

Factors Influencing Level of Sexual Gender-Based Violence on Women in Border Towns in Uganda; A Case Study of Arua Municipality

Agnes Badaru

agnesbadaru@gmail.com

Dr. Samuel ObinoMokaya

dr-mokayao@jkuat.ac.ke

Jomo Kenyatta University of Agriculture and Technology, Kenya
P. O. Box 62000-00200, Nairobi, Kenya

DOI: 10.29322/IJSRP.8.4.2018.p7649
<http://dx.doi.org/10.29322/IJSRP.8.4.2018.p7649>

Abstract: Sexual gender based violence is still a problem in Uganda. With the different interventions to curb and or reduce SGBV, the levels of prevalence are varied due to the different factors. The purpose of the study was to determine the factors influencing level of sexual gender-based violence on women in border towns in Uganda. The study used mixed research design, stratified simple random sampling was used to select a sample of 123 respondents from a target population of 181 (youth, women, men, police, judiciary, cultural institutions and CSO's). Primary data was collected using self-administered questionnaires, key interview and focus group guide, data was analyzed using percentiles, correlation and regression; descriptive and inferential statistics. The findings acknowledged SGBV existence in the municipality, 96.3% rated it highly. Respondents rated factors like drug abuse, peer influence and marital relations with over 80% directly having influence on the level of SGBV on women. The study revealed a moderate negative correlation between the law enforcement and the level of SGBV with a correlation coefficient of $-.415^{**}$, implying improved legislation alone do not reduce SGBV on women. A significant positive association between drug abuse and level of SGBV was established with a correlation coefficient of $.766^{**}$, which implies that an increase in drug abuse by one unit would lead to an increase in the level of SGBV by $(r^2) .59$ units. Peer influence was very substantially related to SGBV at $.530^{**}$; and there was no significant correlation between marital relations and level of SGBV at $.086$. Marital relations, policies, peer and drug abuse accounted for 63% (R^2 , 0.633) of the variation in SGBV with an F value of 32.812 establishing a significant relationship. Government of Uganda should deliberately employ system-wide approaches to enforce laws; control the drug movement and consumption; develop programs that promote civic engagement and should do this in partnership with CSO's, private institutions and communities.

Key words: Sexual violence, gender-based violence, violence against women, gender, violence

Introduction

Violence has always been part of the human experience. Today, violence results in more than 1.5 million people being killed each year, and many more suffer non-fatal injuries and chronic, non-injury health consequences as a result of suicide attempts, interpersonal violence (youth violence, intimate partner violence, child maltreatment, elder abuse and sexual violence) and collective violence. Overall, violence is among the leading causes of death worldwide for people aged 15–44 years (Krug *et al.*, 2002).

The feminist movement that sprung out of the civil rights and peace movements in 1967-1968 viewed the oppression of women as the most fundamental form of oppression and violence, one that cuts across boundaries of race, culture, and economic class. The United Nations Declaration on the Elimination of Violence against Women describes violence against women as;

"A manifestation of historically unequal power relationships between men and women. At the same time, violence is used to perpetuate and enforce women's subordinate role. In the Declaration on the Elimination of Violence against Women, the United Nations and its member countries denounce sexual gender based violence as one of the "crucial social mechanisms by which women are forced into subordinate positions compared with men."

Sexual gender-based violence (SGBV) is a worldwide sickness and it happens every day in homes, communities, and work related places, religious institutions and even law enforcement institutions. According to 2013 global review of available data, 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. However, some national violence studies show that up to 70 per cent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner. All survivors of SGBV, despite their social-political status are entitled to protection, justice and rehabilitation (Goma Declaration by ICGLR, 2008).

Violence against women - particularly intimate partner violence and sexual violence - are major public health problems and violations of women's human rights. Global estimates published by WHO indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime. Globally, as many as 38% of murders of women are committed by a male intimate partner. Violence can negatively affect women's physical, mental, sexual and reproductive health, and may increase vulnerability to HIV. Factors associated with increased risk of perpetration of violence include low education, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality (WHO, 2016). Half of countries in developing regions report a lifetime prevalence of intimate partner physical and/or sexual violence of at least 30%. Prevalence is generally high in Africa, with one quarter of countries in the region reporting prevalence of at least 50% (UN, 2015).

