intimate partner, with two-thirds suffering rape, which is often undisclosed especially if it occurs in marriages\(^4,12\). Non-disclosure of rape events is a major setback in the estimation of rape prevalence. The disclosure of events is characteristically much lower to formal agencies (2-20%) than to friends and family (59%-91%), which means studies based on hospitals or police records grossly underestimate the prevalence of rape in the community\(^3,13,14\). Moreover, crime statistics indicate rape as the most underreported crime, which suggests the complexities of rape disclosure, reporting and, documentation\(^3,14\).

Rape occurs when there is lack of choice or consent by the woman to engage in sexual encounters\(^3,15\). Legal systems use various definitions of rape in their jurisdictions. For the purpose of this work, rape was defined as sexual contact that occurs without the woman’s consent, involves the use of force, threat of force, intimidation or, when the woman was of unsound mind due to illness or intoxication and involves sexual penetration of the victim’s vagina, mouth or, rectum. A similar definition is used by other researchers\(^12,15-20\). This definition was preferred to the legal definition of rape in Tanzania, which is limited to sexual intercourse (penile-vaginal), and does not recognize rape in marriage, thus, ignoring a substantial proportion of women in Tanzania who express concern about marital rape\(^21\).
Many factors influence the occurrence of rape. While some factors render individual women more vulnerable, other factors increase the risk of an individual man forcing sexual contact. Virtually no single factor is sufficient in itself to explain why violence occurs. Violence is the result of the complex interplay of individual, relationship, social, cultural and, environmental factors\textsuperscript{5,6,10}. In order to understand violence against women, many researchers used the Ecological Model (Figure 1)\textsuperscript{5,6,10}. This Model combines Individual level risk factors with Relationships, Community and, Society risk factors as a way to study the combination of risk factors that increase the likelihood for violence to occur in a particular context\textsuperscript{5,6}. However, the use of the Ecological Model in understanding violence is skewed toward individual level factors more than elaborating on how these factors combine with factors at other levels to increase the woman’s vulnerability to violence\textsuperscript{10}.

![Figure 1. Risk factors often associated with violence against women - an Ecological Model](source: Reference No. 10)

Nevertheless, the Ecological Model is used in understanding childhood abuse, youth violence, intimate partner violence and, violence against the elderly\textsuperscript{5,6}. Currently, however, there is insufficient research to explain the combination of factors that increase a woman’s risk of being raped. The most commonly quoted individual level factors in association with sexual coercion include being younger than 18 years, consuming alcohol or drugs, having previously been raped or sexually abused, especially in childhood or as adolescent, having many sexual partners, involvement in sex work and, poverty\textsuperscript{6,9,12,22,23}. Relatively few studies characterize the rapist. According to these studies, the rapist is likely to come from large disordered families, with adverse childhood history, ever physically violent, involved in peer-driven behavior and, being less educated\textsuperscript{24,25}. As with other forms of violence, none of these individual factors can sufficiently explain the occurrence of rape without considering the socio-cultural context in which rape takes place.
Health consequences of rape

The negative impacts of rape on victims’ physical, reproductive and, psychosocial wellbeing is well documented. Physical trauma resulting from rape can affect any part of the victim’s body but trauma involving the genital organs is the most frequently encountered. Such trauma present acutely as tears, ecchymosis, abrasions and, redness or swelling that is abbreviated as TEARS. Although virgin victims sustain more hymen tears, the total number and severity of other injuries is the same as for non-virgins. Moreover, anogenital injuries can occur even when the rapist develops erectile dysfunction during a rape. Non-genital injuries during rape do occur and can affect any part of the body. Such injuries take many forms including abrasions, tears/lacerations, burns, fractures, cuts and, strangulation. Physical injuries tend to be more frequent and severe when victims are young children or postmenopausal women. Possible explanations for the difference include biological and circumstantial factors surrounding sexual assaults in children and postmenopausal women, compared to adolescents and young women. As an example of circumstantial factors, the use of excessive force is more often encountered in post-menopausal rape than in adolescents and younger women. The current knowledge on acute injuries after rape indicate generally, serious physical injuries caused by the rapists are not very common. However, in societies where victim blame is strong and the stain of sexual violation is considered permanent, rape becomes a risk factor for both suicide and murder. Rape related severe physical injuries and murder are frequently reported in connection with war situations.

Rape can lead to chronic somatic illnesses. While some of the symptoms may manifest immediately after a rape, more commonly, they occur later, thus, increasing medical service utilization in later years. The sexual and gynecological symptoms encountered disproportionately in raped women, include chronic pelvic pain, vaginal discharges, premenstrual symptoms and, sexual dysfunction. Some of these symptoms may be attributed to Pelvic Inflammatory Disease (PID) or related to Sexually Transmitted Infections (STI), but in others there is no evidence to support the diagnosis of PID and STIs. Some non-gynecological chronic somatic problems are more often seen in rape victims, including chronic pain syndrome, arthritis, gastrointestinal disorders, psychogenic seizures, fibromyalgia, functional limitation, disability and, headache. Although the mechanisms for the association of these chronic somatic symptoms and rape are uncertain, suggested mechanisms include enhanced visceral sensitivity and psychosomatic or psychophysiological responses.

Sexually transmitted infections including HIV form an important health threat among rape victims. There is a wide variation in the prevalence of STI
ranging from 0-27% and higher in specific groups of rape victims\textsuperscript{57-59}. In surveys conducted in rural Tanzania and urban South Africa, the risk for STI is increased among raped women, although the association of rape and these infections is contingent to other factors\textsuperscript{44,60,61}. Rapists are high risk takers who are unlikely to use a condom, hence, increasing the chance of transmitting STI including HIV\textsuperscript{11,27-30,62-65}. Among rapists in USA who report penetrative sexually aggressive acts, 41% never use a condom\textsuperscript{64}. In societies where condom use is generally low, most rapes will be unprotected, thus, increasing the risk for transmission of STI including HIV. Women, unlike men, have a greater risk of becoming infected per coital act and could be particularly vulnerable to anogenital trauma during pre-pubertal and post-menopausal ages\textsuperscript{40}. Adolescents and young adults may be vulnerable during a rape as they are not prepared for the act\textsuperscript{3,66}. Sexual abuse in childhood is as high risk factor as having multiple sexual partners for contracting STI and genital malignancies, such as cervical cancer\textsuperscript{3}. In a study\textsuperscript{67} associating high risk Human Papilloma Virus (HPV) infection with sexual abuse, the risk among young women (18-24 years) was 4.5 times higher if there had been rape in the past year. As young women are most at risk for both rape and HIV, a high prevalence of HIV co-infection with HPV can be expected. HPV is the single most important risk factor for developing cervical malignancy and the risk is heightened in the presence of co-infection with HIV\textsuperscript{68}.

