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INFLUENCE OF GENDER BASED DEPRIVATION ON SOCIO ECONOMIC DEVELOPMENT IN RWANDA: A CASE STUDY OF NYAGATARE TABAGWE SECTOR

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Abstract: **Participation of women in development has been affected to a great extent by the effects of gender-based deprivation which occurs within all social, economic, religious and cultural groups. Therefore, the purpose of this study was to establish the influence of gender-based deprivation on socio economic development in Nyagatare: Tabagwe Sector. To achieve this the study was guided by the following objectives; to assess the extent to which health deprivation influences socio-economic development, to establish the influence of employment deprivation on socio-economic development, to determine the influence of leadership deprivation on socio-economic development and to determine the influence of education deprivation on socio-economic development. The study adopted descriptive research design. The target population for the study included 240 respondents of Tabagwe Sector in Nyagatare District. The sample size for the study was 150 respondents. The simple random sampling and purposive sampling was used to collect data from the women and the area chief respectively. The study used both primary and secondary data collection methods. Primary data was collected using a structured questionnaire and interview guide. Content validity was used to establish the appropriateness of the instruments while half-split method was used to establish reliability. Quantitative data from the field was analyzed using SPSS (Statistical Package for Social Sciences) Version 21. The analyzed data was presented in the form of tables using frequencies and percentages. The study found out that health concerns stress and physical injuries included, were the major issue affecting participation of women in development. Low economic status of women especially in low income areas was another influencer due to the effect of low productivity. Moreover, family break-ups affected participation in development majorly due to lack of confidence among women that was caused by the high rate of stigmatization. It was established that despite the fact that women were aware of their fundamental rights to participate in development, the rate of participation was still very low due to the effect of patriarchal systems. Finally, from the regression analysis the study analyzed that the four variables had an influence on participation of women in development in Rwanda. Among others, the study recommended that awareness needed to be created among community members on the importance of seeking medical attention in the event that gender based violence causes physical or mental harm. The study further proposes that the government should institute a policy that demands 50:50 gender representation in development initiatives rather than the two third gender rules as provided for by the constitution. Moreover, for women to access justice in case they are abused, police should treat gender violence cases seriously. In addition to that, the government should allocate adequate resources to economic empowerment programs so as to cushion the gender-based violence victims who may have lost their livelihood. Finally, participation of women in decision-making and economic activities is a key part of empowerment and should therefore be promoted.**

Keywords: **Health deprivation, Employment deprivation, Leadership deprivation, Education deprivation, socio-economic development.**

1. INTRODUCTION

1.1 Background:

Globally Gender Based deprivation has been cited as one of the main factors hindering accelerated community development (Straus, 2011). Gender Based Violence (GBV) is a global issue that requires attention and urgent redress because of the influence it has on community development efforts. It affects both women and men all over the world, influencing their productivity both in the homes, communities and places of work (Lupri, Eugene, Grandin and Elaine 2014).

Gender is defined as social differences and relations between men and women which are learnt and vary widely among societies, cultures, and which changes over time. Male and female roles are determined primarily by social, cultural, economic and political organization of a society which can also be affected by age, class, race, ethnicity, religion and geographical environment (Council of Europe, 2008). Violence on the other hand is defined as the intentional use of force or power against a group, community or an individual and which results in a high likelihood of injury, death, psychological harm or lack of development (Derbyshire, 2012). Gender based deprivation (GBD) is therefore any act of deprivation that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life that may harm a person (Reeves & Baden, 2012).

Deprivation against women is a global phenomenon which can be traced back to medieval times when societies started differentiating roles between women and men. Societies started to perceive men's roles as being superior to those of women and as such the status of men was given a superior position that resulted in power imbalances and consequently abuse (Ackerson & Subramanian, 2009). Up until the nineteenth century, there were no laws that prohibited a man from abusing a woman. In the United States of America, the first law to recognize a man's right to discipline his wife with physical force was an 1824ruling by the Supreme Court of Mississippi permitting the husband to exercise the right of moderate chastisement in cases of great emergence (Campbell, 2012).

It is only until the 20th Century that bodied such as the United Nations (UN) formed in1945 came up with international human rights agreement specifically to address the rights of women. Such laws are included in the Universal Declaration of Human Rights(UDHR) adopted by the UN General Assembly on. December 18, 1979. These laws are applicable to all UN member states Rwanda included. Other milestones in advancing women's rights in the past decades have been the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) which is described as an international bill of rights for women. To improve the participation of women in development, various states have adopted the Millennium Development Goals (MDG)specifically Goal 3 which seeks to eliminate gender disparity (Todes & Sithole, 2009).