The Uganda Demographic and Health Survey (UDHS) of 2006 indicated that 60% of women aged between 15 and 49 have suffered physical violence, 39% of women have suffered sexual violence, while 16% have experienced violence during pregnancy. However, comparatively according to the Uganda Demographic and Health Survey (2011), GBV prevalence rates stand at 56 percent for Physical violence, 27.7 percent for Sexual violence and 42.9 percent for spousal emotional violence. On average, 63% of the women in Uganda had experienced physical or sexual violence or both in their lives.

Problem Statement

Violence against women is a manifestation of the historically unequal power relations between men and women, fundamentally related to gender-based inequalities, which both lead to and result from violence against women, in a vicious cycle (Jennifer *et al.*, 2011). Sexual and Gender-Based Violence (SGBV) was identified by the 1995 Beijing Declaration and Platform for Action and several international conventions as an obstacle to the achievement of the objectives of equality, development and peace. Sexual gender-based violence and exploitation is a crime (Goma Declaration, 2008). It represents a serious threat to national and regional peace and security, and increases the propagation of HIV/AIDS. Thus, the State has a duty to protect its citizens from all forms of human rights violations, including SGBV, since its cost on the economic and sustainable development of a country is very high. Sixty-eight (68) percent of ever-married Ugandan women aged 15 to 49 years have experienced some form of violence inflicted by their spouse or intimate partner (UBS, 2007). A study by the Uganda Law Reform Commission (2006) revealed that 66% of both men and women respondents had experienced domestic violence (CEDOVIP, 2007). The Uganda Police Annual Crime and Traffic/Road Safety Report (2013) indicate that sex-related crimes, in particular defilement, are not decreasing with 9,589 cases compared to 8,076 cases in 2012. Domestic violence also increased by 18.4% from 2,793 cases reported in 2012 to 3,426 cases reported in 2013.

To ensure the protection of women and girls from sexual gender-based violence, particularly rape and many other forms of sexual abuse, the Uganda Government has developed favorable policies, laws and has ratified different international treaties and instruments to address this. One key instrument Uganda signed is the Goma Declaration which consequently recognizes that the struggle to end SGBV entails a combined effort of men, women, boys and girls, and all state institutions and thus calls upon different parties, including governments, international agencies and Civil Society Organization, to jointly work together to eradicate all forms of gender-based violence. Furthermore, the Uganda Police Force established a Gender Desk in 1986, which became the Child and Family Protection Unit (CFPU) in 1989 (CEDOVIP, 2007).

Arua municipality has a unique setting; it borders Eastern DRC and Southern Sudan. This kind of setting comes with its challenging uniqueness for aggravated SGBV and opportunities to respond to such crimes. The porous borders encourage crime flow from one country to the other and among the crimes are the sexual related violence's which mainly victimizes women and girls. As a refugee hosting border town, several interventions have been put in place by government of Uganda, CSO's and other developing partners to help redress and reduce cases of SGBV in Arua town.

Purpose

The aim of the study was to determine the factors influencing level of sexual gender-based violence on women in border towns in Uganda. Specifically the study sort to ascertain the influence of the existing policies/laws, drug abuse/ alcoholism, peer influence and marital relations on the level of SGBV on women in border towns in Uganda.

Methodology

The study used mixed research design, stratified simple random sampling was used to select a sample of 123 respondents from a target population of 181 (youth, women, men, police, judiciary, cultural institutions and CSO's). Primary data was collected using self-administered questionnaires, key interview and focus group guide, data was analyzed using percentiles, correlation and regression; descriptive and inferential statistics.

Results and Analysis

The study findings revealed that 64.2% of the respondents disapproved the statement that law and policies have a strong influence on the level of SGBV on women. 83.9% agreed that there are adequate laws and policies put in place by the government of Uganda however, they are not effectively implemented to address issues of SGBV on women. Further discussions revealed that

much as these laws are put in place, they remain unknown to the people, 96.3% of the respondents disagreed with the statement that community members are knowledgeable of these laws.