Rape-related pregnancies and pregnancy complications are other important reproductive health consequences, although few studies estimate the incidence. A national representative prospective study in the USA\textsuperscript{69} indicates a pregnancy rate of 5% per rape incidents and 6% per victim among women in reproductive age (12-45 years). In another study\textsuperscript{30}, the incidence of rape-related pregnancy was lower (1.7%) in Thailand during a follow-up study of rape victims attending police hospital services. The difference between the two studies could be due to sampling biases as the two countries do not differ in contraceptive prevalence and fertility rates\textsuperscript{70}. Estimates of the prevalence of rape-related pregnancies are mostly from small studies relying on special groups of women, such as women attending follow-up clinics. With such data, the prevalence ranges from 7-26%, being on the higher side if an intimate partner is the rapist, and possibly due to repeated rape\textsuperscript{12,71-75}. Rape also contributes to a substantial proportion of teenage pregnancies. From hospital data in Peru, 90% of young mothers, 12-16 years, delivered a child as a result of rape\textsuperscript{3}: a similar finding of 95% was reported in Costa Rica\textsuperscript{3}. The impact of unintended pregnancies include negative health outcomes for both mother and child, such as for the child, low birth weight, failure to thrive, and infant death and for the mother more complications during pregnancy and after delivery\textsuperscript{11,12,76-79}. In addition, where abortion law is restrictive, high rates of maternal complications and deaths due to unsafe abortions can be expected\textsuperscript{69,77,80}. 
Despite the direct consequences of rape on reproductive health, fear caused by the circumstances of rape may indirectly escalate the complications\textsuperscript{3}. Rape, as one manifestation of violence, has an impact on the use of contraceptive methods. For example, women who have experienced sexual violence may have suppressed ability to negotiate for and insist on consistent condom use during sexual encounters due to fear of violent male partners\textsuperscript{3}. Concomitantly, men who have perpetrated sexual violence may be less receptive to condom requests and negotiations from their female partners, thus, increasing the risk of unwanted pregnancies and related complications\textsuperscript{81,82}.

High-risk sexual behaviors are strongly associated with prior sexual abuse, and there is an association between increased sexual activities and prior own experience of rape\textsuperscript{3,11}. Abused girls begin sex earlier, are less likely to use contraceptive methods at first intercourse, and more likely to trade sex and to be battered\textsuperscript{3,22,83}. In addition, rape of the mother by the intimate partner has more negative impact on child behavior than physical violence does\textsuperscript{84}.

The effects of rape on mental health have been extensively and intensively studied: some symptoms are experienced by almost all rape victims immediately after the assault, but a quarter of women continue to experience negative effects several years after rape\textsuperscript{85,86}. Common psychiatric diagnoses include depression, mood disorders, and posttraumatic stress disorder (PTSD) later in life. Others include alcohol and substance abuse, phobia and panic, sleep disorders, psychosomatic disorders, and aggression and violence\textsuperscript{87,88}. However, trauma response models and the application of posttraumatic stress for characterizing the experiences of women who are raped have been challenged\textsuperscript{89}, as the traditional notions of trauma are too narrow to accurately capture the complexities of women’s experiences of sexual violence in a gendered society, and the limited applications of the distress symptoms due to socio-cultural differences in their clinical manifestations.

The Tanzanian context

The United Republic of Tanzania came into existence in 1964 after the union of Tanganyika (the mainland) and Zanzibar (the islands). It is one of the five countries forming the East African Community (EAC), the other countries being Kenya and Uganda to the North, and Rwanda and Burundi to the North West. Other countries bordering Tanzania include the Democratic Republic of Congo to the West, and Zambia, Malawi and Mozambique to the South: the Indian Ocean forms the eastern border. The country has a population of 34.4 million people, according to the 2002 National Population and Housing Census of which females comprise 51.1\%\textsuperscript{90,91}. The total area of
945,087 km² is divided into 27 administrative regions, which are further divided into 127 districts.

In Tanzania, 10-20% of women aged 12 years or more are estimated to have been raped at some time. Having a sexual partner is a risk for sexual abuse, as between 23% - 31% of ever-partnered women aged 15-49 years have been sexually abused by a partner. Tanzania is among the countries with the highest prevalence of sexual violence by non-partners after the age of 15 years and forced initiation among adolescents: a third (29%) of adolescents report having forced sexual initiation (Figure 2). Moreover, some cultural practices continue to reinforce women’s submissiveness to men. The ethnic groups along the coast of the Indian Ocean in Tanzania, for example, have the popular ‘Mwali’ tradition, whereby, a menarche girl is secluded and trained on the future responsibilities as a wife. This cultural practice has long been associated with preparing them to become submissive to men as future wives. In a WHO multi-country study in this area, wife-controlling behavior was reported by 90% of the respondents, which is the highest among 10 countries that participated.

Figure 2. Female adolescents reporting forced sexual initiation, as a percent of those reporting having had sex (Population-Based Surveys 1993-1999).
(Source: Figures cited in reference No.10).
The government of the United Republic of Tanzania ratified the UN Convention on the Elimination of All Forms of Discrimination against Women in 1985. Since then, there have been multi-sectoral reforms in Tanzania that could have implications on future rape disclosure. In response to the global efforts for eliminating violence against women, a number of non-governmental organizations (NGOs) were established. The Tanzanian Sexual Offences Act, a 1998 amendment to the penal code, states a stronger punishment to the rapist with a minimum sentence of 30 years. At the same time, courts initiated a policy of closed hearings for victims of sexual offenses and eliminated the requirement for testimonial corroboration in rape cases. In line with these developments, there have been reforms to increase community access to police services, including more building of police posts and more involvement of the community in planning and implementing sustainable strategies for the prevention of crimes under the concept of Polisi jamii or Ulinzi Shirikishi. A national health sector reform has been implemented aiming, among other things, to increased access to healthcare service at ward level in rural areas. These efforts are considered to have contributed to the increase in the reporting of rape events to the police and healthcare system. Accordingly, the annual rape incidents reported to the Ministry of Home Affairs increased from 800 between 1990 and 1995, to 4500 in 2004, and 8900 in 2007. Important reproductive health indicators for Tanzania are summarized in Table 1.

Table 1. Selected demographic and reproductive health indicators for Tanzania.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (million)</td>
<td>34.4</td>
</tr>
<tr>
<td>Female population (%)</td>
<td>51.1</td>
</tr>
<tr>
<td>Population density (pop/Km²)</td>
<td>39</td>
</tr>
<tr>
<td>Population living in urban areas (%)</td>
<td>23.1</td>
</tr>
<tr>
<td>National Total Fertility Rate (TFR)</td>
<td>5.7</td>
</tr>
<tr>
<td>TFR (Rural)</td>
<td>6.5</td>
</tr>
<tr>
<td>TFR (Urban)</td>
<td>3.6</td>
</tr>
<tr>
<td>Age Specific Fertility Rate (15-19 years) - Births/1000</td>
<td>132</td>
</tr>
<tr>
<td>Peak Age Specific Fertility Rate (20-24 years) - Births/1000</td>
<td>274</td>
</tr>
<tr>
<td>National Contraception Prevalence (%)</td>
<td>26.4</td>
</tr>
<tr>
<td>Unmet Need for Family Planning (%)</td>
<td>21.1</td>
</tr>
<tr>
<td>Forced initiation-Sexually experienced adolescents (%)</td>
<td>29</td>
</tr>
<tr>
<td>National HIV/AIDS prevalence (%)</td>
<td>7</td>
</tr>
<tr>
<td>Knowledge of condom use AND limiting sex to one uninfected partner as strategies for prevention of HIV infection:</td>
<td></td>
</tr>
<tr>
<td>Men (%)</td>
<td>72</td>
</tr>
<tr>
<td>Women (%)</td>
<td>74</td>
</tr>
</tbody>
</table>