In Africa, gender-based deprivation is of extreme magnitude as compared to developed countries. Although women constitute more than half the population, their participation in development has been lower than that of men something that has been contributed to by gender-based deprivation (Bless *et al.*, 2009). Most African country have policies that try to address the development needs of women and transform the structures and processes that continue to sustain gender-based deprivation, the implementation is quite low (Bowman & Akua, 2008).

In Rwanda gender-based deprivation has played a major role in the apparent invisibility of women in development especially among rural and slum women. The environment they live in and the kind of work they do for a living is major determining factors. Social norms, customs and cultures have continued to strain the relationships between men and women and influence what resources they both have access to, the kind of activities they undertake and in what forms they can participate in the society and in the economy (Oyugi *et al.*, 2008). The fact that women are often not informed of their rights under the law further contributes to this marginalization.

Women's lack of economic empowerment and knowledge of their rights has also contributed to poor participation in development and eventually poverty due to having less favorable education and health outcomes with the rapid spread of HIV/AIDS (Muteshi, 2016). Policy makers need to come up with policies that recognize women as well as men as development actors and potential participants and beneficiaries. This will contribute to sustainable development (Kwesiga, 2012).

GBV undermines the victims‟ ability to effectively participate in community development activities. Community development involves changing the relationships between ordinary people and people in positions of power, so that

everyone can take part in the issues that affect their lives. It starts from the principle that within any community there is a wealth of knowledge and experience which, if used in creative ways, can be channeled into collective action to achieve the communities' desired goals (Israel, Schulz, Parker, & Becker1998). Community development practitioners work alongside people in communities to help build relationships with key people and organizations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality (Sloman 2012). In this regard, this study focus on assessing the influence of GBV on social economic development in Rwanda.

1.2 Statement of the problem:

Gender based deprivation has further deprived women especially in slum areas of their economic power by reducing their productivity through limited access to resources. Women in these poor households miss the opportunity to engage in income generating activities. This situation has led to slower economic growth, poverty, weaker governance and lower quality of life. According to a report of 2012 by the United Nation Economic and Social Council (UNESCO), in spite of the fact that women constitute half of the population they do not benefit from their contribution to the economy due to deprivation.

Broken families resulting from gender-based deprivation is yet another impediment to women participation in development and it works against women who are poor and vulnerable especially in slum areas. Family break-up has had a stigmatizing effect on women and the effect has been more pronounced for women who cannot sustain the family after a separation. Traditional norms and cultural believes which prohibit women from taking action whenever they experience gender-based deprivation have also escalated the rate of abuse on women among most communities as highlighted by the United Nations Economic Commission for Africa (UNECA, 2011). A survey conducted by UNAIDS (2013), further indicated that women's plight of gender-based deprivation has worsened due to lack of awareness of their fundamental rights.

1.3 Objectives of the study:

1.3.1 General objective:

The general objective of this study was to establish the influence of gender-based deprivation on participation on socio-economic development in Rwanda.

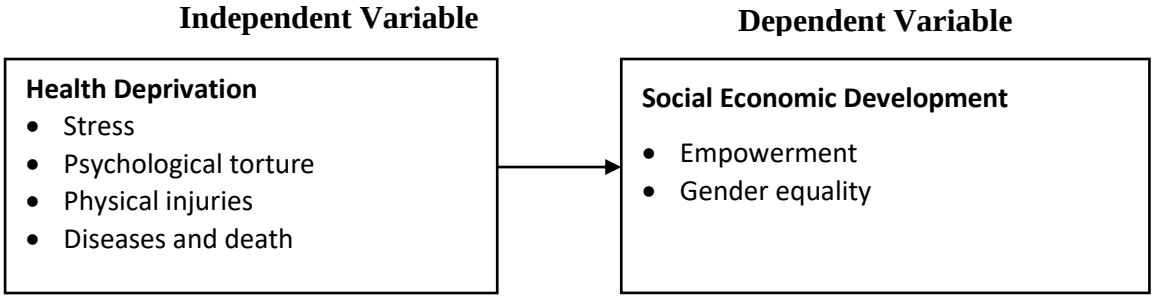
1.3.2 Specific objectives:

The following specific objectives that guided the study:

1. To assess the influence of health deprivation on socio-economic development.

2. CONCEPTUAL FRAMEWORK

In this study the dependent variable is the Socio-economic development while the independent variables are the various types of deprivation. In particular for the study the independent variable is health deprivation



2.1 Health deprivation of women on socio-economic development:

Violence in this context could be a form of male power and domination which contributes directly or indirectly to women's health (Sa and Ulla, 2008). Access as well as the usage of medical care is considered an important determinant of health status after any kind of violation has occurred. The negative influence of gender-based deprivation could be

caused by delays in treatment or gaps in the quality of the care that victims receive (Adler & Katherine, 2012). Exposure to psychological stress is said to be particularly high among gender-based deprivation victims with the explanation being that they tend to have higher levels of anxiety, depression, or hopelessness (Msisha, 2008).

Moreover, poverty plays a role in creating an environment in which individuals are particularly susceptible and vulnerable to health problems resulting from gender-based deprivation. The poor economic status of the victims sometimes places serious obstacles such that access to proper health care is unlikely. In general, there is evidence of an inverse relationship between socioeconomic status and the risk of gender-based deprivation (Okigbo et al., 2012). The division of men and women along gender lines and cultural ideas in societies also has considerable effects on health behaviors and outcomes. Sociocultural norms dictate how women are expected to behave something which can have direct impacts on their health and well-being. Imbalances between men and women are overwhelmingly in favor of men with more negative consequences on women than men.

There are many social and cultural conditions that create gender inequalities which put women at risk (Greig *et al*, 2008). According to the Joint United Nations Program on AIDS, gender-based deprivation is nowone of the leading factors for HIV infection (Dugassa, 2009). The relation between HIV and gender is mediated through power relationships that are expressed at both individual and societal levels. This power imbalance in combination with women's risk for sexual assault within sexual relationships increases their risks for contracting diseases hence posing a health risk thus women do not participate in development, (Kalichman *et al.*,2009). Experiences of abuse impact negatively on physical functioning, with implications both for personal well-being and for productivity in society. Compared to non-abused adults, those who have experienced childhood abuse are more likely to report an overall lower health status and to use health services more frequently (Springer *et al*., 2008).

More days in bed, and greater odds of being confined to bed or restricted in normal activities like development project in the community, are also associated with a history of abuse. Childhood abuse has been associated with a range of psychological and somatic symptoms, as well as psychiatric and medical diagnoses such as depression, anxiety disorders, eating disorders, post-traumatic stress disorder, chronic pain syndrome and irritable bowel syndrome (Fenton, 2014). Health is a concept emphasizing social and personal wellbeing, as well as physical capacities. Violence against women is a serious violation of women's human rights. Yet little attention has been paid to the serious health consequences of abuse and the health needs of abused women. Victims of gender-based deprivation often suffer in silence. Females of all ages can be victims of violence, in part because of their limited social and economic power compared with men (Gilliam, 2010).

While men also are victims, violence against women is characterized by its high prevalence within the family, its acceptance by society, and its serious, long-term impact on women's health and wellbeing affect their participation in development activities (Mishra et al., 2009).

Both population-based research and studies of emergency room visits in the United States indicate that physical abuse is an important cause of injury among women (Coetzee and Graff, 2011). Documented injuries sustained from such physical abuse include contusions, concussions, lacerations, fractures, and gunshot wounds. Population-based studies indicate that 40 to 75 percent of women who are physically abused by a partner report injury that lead to server health problems due to violence at some point in their life (Hargreaves and Judith, 2012). For many women, the psychological consequences of abuse are even more serious than its physical effects. The experience of abuse often erodes women's self-esteem and puts them at greater risk of a variety of mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse. Gender based deprivation is therefore a major contributor to the ill health of women participation in development where they feel they are not motivated due to low self-esteem (Krug et al., 2012).

Violence is also a risk factor during pregnancy. Studies from around the world demonstrate that violence during pregnancy is not a rare phenomenon. Within the United States, for example, between 1% and 20% of currently pregnant women report physical violence, with most findings between 4% and 8% (Nasir, 2013). In its most extreme form, violence kills women. Worldwide, an estimated 40 to more than 70% of homicides of women are perpetrated by intimate partners, frequently in the context of an abusive relationship. By contrast, only a small percentage of men who are murdered are killed by their female partners (Mathews et al., 2014). Violence is also a significant risk factor for suicide. Studies in numerous countries have found that women who have suffered domestic violence or sexual assault are much more likely to have had suicidal thoughts, or to have attempted to kill themselves (Drimie *et al.*, 2013).