The limited awareness and knowledge on the laws and policies, and interpretation of such laws in the community is a huge challenge and therefore such cases usually remain in the hands of family heads or community/ cultural leaders. 95% of the respondents disapproved (46.9% strongly disagreed, 48.1% disagreed) with the statement that women easily report cases of SGBV to police and other institutions. 95% of the respondents did not believe that institutions handling such cases respond on time and give justice as required and because of this, most respondents believed reporting such cases to police and seeking court justice is a waste of time and resources.

Issues of corruption came out clearly as a challenge to seeking justice and redress to victims of SGBV in Arua Municipality. According to respondents who work in the judiciary, a few cases reach out to court and yet they rely on the police to get the evidences needed to prosecute such perpetrators of the crime of SGBV. The study further revealed that 40.7% of women compared to 20.1% of men do not believe that law enforcement has a strong influence on the level of SGBV on women in Arua Municipality. Therefore, there is need for a lot of sensitization on the existing laws and policies and more efforts to enforce the implementation of these laws and policies to prevent, address and respond to crimes of SGBV in the municipality.

The study revealed a moderate (Davis, 1979) negative correlation between the two variables; $r = -.42$, $n = 81$, $p = 0.001$. The findings agree with those of Ellsberg, Arango& Morton, (2014) which found that training and improved legislation alone do not improve outcomes for women or reduce violence at a community level, and that system-wide changes are needed to improve the enforcement of laws. Further, 83.9% acknowledged that drug abuse and alcoholism has a strong influence on the level of SGBV on women and only 16% of the study respondents did not agree with the statement (Figure 4.5). 87.7% of the respondents agreed that most perpetrators act under the influence of drug abuse and alcoholism, 58.1% agreed that crimes of SGBV occurs in bars and drug abuse places, 65.5% agreed that most parents who marry off young girls are drunkards. The findings also show that 77.8% of the study respondents approved that alcohol and drug abuse is the main cause of SGBV on women in Arua Municipality however, to the respondents who disagreed, there are a number of factors that lead to SGBV in Arua municipality and some of them included poverty, high level of illiteracy, parental negligence and negative cultural and religious practices like child marriages. 87% of the respondents did not accept that women abused are found drunk or under the influence of drugs. According to the respondents, most perpetrators do not just respect women; they see women as sex objects to use as they wish. It's therefore, more of a cultural practice of devaluing women than an influence of drug abuse/alcoholism.

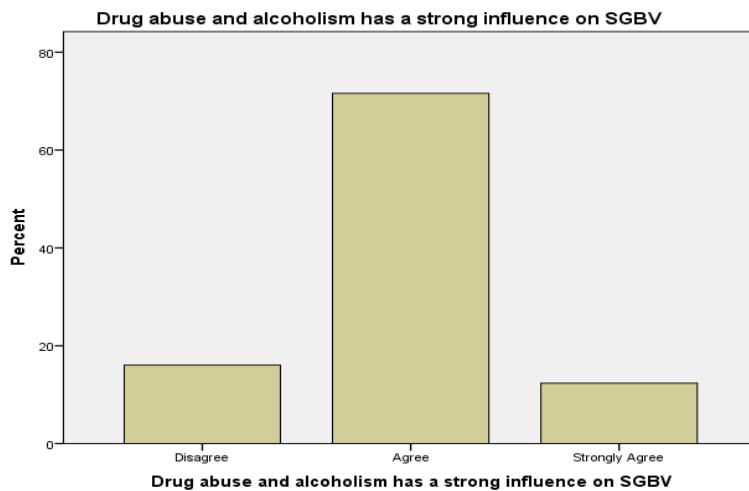


Figure 1: Drug abuse and alcoholism has a strong influence on SGBV on women

The results of Pearson correlation indicated that there was a significant positive association between drug abuse and level of SGBV; $r = .77$, $n = 81$, $p = 0.001$. This shows that an increase in drug abuse by one unit would lead to an increase in the level of SGBV by (r^2) .59 units. This means that drug abuse explains 59% of the sexual gender based violence occurrences. Data from the WHO multi-country study on women's health and domestic violence showed that across countries alcohol use was a robust correlate with experiences of violence (Abramsky *et al.*, 2011).