Sources: Data are based on national population surveys (1999 & 2004/5) and the National Population and Housing Census, 2002. Figures are cited in references 10, 90, & 91.
Reporting of rape events and the Classic Rape Perspective Theory

Help seeking and reporting of a rape crime by the victim or third parties can be explained through the Classic Rape perspective theory\textsuperscript{96-99}. This theory acknowledges the importance of social influence and normative context in which the rape event, help seeking, and rape reporting occur. Thus, perceived normative standards and advice from others influence help seeking and victim reporting\textsuperscript{98,100}. The model of help seeking, for example, underscores the important role of advice from others with regard to normative definition and severity of the crime\textsuperscript{100}. Furthermore, commonly held beliefs about the place of assault, victim-offender relationship, and evidence of resistance have led to the ‘real rape’ stereotype, implying some rapes are not real\textsuperscript{99}: in a stereotypical rape, a woman is violently assaulted by a stranger in a secluded public place or after breaking into her home, and the victim offers strong physical resistance\textsuperscript{99}. People’s attitude to rape stereotypes continue to influence their reactions toward rape victims\textsuperscript{101}. Although, other theories can be used for explanation when reporting of rape occurs, the Classic Rape is the most commonly applied theory and is empirically tested\textsuperscript{96}. In a comparison of the Classic Rape Perspective and Black’s theory of the Behavior of Law, the empirical test findings support the Classic Rape hypotheses more than the Behavior of Law\textsuperscript{96}.

Black’s theory of the Behavior of Law is based on two assumptions. In the first assumption, Law is quantifiable and its level of invocation can be measured along a continuum, for example, an arrow indicating the direction from less Law to more Law, the continuum could be not reporting $\rightarrow$ reporting $\rightarrow$ arrest $\rightarrow$ convict etc. In the second assumption, five aspects of social life can predict the quantity of law at each level (eg. non-reporting $\rightarrow$ reporting a rape): stratification, morphology, culture, organization and, social control. According to this theory, stratification is the rank in the hierarchy. Thus, activation of the law (e.g., by reporting rape) varies directly with the rank, such as age, social status and, income. Morphology is defined as the horizontal aspect of life (i.e., relational distance, such as victim-perpetrator relationship and employed-unemployed). However, there are mixed findings regarding Black’s stratification and morphology predictions, and no significant effects for culture, organization or, social control hypotheses\textsuperscript{96}.

Social Reactions

Social reactions (SR) originate in social support, which is the physical and emotional comfort given by family, friends, co-workers and, others\textsuperscript{26,102-107}, and refers to the function and quality of social relationships, such as per-
ceived availability of help or the support actually received. In a broader context, social support is often used to include social integration, which refers to the structure and quantity of social relationships, such as the size and density of networks and the frequency of interaction, and sometimes to the subjective perception of being an integral part. SR overlaps with supportive or unsupportive behaviors and encompass specific behaviors (e.g. treating the rape victim differently) that are not captured in traditional measures of social support and may be event specific. Due to this overlapping nature, it is not uncommon for researchers to use the terms social support and SR interchangeably.

The perception of SR can vary among victims from the same or different socio-cultural contexts. Thus, victims may perceive the reactions differently such as positive, negative or, neither positive nor negative. Although most rape victims receive positive SR, negative SR has strong negative impact on physical and emotional wellbeing. Indeed, rape victims who receive negative SR are more traumatized than those who do not receive any SR. It is generally observed that positive reactions have little or no impact on health outcomes; these, rather findings have increasingly attracted many researchers from various health disciplines and social sciences.

**Relationship between rape disclosure and health consequences**

The link between rape disclosure and health has been extensively studied and the disclosure of a severe traumatic event, such as rape, is considered beneficial. The “psychoimmunology model of disclosure” suggests written disclosure of traumatic events is related to improved psychological and physical health and that discussing emotional events with others, referred to as “social sharing,” can be equally beneficial. However, the benefits of talking to others, may be dependent on the type of social reactions (SR) received. In theory, the beneficial effects of disclosure result from cognitive and emotional processing of the trauma, which ultimately leads to assimilation and decreased distress. When the disclosure results in negative social reactions, the victim suffers negative physical and emotional well-being. Negative social reactions discourage further disclosure of rape events and escalate poor health outcomes. Poor health outcomes in turn may discourage further disclosure of events to third parties, including the seeking of healthcare services. For example, this may happen when victims start looking for alternative means by improvising remedies or seeking treatment.
from traditional healers. The opposite may be true if rape disclosure is received with positive social reactions (Figure 3).

Figure 3. The hypothetical relationship between rape disclosure, social reactions and health outcomes.
Statement of the problem and rationale

A ten-fold increase in police reports of rape events since the early 1990s reflects only the tip of the iceberg of rape burden in Tanzania, due to poor documentation and logistics, low disclosure of events and, the legal definition of rape not recognizing marital rape. Only 10% of rape events are estimated to be disclosed to formal agencies and 34% to family and friends\textsuperscript{21}. The establishment of NGO’s in Tanzania, including those providing shelter, social care and, legal support to women and children, and the multi-sectoral reforms in the past two decades can be interpreted as an increase in victim-supporter interactions both in the formal and informal networks.

Moreover, the development in Tanzania has taken place in the wake of a broadened awareness and knowledge of the types, perceptions and, health impact of SR on rape victims, mainly in Western populations. Nevertheless, it is becoming more visible that cross-cultural applications of these research findings can be limited by the social cultural context\textsuperscript{3,89}. With increasing rape disclosure and support services for rape victims in Tanzania, there is a need for understanding social reactions in order to improve care of the victims and to reduce the burden of rape and its health consequences.
Objectives

The overall aim was to understand responses to rape, rape victims and, supporters of the victims in Dar es Salaam, to provide the necessary information for the development of effective strategies for secondary prevention of rape.

The study objectives were:
1. To identify salient SR expressed to rape victims, and how rape victims perceive the impacts of these SR.
2. To study attitudes of adult residents of Dar es Salaam toward rape situations.
3. To estimate the proportion of adult residents in Dar es Salaam who would express negative social reactions to rape scenarios.
4. To establish how attitudes to rape situations and demographic characteristics of the respondents determine the expression of negative SR to rape scenarios.
5. To understand rape victims and supporters experiences of the barriers in the legal and healthcare systems, when they have disclosed rape.
6. To understand the barriers to rape event disclosure encountered by the victims and their supporters from people in the informal social networks.
Methods and the research process

Study area
Dar es Salaam is situated in the Eastern part of Tanzania on the shores of the Indian Ocean (Figure 4). It is the largest commercial city in the country with a population of approximately 4 million. This region is divided into three districts (municipalities): Ilala, Kinondoni and, Tembeke.

Temeke, located South of Dar es Salaam, is the district where the studies reported in this thesis were conducted (Figure 5). This district is the largest in the region covering 656 square kilometers, with 70 kilometers of coastline to the East. The district is divided into three divisions, which in turn are subdivided into 24 wards in total, of which 7 are rural. The wards are further subdivided into 158 ‘streets’ as the smallest subdivisions in which households are situated. The 768,451 inhabitants reside in 190,585 private households. Of the total population, 387,364 are male and 381,087 are female: the population growth rate for the district is 4.6%.

Of the three districts in Dar es Salaam, Temeke is the most rural as the seven rural wards occupy 75% of the total district area. This rural area is sparsely inhabited by just 7% (50,000 people) of the total district population, with more than 90% of the population living in the remaining 17 urban wards. The residents of the rural wards mainly belong to indigenous ethnic groups of Zaramo and Ndengereko, and others who come from the nearby regions along the Indian Ocean, these are Swahili Muslims whose main activities are agriculture, fishing and, petty business. Hospital and police services are mainly situated in the peri-urban and urban wards and transport from rural to urban, especially from the most remote wards are private and unreliable.
Figure 4. Map of the United Republic of Tanzania. The star locates Dar es Salaam region.

Figure 5. Map of Dar es Salaam Region indicating Temeke district.
Overall research plan

The research design is illustrated in Figure 6, with the three studies labeled Studies 1 to 3. All three studies were interlinked so that Study 1 developed a checklist of social reactions that was applied to Study 2: Suitable participants for Study 3 were identified during the first two studies. This plan aimed at a broader and deeper understanding of the study phenomenon.

Identification of salient Social Reactions and perceived impacts (Study 1)

The participants for this study were purposively selected and included nurses (n=44) living and working in the study community and rape victims (n=50) who had disclosed their events to somebody within the past two years. The nurses participated in the first stage that involved the listing of verbal responses and activities they considered were commonly expressed toward rape victims. In the second stage, rape victims were asked in a short structured questionnaire to indicate if they had experienced any of the salient SR and what impacts they perceived. These salient SR were obtained after analysis of the free listings data from the nurses. In addition, the victims...
were asked to mention any other reactions they had experienced that were not mentioned in the questionnaire.

Nurses were expected to list freely hypothetical social reactions and their impacts, as only two had experienced a rape themselves. However, the victims were mainly expected to mention self-experienced social reactions. Thus, the data generated by both types of participants were expected to complement and supplement each other.

**The use of free listing**

Free listing is a semi-structured method that can be used to understand the contents of a domain, with the assumption there is something common to peoples’ understanding of a semantic domain\textsuperscript{116}. In this study, free listing was used as a written exercise to understand the contents of the SR domain in the study context. The number of respondents used was large (44 nurses) because of pre-understanding from literature about disagreements on the perception of the different SR\textsuperscript{26}. If there is agreement about a domain, fewer respondents are needed and, for many domains, 20 to 30 respondents are sufficient to provide ‘a clear picture’\textsuperscript{117}. Nevertheless, it was considered ethical to include all 44 nurses who had consented.

**Attitude, demographic characteristics, and expression of negative SR (Study 2)**

The objective of the study was to determine the extent to which the demographic characteristics and preconceived attitudes toward rape situations (independent variables) of rape victim supporters predicted the expression of negative social reactions in a hypothetical situation of being told about a rape by the victim (outcome variable). The participants (n=1505) were 18 to 65 years of age and residents of Temeke rural wards. They were contacted during a community survey after a 3-stage cluster sampling of the streets (n=1-2) in a ward, households in a street and within each household one randomly selected eligible person.

**Interpretation of rape statements as a measure of attitude**

There were eight rape statements explaining different (rape) situations: all statements had the lack of woman’s consent clearly stated or implied. The statements varied according to the circumstance of the rape event (n=4) or type of the rapist involved (n=4). The statements from these two groups were combined in the questionnaire. Thus, the indication of acceptance or denial of these statements as rape was used to measure attitude to circumstance of rape or offender. A shortened Likert scale (accept/don’t accept/don’t know)
was used, as these three alternatives were the only responses obtained in Kiswahili language during the piloting of the tool.

Before responding to this section of the questionnaire, a preamble statement was read to the participants, ‘in this society and elsewhere, people may have different interpretations of what they regard as normal sexual relationships or rape events. I will mention some examples of sexual relationship events and you will be asked to respond if you would accept, not accept or, you do not know if that event means rape to you.’ A typical statement about a circumstance of rape stated; ‘It is a rape when a woman has sexual intercourse with someone as a result of threats.’

The overall perception of the relevance of the woman’s consent for sexual encounters was judged from the combined responses of all eight statements. As all the statements expressed the lack of consent for sex, they were merged into one variable, “overall consent” and based on the frequency distribution of the number of statements interpreted as rape: three levels/degrees emerged:

- High-level acceptance i.e. those who interpreted “correctly” all eight statements as rape (i.e. according to standard definition).
- Intermediate-level acceptance i.e. those who interpreted “correctly” 4-7 statements as rape
- Low-level acceptance i.e. those who interpreted “correctly” ≤ 3 statements as rape.

**Measure of intention to express negative social reactions**

Rape victim supporters were asked to indicate how they would react (according to each of the four salient negative SR previously perceived as hurtful by the rape victims in study 1) if a woman portrayed in each of the rape scenarios disclosed she has been raped. If the supporter responded s/he would express a negative SR, it was considered an intention to express a negative SR.

The question asked for each rape scenario was phrased the same. A typical question about an unspecified adult woman was phrased as, ‘If an adult woman tells you she has been raped by a man, how likely is it that you would do or say… (Read a social reaction)?’ (Answer: likely/not likely/don’t know).

To refine a social reaction, salient examples from the data were added. An example of a full question, social reaction and, examples was, ‘If an adult woman tells you she has been raped by a man, how likely is it that you would make comments on potential complications (such as telling her she might be infected with HIV already, or she will experience some reproductive problems in future?”).
Before attempting to answer this section of the questionnaire, an introduction was read to the participant: ‘People may have different interpretations of what they regard as normal sexual relationships or rape events, and they would react differently when such events are disclosed to them. You are required to answer according to your own views.’ The rape scenario statement was then read to encourage the participant to interpret the scenario based on their preconceptions about the meaning of rape.

**The rape scenarios**

Four rape scenarios portrayed four women of different social status. They included an adult woman (of unspecified social status), a married woman, a commercial sex worker (CSW) and a menarche girl commonly known as ‘mwali’. Forced sex in marriage is a common problem reported by women in the study area\(^2\), and has been portrayed as an ambiguous situation interacting with observer attitude on social perceptions of rape\(^{118-122}\). CSW was a special subgroup in this context, because of the absence of legalization of commercial sex work in Tanzania and ambiguities surrounding their entitlement to consent for sex: in such a context, rape of CSW is common but is less reported\(^{123,124}\). The practice of the mwali tradition\(^9\) rendered the menarche girl a special subgroup in this context and, the typical adult woman without specified social status represented a socially neutral subgroup.

**Experiences with rape disclosure to formal and informal networks (Study 3)**

**The in-depth interviews**

Thirty in-depth interviews with 10 rape victims and 20 supporters of rape victims were conducted to gain comprehensive understanding of their experiences with formal and informal social networks in the process of rape disclosure. After introducing a screening questionnaire, rape victims were recruited in 2005 from six women help centers in Dar es Salaam: these women had experienced and disclosed a rape within the last two years.