On the role of peers in influencing the level of SGBV on women, 87.7% of the respondents recognized that peers have a strong influence on the level of SGBV on women in Arua Municipality. 64.2% of the respondents agreed perpetrators act under influence of peers, 53% of the female respondents highly acknowledged that peer pressure has a strong influence on the level of SGBV as compared to their male counterpart, to them peers influence a lot on how they handle issues of reporting, response among themselves. Women tend to discourage their peers from reporting such evils against them because of cultural believes, unreliable response and support from police and limited justices attained through the court system.

Further, 34.5% of the men who agreed that peers have a great influence on the level of SGBV on women reported that many men act under peer pressure to sexually abuse their girlfriends and wives, men discuss on their evil strategies, they plan, implement

them and give feedback and rate themselves as achievers or losers. From the correlation results, peer influence was very substantially related to SGBV; $r = .53$, $n = 81$, $p = 0.001$, this show that an increase in peer influence by one unit would increase SGBV by .28 (r^2) or 28%. DeKeseredy and Schwartz (1998) argue that male peer support groups encourage and justify sexual violence against women and actually create opportunities for their group members to engage in sexual violence against women. The study also assessed the role of marital relations in influencing the level of SGBV on women. The findings revealed that 91.3% approved that marital relations have an influence on the level of SGBV on women, 86.4% confessed that SGBV on women are perpetrated by intimate partners, 87.6% agreed that Perpetrators of SGBV are family members, partners/ ex-husbands/boyfriends. 70.4% of the respondents strongly agreed that women forced to marry face SGBV more than women who willingly get married to their husbands out of love.

Majority of the respondents (76.5%) disagreed with the contention that single women face SGBV more than married women. Respondents further confessed that married women are prone to SGBV because they are subject to men's abuse most times. A married woman has no place in her father's house, the cows the in laws give is enough to sell her position and therefore has a belonging in her husband's house. He the husband can choose to make use of her and discipline her as he wishes, this is influenced by the negative cultural believes and practices. In general, the findings statistically revealed that there was no significant correlation between marital relations and level of SGBV, $r = .77$, $n = 81$, $p = 0.001$ contrary to the previous studies which reported significant results. Klugman (2017), reports that marital relationships are an aggravating factor for the crimes of rape and sexual assault that includes elements of rape, or if the law sets out conditions in which the penalty for marital rape or rape by the husband is mitigated so that the criminalization of marital rape can be inferred.

Collectively all the respondents agreed that SGBV existed in the municipality; 38.3% rated it very high, 58% rated it high and 3.7% rated it low and none rated it very low (Figure 2). A number of the respondents who rated the level low justified that because of the low reporting rate and limited evidences which can be proved in the courts of law makes it difficult to prove hence remains a rumor. The study further revealed that 92.6% of the respondents confessed that most women in Arua Municipality have ever experienced SGBV, to them this includes women of all ages, education level and marital status. 97% (32.1% agreed and 65.4% strongly agreed) of the respondents recognized that teenage pregnancy is on the rise in Arua Municipality and 95.1% testified increased cases of defilement in the last ten years in the municipality.

Further, 67.9% of the respondents strongly agreed and 29.6% agreed that few cases of SGBV are reported to police. Most respondents justified the reason for failure to report such cases to police to the loss of trust victims have in the law enforcement institutions and the failure to get appropriate justice, redress and limited provision of protection of victims from perpetrators by such government institutions.