People who had supported rape victims were recruited between 2006 and 2007 from all seven rural wards of Temeke district. They were approached during a community survey that sought to establish responses from community members toward rape and rape victims. A screening questionnaire was introduced that asked about their experiences of supporting a victim who had disclosed rape within the previous two years.

All interviews were conducted by the principal investigator in Kiswahili language and were tape-recorded. The schedule and place of interviews were
mutually agreed after the participant gave consent. Privacy was maintained during and after the interviews.

Data analysis

Free listings (Study 1) were coded by two coders, PSM and NH (Paper I), who then mutually agreed on the categories. Each code was labeled positive or negative according to how it was perceived by the participant. All codes were assigned to the categories separately by each coder\textsuperscript{116,125}. Inter-rater agreement was then calculated by Cohen’s Kappa (K) coefficient with PEPI computer program, and interpreted according to Landis & Koch (1977)\textsuperscript{126}. Quantitative data was entered into Epi Info program and the frequencies were calculated. The overall ranking of a SR category as positive, negative or, mixed was based on the frequency of negative and positive codes assigned to each category. The assignment of a social reaction category, as positive or negative, was decided if at least 75% of its respective codes were labeled positive or negative\textsuperscript{26}. A category failing to meet the 75% criterion was classified as mixed. If 20% or more of the participants mentioned the coded items under a certain category, it was ranked as typical or salient.

In order to determine how the participants’ demographic and attitude characteristics predicted the expression of negative SR to rape victims in the scenarios, binary logistic regression analysis was used (Paper II). Binary logistic regression predicts the probability of classifying an individual into a particular category of a binary outcome\textsuperscript{127,128}. In this case, the predicted probability was whether a negative SR would be expressed to the victim or not. The use of logistic regression provided the opportunity to evaluate the role of confounding and interactions. Binary logistic regression does not assume a linear relationship between independent and outcome variables, does not require the outcome variable or error terms to be normally distributed, does not demand homogeneity of variances and, does not need observations to be independent\textsuperscript{128}. These qualities were the basis of the choice of the method. The entry of independent variables into the model considered their known importance to the outcome rather than reliance on statistical relevance alone (Paper II)\textsuperscript{127,129}.

Grounded theory and qualitative content analysis were used in the analyses of the in-depth interviews. The primary aim of grounded theory is to develop a substantive or formal explanatory theory, but it can also be used to elaborate and modify existing theories\textsuperscript{130,131}. In this study, the methodology was used to develop a substantive theory of managing in the contemporary world (Paper III). The analysis of the data for Paper IV used qualitative content analysis, which aimed at understanding the experiences and perspectives of
the rape victims and supporters with the informal networks. An example of analytical procedure in qualitative content analysis is presented in Figure 7.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Categories and sub-categories</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorce</td>
<td>Marginalizing victims and supporters</td>
<td>Normative justification of rape</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>- Blaming</td>
<td></td>
</tr>
<tr>
<td>Peer Isolation</td>
<td>- Shaming</td>
<td></td>
</tr>
<tr>
<td>Denial of help</td>
<td>- Maltreatment</td>
<td></td>
</tr>
<tr>
<td>Victim made mistakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elders negotiated</td>
<td>Reconciling the role of the elders</td>
<td></td>
</tr>
<tr>
<td>Children of same homestead</td>
<td>- Negotiating the outcome</td>
<td></td>
</tr>
<tr>
<td>Wife of rapist requesting</td>
<td>- Pressure to settle outside the law</td>
<td></td>
</tr>
<tr>
<td>Protecting the traditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Village leader involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case withdrawing</td>
<td>Defending family integrity</td>
<td></td>
</tr>
<tr>
<td>Deciding soft punishment</td>
<td>- Keeping the rape a secret</td>
<td></td>
</tr>
<tr>
<td>Not involving outsiders</td>
<td>- Protecting the rapist from being prosecuted</td>
<td></td>
</tr>
<tr>
<td>Prioritizing family unity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrevealing rape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family consensus</td>
<td>Internalizing shame and fearing the consequences</td>
<td></td>
</tr>
<tr>
<td>Hiding rape to parents</td>
<td>- Fearing negative social responses</td>
<td></td>
</tr>
<tr>
<td>Shifting to far residence</td>
<td>- Feelings of insecurity</td>
<td></td>
</tr>
<tr>
<td>Fearing the spouse</td>
<td>- Embracing uncertainties about norms</td>
<td></td>
</tr>
<tr>
<td>Fearing the neighbors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure of people’s opinion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of loss of trust</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 7. An example of the qualitative content analytical process.

Ethical considerations

The study design, data collection, analysis and reporting in this thesis followed the WHO recommendations on ethical guidelines for domestic violence research\textsuperscript{132}. These guidelines adhere to the principles of beneficence, non-malfeasance, justice and, autonomy\textsuperscript{133}. Thus, accuracy was addressed in data collection, gathering and, processing; sound research methodology was tailored to research objectives, appropriate interpretations, accurate reporting with methodological details and limitations, free and informed consent and welfare of respondents with minimum harm and protection of respondents’ rights of privacy, confidentiality and, safety. All participants gave their free and informed consent: privacy and anonymity were respected in data collection, processing and, reporting. Ethical approval was obtained from the research and publication committee at Muhimbili University of Health and Allied Sciences in Tanzania. The Regional Medical Ethics Committee in Uppsala, Sweden, assessed the studies without objections. The permission to
conduct the research was granted by the relevant, municipal, local governments and, women’s center authorities. Arrangements were made at the departments of Mental Health, and Obstetrics and Gynecology at Muhimbili National Hospital for rape victims who needed mental and medical attention.

Summary of studies, methods, and main outcomes

Four papers resulted from the three studies. Study 1 on social reactions is mainly reported in Paper I, along with how the salient social reactions were applied to rape scenarios in Study 2. The results from study 2 are reported in Paper II. The qualitative study results from Study are presented in Papers III and IV. A summary of the findings from the three studies is presented in Table 2.

Table 2. Summary of methods, study designs and, outcomes in this thesis.

<table>
<thead>
<tr>
<th>Study 1 (Paper I)</th>
<th>Design</th>
<th>Population</th>
<th>Data Analysis</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Semi-qualitative</td>
<td>44-Community nurses</td>
<td>Content analysis</td>
<td>Identification of salient SR and perceived impact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50-rape victims</td>
<td>Cohen’s Kappa Coefficients</td>
<td></td>
</tr>
<tr>
<td>Study 2 (Papers I &amp; II)</td>
<td>Household Survey</td>
<td>1505 men and women aged 18-65 years: residents of all Temeke rural wards.</td>
<td>SPSS program</td>
<td>Peoples’ attitudes toward rape situations and victims</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Logistic regression analysis</td>
<td>Prevalence of expression of negative SR to rape scenarios</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Individual factors predicting the expression of negative SR to rape scenarios</td>
</tr>
<tr>
<td>Study 3 (Papers III &amp; IV)</td>
<td>In-depth interviews</td>
<td>20 supporters of rape victims (men &amp; women)</td>
<td>Grounded theory</td>
<td>A substantive theory to explain the experiences of the victims and supporters with barriers to services within the formal network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 rape victims who had attempted to disclose a rape</td>
<td>Qualitative Content analysis</td>
<td>Describing experiences of barriers to disclosure of rape in the informal network.</td>
</tr>
</tbody>
</table>
Findings

The salient Social Reactions to rape victims (Paper I)

Twelve salient social reactions were identified: five were explicitly perceived as positive, five were negative and, two were mixed (Table 3).

Table 3. The salient Social Reactions and perceived impact by rape victims in Dar es Salaam, Tanzania.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Social reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Advising/help to seek legal services</td>
</tr>
<tr>
<td></td>
<td>Advising/help to seek medical investigations/treatment</td>
</tr>
<tr>
<td></td>
<td>Providing emotional support (help)</td>
</tr>
<tr>
<td></td>
<td>Informing on future preventive lifestyle</td>
</tr>
<tr>
<td></td>
<td>Giving/help her to get coping information</td>
</tr>
<tr>
<td>Negative</td>
<td>Giving shaming or degrading words</td>
</tr>
<tr>
<td></td>
<td>Blaming her for the event</td>
</tr>
<tr>
<td></td>
<td>Treating differently (by abandoning or segregating her)</td>
</tr>
<tr>
<td></td>
<td>Making concluding remarks on potential complications of rap</td>
</tr>
<tr>
<td></td>
<td>Denying legal justice</td>
</tr>
<tr>
<td>Mixed</td>
<td>Advising/help not to disclose (other than legal/medical)</td>
</tr>
<tr>
<td></td>
<td>Telling her to ignore and go on with life</td>
</tr>
</tbody>
</table>
Social Reactions to rape in the community

The frequency of expression of social reactions was estimated from evidence drawn from Studies 1 and 2, presented in Table 4. Real and potential supporters most often expressed at least one positive social reaction, but actual rape victims did not as often report such reactions.

Table 4. Percentage of study participants who experienced or expressed a Social Reaction.

<table>
<thead>
<tr>
<th>Type of Social Reactions</th>
<th>Study Participants</th>
<th>Study Participants</th>
<th>Study Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurses who listed a SR (Study 1)</td>
<td>Victims who experienced a SR from supporters (Study 1)</td>
<td>Supporters who expressed a SR to portrayed victims (Study 2)</td>
</tr>
<tr>
<td>Positive</td>
<td>91</td>
<td>78</td>
<td>99</td>
</tr>
<tr>
<td>Negative</td>
<td>48</td>
<td>48</td>
<td>59</td>
</tr>
<tr>
<td>Mixed</td>
<td>36</td>
<td>38</td>
<td>82</td>
</tr>
</tbody>
</table>

Attitude toward rape and rape victims (Paper II)

Of the 1505 participants in the community, 880 (59%) indicated they would express negative SR toward rape victims in the constructed scenarios. A majority of the participants (54%) consistently interpreted the rape situations based on the lack of consent by the woman (i.e., high-level ranking): 37% interpreted at an intermediate level and, 9% interpreted at a low level.

The situations least often interpreted as rape included rape due to cheating (68%), when the offender was an intimate partner (85%) and, rape committed when the woman was under alcoholic intoxication (86%). Rape by a stranger was the type most frequently interpreted as rape (99%).

The way the participants expressed different types of social reactions toward women of different social statuses is illustrated in Table 5. A commercial sex worker received positive SR from a small proportion of participants and negative SR from the majority of the participants. Mixed SR were more frequently expressed than negative SR.
Table 5. Percentage of participants who expressed at least one Social Reaction towards rape victims in scenarios.

<table>
<thead>
<tr>
<th>Types of Social Reactions</th>
<th>Rape victims in scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>Positive</td>
<td>98</td>
</tr>
<tr>
<td>Negative</td>
<td>31</td>
</tr>
<tr>
<td>Mixed</td>
<td>78</td>
</tr>
</tbody>
</table>

Among participants who exhibited a high level of acceptance of consent, 19.7% said they would express negative SR to an unspecified woman and 38% would express negative SR to a CSW (Figure 8). For participants who exhibited a low level of acceptance, 31.8% would express negative SR to an unspecified woman and 57.6% would express negative SR to a CSW. Participants at all levels (i.e., high, intermediate and, low), assumed a similar pattern of expressing negative SR for women of different social status. For each level, the lowest proportion expressed negative SR towards a married woman, then a mwali and an unspecified woman in increasing order. This trend was maintained, with a CSW receiving negative SR from the majority of participants at each level.

Figure 8. Percent distribution of participants who expressed negative SR to rape victims in scenarios per level of acceptance of consent in sexual encounters.
Demographic characteristics, attitude, and expression of negative Social Reactions to rape scenarios (Paper II)

Generally, three rape situations were least often interpreted as rape, these included: rape in the circumstances of cheating such as when another man takes his chance, and pretends to be the expectant husband in the cultural context of arranged marriages (not interpreted as rape by 32%), when the offender was an intimate partner (15%) and, rape when the survivor was intoxicated with alcohol (14%). Rape by a stranger was the situation most frequently interpreted as rape (99%). Four factors were independently predictive of the risk for expressing negative social reactions toward rape scenarios. Negative social reactions were increasingly common with older age, being twice as common in older age groups (45-54 and 55-65) than in the youngest age group (18-24). Men were more likely to express negative SR than women and, Muslims were more likely to express negative SR than other religious groups. Similarly, the more statements about consent to sex (that described circumstances of rape) the participant failed to endorse as rape, the more common negative reactions were (Table 6).

Table 6. Adjusted odds ratios (and 95% Confidence Intervals) estimating the risk of expressing negative SR to rape victims for the different participant characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Adjusted OR</th>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>379</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>528</td>
<td>1.3</td>
<td>1.0-1.8</td>
</tr>
<tr>
<td>35-44</td>
<td>269</td>
<td>1.3</td>
<td>0.93-1.8</td>
</tr>
<tr>
<td>45-54</td>
<td>165</td>
<td>1.7</td>
<td>1.2-2.5</td>
</tr>
<tr>
<td>55-65</td>
<td>164</td>
<td>2.0</td>
<td>1.3-3.1</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>760</td>
<td>1.3</td>
<td>1.1-1.6</td>
</tr>
<tr>
<td>Female</td>
<td>745</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>1120</td>
<td>1.4</td>
<td>1.1-1.8</td>
</tr>
<tr>
<td>Non-Muslim</td>
<td>385</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>No. of circumstances not interpreted as rape</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>886</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>412</td>
<td>1.7</td>
<td>1.3-2.2</td>
</tr>
<tr>
<td>2-4</td>
<td>207</td>
<td>2.6</td>
<td>1.8-3.7</td>
</tr>
</tbody>
</table>
Experiences with police and healthcare services (Paper III)

Both victims and supporters identified many barriers within the police and healthcare system. They viewed the process of seeking services as walking a path of anger and humiliation due to multiple barriers and difficulty in covering the financial costs incurred because of their extreme poverty. Some participants mentioned irresponsibility and unprofessional and rude conduct among medical and police personnel. Most found the services unreliable and co-ordination between the police and healthcare facilities was lacking. Others blamed the lack of internal organization within these institutions. All these factors escalated the costs of seeking and utilizing services.

The participants indicated these experiences had shattered their assumptions of a just world. The experiences reinforced negative beliefs and exploration of the truth, which they had to endure in what was conceptualized as their contemporary world.