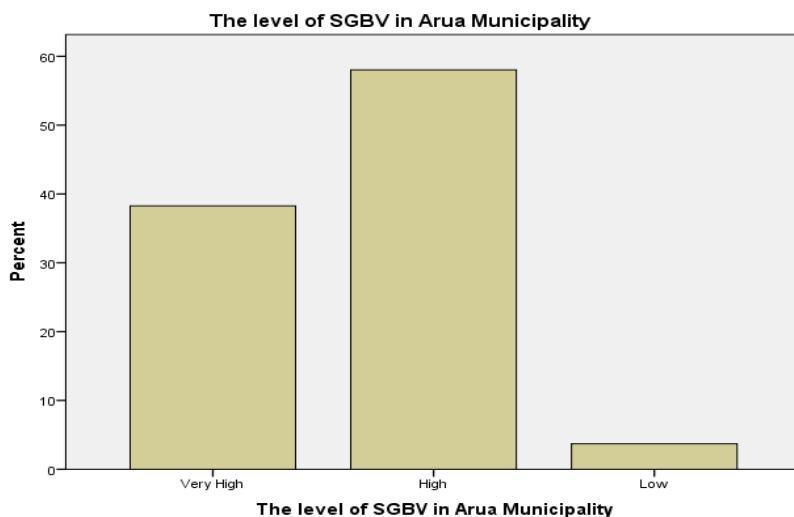


Figure 2: The level of SGBV in Arua Municipality

The study revealed, marital relations, policies, peer and drug abuse accounted for 63% (R Square, 0. 633) of the variation in SGBV (Table1).

Table 1: Pearson Correlation for Model Variables

		Marital relationship	Peer Influence	Drug Abuse/ Alcoholism	Policies/ Laws
Level of SGBV	Pearson Correlation	.086	.530**	.766**	-.415**
	Sig. (2-tailed)	.447	.000	.000	.000

	N	81	81	81	81
--	---	----	----	----	----

ANOVA test was also conducted to determine whether the model worked in explaining the relationship among variables as postulated in the conceptual model and the results showed an F value of 32.812 with a significance level of 0.000 which is far lower than the confidence level of 0.05, hence establishing a significant relationship. The implication is that each independent variable contributed significantly to changes in the dependent variable. Multiple regression analysis results indicated that an increase in policies and marital relations by one unit would lead to a reduction in sexual gender based violence occurrence by .024 and .035 respectively. Further still, an increase in peer influence and drug abuse by one unit would lead to an increase in sexual gender based violence occurrence by .079 and .196 units respectively. It is worth noting that drug abuse and peer influence were the only significant predictors of SGBV. The regression model was summarized as; $SGBV = -.616 - .024 (\text{laws/policies}) + .196 (\text{drug abuse/ alcoholism}) + .079 (\text{peer influence}) - .035 (\text{marital relations})$.

Conclusions

The level of Sexual gender-based violence on women in AruaMunicipality is high. This is reflected in the high percentages indicated by respondents, most women and girls have at least experienced SGBV in their lifetime, the high teenage pregnancy rates and defilement rates indicated in the findings. Marital relations, policies, peer and drug abuse account for a high percentage of the variation in SGBV.

Policies and law enforcement and Level of SGBV were moderately correlated though improved legislation alone does not improve outcomes on reduction in SGBV on women at all levels, and that system-wide changes are needed to improve the enforcement of laws. Much as policies and laws have been put in place by the government of Uganda, very few community members are knowledgeable of them and the enforcement of these laws and policies is still a huge challenge and therefore has very little effect in preventing SGBV and responding to cases of SGBV effectively. Communities and SGBV victims have little trust in law enforcement institutions like police and the judiciary due to high corruption, delays in giving justice and the tedious expensive and heinous process of gathering evidences and seeking justice for the crime of SGBV.

Drug abuse and level of SGBV were positively correlated; implying that an increase in drug abuse/ alcoholism significantly lead to an increase in the level of SGBV. The rate of drug abuse and alcoholism in Arua Municipality is high and most perpetrators of SGBV are under the influence of drugs and alcoholism and or use it to boost their boldness to commit such a crime, drug control and management is a huge challenge in a municipality that borders two countries with porous borders and high refugee influx. Most women who are victims of SGBV were not under influence of alcohol but subjects to their male counterparts that society places to be superior over them.

The study also concludes that peers have a strong negative effect on perpetrators of SGBV on women, they encourage themselves to commit such heinous crimes against women. Peers promote victims to tolerate SGBV and suppress reporting of crimes of SGBV hence affecting response to such cases. Peer behaviors are also influenced by the negative cultural believes and practices which give men power over women, the negative cultural practices and believes that upholds masculinity promotes SGBV on women in Arua Municipality.

The study further concludes that marital relations have no significant correlation with the level of SGBV, much as the respondents highly rated that perpetrators of SGBV are close and intimate relations. However, they were of the view that there are other driving factors like negative cultural practices, poverty, illiteracy that drives perpetrators to commit such crimes against women in the municipality. Women who never got involved into close intimate relations were also sexually abused regardless of their age and educational background. Rape and sexual assaults were mainly reported by single women and young girls.

Recommendations

Putting in place laws and policies is not adequate enough to address the problem of SGBV on women, the Government of Uganda should make deliberate efforts to enforce and or implement these laws and policies to specifically respond to sexual gender based violence (SGBV) on women. Government of Uganda should further strengthen the law enforcement institutions and their roles in implementing the laws/ policies through allocating sufficient funding, continuous trainings and close monitoring of the institutions in order to achieve their mandates.

Need for a continuous sensitization and education of the citizens / community members on the existing laws and policies by Government of Uganda and Civil Society Organizations. This will make communities to appreciate the laws/ policies, monitor their implementation, protect the right of the vulnerable in the community and apprehend law breakers/ perpetrators of SGBV. A community that is knowledgeable of the existing laws and policies that govern them is a vibrant community that is able to demand for accountability, protect their rights and take responsibility for their actions.

Civil society organizations, development partner, agencies and government institutions should develop programs and interventions to respond to the problem of SGBV, such programs will directly address issues of SGBV prevention, protection, response management and advocacy. The local governments should stringently control drug and alcohol movement and usage across the porous borders of Arua municipality which serves as a threat to drug movement and control. At district and sub-county

level, the local government should develop bi-laws and ordinances to manage communities on issues of drug abuse and severely punish drug abuser in the community.