The model constructed from these experiences indicated the process as a path of anger and humiliation that leads to the necessity of managing in the contemporary world. The concepts highlighted the barriers to be overcome in order to reverse the process (Figure 9).

Barriers to the process of rape disclosure encountered in the informal network (Paper IV)

Experiences of rape victims and supporters were used to establish three levels influencing disclosure or further disclosure of rape events in the study context. The decision started at the individual level, although in some circumstances, such as rape in public, the disclosure was unavoidable. The Family level had a strong influence when the rape involved family members or relatives: it was characterized by non-disclosure to police, withdrawal or, abandoning the case.
Rape events discussed with village elders were exclusively involving members of the same community. The decisions were restrictive for reporting to the formal legal system and in favor of reconciliation. When rape disclosure was decided at the individual level, and the rape reported directly to the police, the woman or supporter faced the general community reactions, which strongly and negatively influenced further disclosure of rape. This was especially the case when the rape did not conform to the normative definitions of rape, such as when an acquaintance was suspected or, the woman was intoxicated. Societal norms that lead to normative acceptance of rape influenced decisions on all levels. These norms were embedded in four categories: internalizing shame and fear of rape consequences, which operated at the individual level; defending family integrity, which operated at a family level; the reconciling role of the elders; and, marginalizing victims and supporters, which operated at the community level.
Discussion

This thesis was based on three studies with the overall aim of understanding the responses toward rape and rape victims in Tanzania. The research was conducted in the context of increased knowledge about the association of negative social reactions with negative health outcomes after rape, mainly documented in industrialized countries\textsuperscript{26,85,108,110}. Moreover, the research was conducted at the time of multi-sectoral reforms in Tanzania, with increased number of reported rape events. Given this background, the studies were undertaken as a first step toward effective prevention of health consequences of rape in Tanzania.

The choice of Temeke district as the study area was motivated by a previous epidemiological study of rape in this district\textsuperscript{21}, in which it was established one in five women in this area had suffered rape, and the rapes were committed by people socially close to the victims. Thus, this work focused on understanding how rape victims were treated after the disclosure of the events\textsuperscript{21}. As the project was partly designed to answer the questions raised in the previous study in Temeke\textsuperscript{21}, the studies for this thesis were in the same area.

The overall design of the project was to begin with exploratory methods to establish the salient social reactions to rape victims and their perceived impacts. Although social reactions are explored and reported in Western literature, such perceptions could be socio-culturally influenced\textsuperscript{89}. Thus, a free listing method was used to determine the scope of the domain while providing insight into how the domain was structured\textsuperscript{116}. The social reactions identified in this first step of were then used to make useful and contextually meaningful interpretations in the subsequent studies.

The community survey estimated the magnitude of expression of negative social reactions and the participants’ attitudes to rape and rape victims. A direct measure of attitude was with a shortened Likert scale, which might have affected the strength of attitude expressions. The use of a shortened Likert scale was due to the participants failing to respond to the questions in a wider scale in Kiswahili. This limitation might have affected the assessment of the strength of the attitudes expressed. However, the responses represented the complexities of expressing feelings about rape events, as revealed by the correlation between the attitudes and expression of negative social reactions.
A reliance on interpretations of rape situations as a measure of attitude to rape was considered appropriate because such interpretations reflect the product of interaction between the observer’s cognitive understanding and circumstances of the assault. The inclusion of a behavioral component in the assessment of people’s attitude (i.e. the expression of negative social reactions) was one strong point of the study design. Although a behavior component of attitude does not necessarily coincide with the other components of attitude (i.e., cognitive and affective), most studies on rape do not include this component. Furthermore, the assessment concepts were not strange to the participants, as they were derived from and applied to the same community. For example, the circumstances of rape in the statements were derived from the legal definition of rape in Tanzania and the types of rapists in scenarios and rape statements were derived from previous research findings in this area. Therefore, this design reflects realistic situations in the study community.

The design of the individual studies and the overall research plan were based on triangulation, that is a deliberate approach to collecting data, analysis or, interpretation of data with a wide range of independent means. The use of multiple theories, methods, methodologies, data sources or, personnel increases the investigator’s depth, breadth and, understanding of the research problem. A triangulation of methods is used to obtain comprehensive data through combining different methods of data collection and sources with different but purposive qualities. This enriched the data by increasing the variety of SRs and the quality of the data by obtaining the perceptions of the rape victims themselves rather than relying on the nurses. In the analysis of the data, triangulation was used by two researchers in the coding and measurement of inter-rater reliability, i.e multiple coding as a measure of internal validity for the free listings. Measuring inter-rater reliability for the free listing is generally acceptable. The validity of the coding process among co-researchers in the purely qualitative data was not measured as the multiplicity and subjectivity of social realities was acknowledged. However, peer debriefings and dialogue were undertaken for identifying competing interpretations and refining the categories rather than for validity.

Between the studies, a triangulation of methods was applied through utilizing the social reactions developed during the first study to develop a tool for the community survey study. Studies 1 and 2 were used to reach and select suitable participants for the in-depth interviews in Study 3. Overall, quantitative and qualitative methods were used in various ways to collect and analyze data and, interpretation of results to gain better understanding of broader and deeper context of the same phenomenon. Although data from different methodologies and methods have different forms, the complementary role of triangulation in corroboration or reassurance and refining the
understanding of the study phenomenon was respected\textsuperscript{125,139,140}. As an example, although it was not possible for the prevalence of social reactions to be directly measured, the combination of results from free listings by the nurses, interviews with victims and, social reactions intentions, as indicated by community members, provided reassurance about the relative frequencies with which the different social reactions were experienced.

Trustworthiness is indispensable in any research and can be measured through the evaluation of procedures used to attain the findings\textsuperscript{138,140,141}. In studying experiences and perspectives of the barriers in the process of rape disclosure as victims or third parties qualitative studies were appropriate. To gain understanding of the way people experience and respond to the services they receive and how they manage their lives with their experiences requires purposive selection of individuals who can share their own experiences and perspectives. The unique feature of qualitative methods for gaining an insiders’ viewpoint was the basis for choosing this research paradigm\textsuperscript{140}.

The use of checklists to ensure or enhance trustworthiness or rigor in qualitative research is considered an important development that confers respectability on qualitative research and its thoroughness\textsuperscript{139}. In the qualitative studies, the selection of rape victims and supporters for participation in the in-depth interviews sought to increase the breadth and depth of data by targeting people with different experiences of the process of disclosure as victims or supporters. Due to anticipated difficulties in reaching suitable rape victims in the communities, a sample of victims was drawn from women’s help centers. Although the use of this sample of victims was counter to the aims of qualitative research i.e. reflecting diversity within a given population, the data from supporters was expected to minimize this disparity as they were purposively selected from even the most remote areas\textsuperscript{125,139,140}.

Apart from purposive selection of the participants, the credibility of the qualitative studies was reflected in the details provided on data collection and analysis, and through citing examples and quotations from the data\textsuperscript{138,139}. These details permit assessment of the appropriateness of the study design, application of research methodologies and methods and, the quality of the results.