References

- Abdussalam, O. I., Fuadah, J. & Alias, M. H. (2013a). Why Women are being Poor in Kwara State, Nigeria: An Explanation from the Generic Theory, (5th iECONS 2013). 4th – 5th, September.
- ACFODE (2009). Sexual and Gender Based Violence in Uganda: Experiences of Sexual Violence among Women and Girls in Pallisa and Kisoro Districts Baseline Survey 2009.
- Abramsky T, Watts C H, Garcia-Moreno C, Devries K, Ligia K, Ellsberg M, Henrica AFM Jansen and Heise L, (2011). What factors are associated with intimate partner violence? Findings from WHO multi-country study on women's health and domestic. <https://doi.org/10.1186/1471-2458-11-109>. C Abramsky et al; licensee BioMed Central Ltd. 2011
- Ahikire, J. (2013). The links between gender-based violence and HIV in the Great Lakes region. UNESCO Country report: Uganda. P.16.
- Amnesty International (2007).Uganda: Doubly Traumatized, The Lack of Access to Justice by Women Victims of Sexual and Gender-Based Violence in Northern Uganda.
- Beijing Declaration and Platform for Action (1995). Adopted by the Fourth World Conference on Women, Beijing, China, 4- 15 September 1995. New York, NY, United Nations, 1995
- Bohmer, L., and Kirumira, E.K. (2000). Socio-economic context and the sexual behavior of Ugandan out of school youth, Culture, Health and Sexuality, 2(3): 269-285.
- Bott, Sarah; Morrison, Andrew; Ellsberg, Mary (2005) Preventing and responding to gender-based violence in middle and low income countries: a global review and analysis.
- Brown-miller, S. (1975). Against Our Will: Men, Women and Rape. New York Penguin Books.
- Cahill, A. J. (2001). Rethinking Rape. Ithaca: Cornell University Press.
- CEDOVIP. (2007). Responding to Domestic Violence: A Handbook for the Uganda Police Force. (CEDOVIP: Document Number 37299)
- Davies, J, & Lyon, E.J. (2013). Safety planning with battered women: complex lives/ difficult choices (2nd ed.) thousand Oaks, CA: Sage Publications
- DeKeseredy& Schwartz, (1998). Woman abuse on campus: results from the Canadian national survey. Thousand oaks, CA: Sage.
- Dhillon M, Rabow J, Han V, Maltz S, and Moore J,(2015). Achieving consciousness and transformation in the classroom: race, gender, sexual orientations and social justice. Sociology mind, 5, 74-83. <http://dx.doi.org/10.4236/sm.2015.52008>
- Ellsberg M, Arango DJ & Morton M, (2014). Prevention of violence against women and girls: what does the evidence say? Vol 385, No9977,
- Fidh. (2012). Women's rights in Uganda: gaps between policy and practice report. www.fidh.org.
- Fisher, M. (2014). Applying Feminist and Queer Theories to Gender-Based Violence in Post-Conflict Societies: A Case Study of the Transition Process in Liberia
- Jackson, S. (1993). Feminist Social Theory. In S. Jackson, et al. (eds.) Women Studies: A Reader.London: Harvester Wheatsheaf.
- Jennifer J. K. RasanathanAnjanaBhushan (2011). Measuring and responding to gender; Measuring and responding to gender-based violence in the Pacific: Action on gender inequality as a social determinant of health inequality as a social determinant of health.
- Kaysen D, Dillworth T. M, Simpson T, Resick A P. (2007). Domestic violence and alcohol use: trauma-related symptoms and motives for drinking. VL 32. 10.1016/j.addbeh.2006.09.007
- Klugman J (2017). Gender Based Violence and the Law: World Development Report. Georgetown University.
- Krug, E.G, Mercy, J.A., Dahlberg, L.L., Zwi, A.B. (2002). World report on violence and health: World Health Organization.
- Mokaya, S.O. (2013). The Effect of Corporate Entrepreneurship on the Performance of the Edible Oil Manufacturing Firms in Kenya.
- Morgan. R (1977).Going Too Far: The Personal Chronicle of a Feminist. New York: Random House.
- OHCHR. Women's Rights are Human Rights. <http://www.ohchr.org/Documents/Events/WHRD/WomenRightsAreHR.pdf>
- OAG (2011).Value for money audit report on disposing of cases in the judiciary.
- O'Neill, D. (1998). A Post-Structuralist Review of the Theoretical Literature Surrounding Wife Abuse.In Violence against Women, 4: 457-490.
- Republic of Uganda (2006). Uganda Demographic and Health Survey. Kampala, Uganda: Uganda Bureau of Statistics.
- Republic of Uganda (2007). Uganda Demographic and Health Survey. Kampala, Uganda: Uganda Bureau of Statistics.
- Republic of Uganda (2011). Uganda Demographic and Health Survey. Kampala, Uganda: Uganda Bureau of Statistics
- Robinson, M. and Bondevick, K.M. (2008). Support Efforts to Pass Gender Related Legislation

in Uganda.

- Tappis Hannah Tappis, Jeffrey Freeman, Nancy Glass, Shannon Doocy (2016). Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review. PLOS Currents Disasters.Edition 1.Doi: 10.1371/currents.dis.
- UBOS (2014). Population of the Regions of the Republic of Uganda and All Cities and Towns of More Than 15,000 Inhabitants".Citypopulation.de Quoting Uganda Bureau of Statistics (UBOS).
- UBOS (2010 and 2011). Estimated Population of Arua.Uganda Bureau of Statistics (UBOS). Archived from the original (PDF) on 7 July 2014.
- UN (2014). Achieving Gender Equality, Women's Empowerment and Strengthening Development Cooperation.United Nations New York.
- UN (2015).The World's Women 2015. United Nations New York,
- WHO (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization.
- WHO (2011).Gender mainstreaming for health managers: a practical approach.
- WHO (2014).Global status report on violence prevention.