Transferability is another feature of trustworthiness in qualitative studies which refers to the extent to which the findings can be transferred to other settings or groups\textsuperscript{138,140}. In these studies, detailed accounts of the study setting, participants, the process of data collection and data analysis were provided. Although the qualitative results may not be generalized in a conventional meaning, the information provided on the study context, the methods
and, findings were sufficiently detailed to permit the reader to decide on the transferability of the findings to other contexts.

In the community survey, various measures were taken to ensure validity, reliability and generalization of the results (Paper II). Training of research assistants and piloting of the questionnaire were among the steps taken to ensure internal validity. The application of standard sampling techniques permits generalization of the results to the intended population.

The findings from this community have important implications in the prevention of health consequences of rape. The evidence from the work suggested rape victims in Dar es Salaam were overwhelmingly exposed to negative social reactions. Although positive social reactions were more frequently mentioned, half of the rape victims had experienced negative reactions and two-thirds of community members expressed negative reactions to rape scenarios. Negative social reactions are consistently associated with poor health\(^26,108,142\). Post assault responses, such as social reactions, play a more important role in increasing the severity of post rape complications than the pre-assault or assault characteristics\(^143\). Therefore, these findings implied increased risks for post-assault rape complications among the rape victims in this community.

The preference for non-disclosure of rape events was found or implied in all three studies. Disclosing rape is important, as it is a prerequisite for receiving support and appropriate care. Moreover, the disclosure of such traumatic events is associated with better health outcomes\(^26,85,108,144,145\). As the studies were centered on rape disclosure, it is important to clarify the extent the results fit into the Classic Rape Perspective Theory, a widely accepted and tested theory for explaining why people report rape events\(^96\). The pre-understanding of the study setting was of a very low level of rape reporting with only one in ten rape events being reported\(^21\). The barriers encountered by the victims and supporters in the process of reporting rape to formal and informal networks were supported by the overwhelming negative social reactions people expressed to the rape scenarios. Moreover, within this community rape stereotypes existed, as half of the people did not interpret rape as it is legally defined: in their interpretations of rape situations, the majority was biased by the circumstances surrounding the rape event, the rapist and, the status of the victim. The complexities of these findings conformed to the Classic Rape Perspective Theory, in which perceived normative standards and advice from others influence both help seeking and the reporting of rape\(^98,99\). Accordingly, commonly held beliefs regarding victim-offender relationship and the circumstances of rape become important determinants of people’s attitudes toward the victim and supporter.
Non-disclosure of rape events in the current setting could be explained by the fear of overwhelming negative social reactions encountered in the formal and informal networks as a punishment for breaking the norms. Two-thirds of the people would express some negative social reactions to the victims. Victims who do not trust they will get the support they need or who fear they will receive negative outcomes from disclosure simply do not report\textsuperscript{26,85,108,114,144,145}. Therefore, non-disclosure of rape events in this community was considered an avoidance coping mechanism that should only be interrupted after ensuring disclosure will not affect the victim’s security and wellbeing. This poses a challenge to health workers, the police, non-governmental organization workers and, other supporters of rape victims in ensuring trust and relevance to rape victims.

Although the Classic Rape Perspective Theory is used to explain help-seeking and reporting of rape events by victims and third parties\textsuperscript{96,98,99}, the findings suggested it could also be used to explain why people respond negatively to rape victims and supporters. People’s reactions were influenced by social norms and socially constructed standards: social norms and standards were more important than the needs of the victim and determined the response to the rape event. The respondents often indicated they were protecting their traditions when they did not take action against the perpetrator of rape.

This research was conducted at a time of multi-sector reforms in Tanzania, which have improved physical access to police and healthcare services. The Sexual Offences Act of 1998 is now operational and there are non-governmental organizations helping the women. These changes might have a positive impact on rape disclosure although the impact of a long-term sentence is counter productive. In a community where gender role stereotypes marginalize women, socially and economically such long sentences could cause an escalation in non-reporting of sexual violence, especially when the family is economically dependant on the perpetrator. Nevertheless, the sustainability of the positive impact of the changes in the disclosure of rape events will depend on the extent the treatment by health and legal staff that exposes the women to perceptions of secondary rape is eliminated. The preparation of police and healthcare system to receive rape victims in a caring and responsible manner should only be part of the minimum strategies for increased and sustainable rape disclosure. As formal networks rely on increased reporting of rape events, it is inevitable the broader societal norms that hinder rape disclosure need to be readdressed.

In this thesis, there is sufficient evidence to prove the importance of gender role and rape stereotypes on deciding about rape, the victim and, reporting of events. First, rape was interpreted based on victim-rapist relationships and,
circumstances surrounding the rape. The ideas of automatic consent to sex in intimacy, acceptance of rape when the woman is drunk or dressed in a seductive way and, judging rape based on the woman’s social conduct or status were indicative of the perceived behavioral norms associated with females in this community. Secondly, people expressed social reactions based on gender roles and rape stereotypes. Generally, advice to report for legal action was not given in the case of rape within marriage, although such advice was perceived positively. A commercial sex worker received the least positive and most negative social reactions, indicating rape of a CSW was not met with sympathy for the victim. In other societies where commercial sex work is not legal, sex workers are economically deprived and socially stigmatized, which increases the risk for both gender based violence and HIV/AIDS. Thirdly, the barriers rape victims and supporters encountered in the process of reporting rape events were influenced by preconceptions of gender roles and rape stereotypes, often giving advantage to the rapist. These examples supported the findings of previous studies in this area, mainly a high level of ideas and practice of male dominance and, women’s submissiveness to men. Interventions aimed at improving health consequences of rape should go beyond the police and healthcare system to address these broader societal norms and traditions. Targeting young people is particularly welcome as there are indications the youth could be more likely than older people to adopt a positive change regarding cultural norms and practices, as manifested by questioning the norms and traditions in the current study context. Nevertheless, the elderly should not be excluded, as they have an important role in decision making on matters concerning rape in the community.

In addition to the limitations already discussed, other limitations of the research design included the inability for direct estimation of the magnitude of negative SR in the community, use of rape scenarios instead of rape victims and, the measuring of attitudes and behavior simultaneously. Therefore, the responses for negative attitude and behavioral responses could have been underestimated. However, with the nature of the study topic, these limitations would have been difficult to avoid. As the impact of social reactions on health consequences could be socio-culturally influenced, future studies in this community should aim at establishing the association between the social reactions identified and health consequences.
Conclusions

Based on the results and the discussion, the following main conclusions are highlighted:

• There are twelve salient social reactions expressed towards rape victims and the impacts are perceived as positive or negative by the victims.
• There is inconsistent perception of the impacts of some salient social reactions among victims, most important for the non-disclosure of the rape event
• Half of the adults in Dar es Salaam have their own definitions of rape that do not rely on the absence of woman’s consent in sexual relationships. These interpretations consider other factors such as social relationships, circumstances of rape and, the social status of the woman.
• Two in three adults in Dar es Salaam are likely to express negative social reactions to rape victims in standard scenarios, with older people more likely to be negative than adolescents
• People’s attitudes toward rape and rape victims are correlated with their expression of negative social reactions to rape victims but there are certain normative beliefs about women that divide and underlie their practice.
• Rape victims and supporters are challenged with a variety of barriers in their formal and informal social networks, with the normative social context as the key determinant for their decision to disclose/report rape.
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