3. TARGET POPULATION

Target population is defined as the group from which the results of the study are obtained. It comprises all members of real or hypothetical set of people, events, or objects to which the researcher wishes to generalize the results of the research study (Creswell, 2008). In this study, the target population included women of Nyagatare Tabagwe Sector. The total target population of women in this sector is 240. These women were identified on the basis that Nyagatare Tabagwe Sector gender-based deprivation has been documented to be more prevalent among women in low income areas. A target population should have observable characteristics from which the researcher intends to generalize the findings of the study (Gray, 2014).

4. DATA ANALYSIS

The process of data analysis involves structuring and bringing logical order to the vast volume of data collected (Neuman, 2010). Qualitative and quantitative methods of data analysis was used in this study. Upon collecting information from the field, all questionnaires were checked to ensure uniformity, consistency, and completeness.

Quantitative data collected through questionnaires was coded and analyzed using Statistical Package for Social Sciences (SPSS) Version 21.0. Descriptive statistics specifically frequencies and percentages were generated through descriptive analysis. Inferential statistics mainly correlation and regression were used to test on the relationship among the variables of the study. Correlation analysis was used to estimate the existence of relationship between the study variables.

4.1 Analytical Model:

A multiple regression model was used in this study is shown below:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where:

Y= Social Economic Development

α=Constant

μ=Error

β =Coefficients

X_1 = Health deprivation

X_2 = Employment deprivation

X_3 = Leadership deprivation

X_4 = Education deprivation

4.2: Health deprivation on socio-economic development:

The first objective of the study was to establish the extent to which health concerns affected the socio-economic development. The study needed to establish the respondent's experiences and knowledge of gender-based violence and to what extent they had suffered both physical and psychological violation

4.2.1 Subjection to Gender Based Violence:

The first measure for health concerns was on whether the participants had ever been subjected to gender-based violence. Table 4.5 shows the analysis on this variable.

Table 4.1: Subjection to Gender Based Violence

		Frequency	**Percent**
Valid	Yes	108	84
	No	20	16
	Total	**128**	**100.0**

Source: Primary date, 2018

From Table 4.5 above the study results revealed that 84% of the respondents said they had been subjected to gender-based violence while 16% of the respondents had never undergone any kind of violation. Majority of the respondents had been subjected to some form of gender-based violence. The study thus concluded that gender-based violence was quite rampant among women.

4.2.2 Types of Violation Experienced:

The study further sought to determine the distribution of household for those respondents who indicated that they had been abused. The study wanted to know the kind of violation they had experienced. Table 4.6 presents the analysis.

Table 4.2: Violation Experienced

		Frequency	Percent
Valid	None	20	16
	Sexual	26	20
	Physical	38	30
	Socio-economic	14	11
	Emotional and Psychological	30	23
	Total	**128**	**100.0**

Source: Primary data, 2018

From Table 4.6 above the study results revealed that while none of the respondents had experienced any kind of violation, 30% of the respondents indicated that they had been physically abused, 23% of the respondents had been emotionally abused while 20% of the respondents had been sexually abused. Those who had been socio-economically abused made up for 11% of the respondents. Physical abuse was seen to be most rampant among the women. Very few respondents were socioeconomically abused. From, the findings, it was concluded that gender-based violence was high.

4.2.3: Rate of Violation:

The study needed to establish at what rate women underwent gender-based violence. The responses were as shown in Table 4.7.

Table 4.3: Rate of Violation

		Frequency	Percent
Valid	Low	17	13
	Moderate	28	22
	High	36	28
	Very High	47	37
	Total	**128**	**100.0**

From Table 4.7 above the study results revealed that a high number, 37% of the respondents indicated that the rate of violation was very high. 28% of the respondents indicated a high response while 22% of the respondents indicated a moderate extent. The remaining 13% of the respondents said the rate of violation was low. The study concluded that in general the rate of violation was very high, and no interventions were being put in place to manage the situation.

4.2.4: Place of Refuge:

The respondents were asked to indicate the place they sought refuge in the event of violence. Table 4.8 indicates that 22% of the respondents did not seek any help.

Table 4.4: Place of Refuge

		Frequency	Percent
Valid	Family/ Friends	42	33
	Health Facility (e.g. Hospital)	14	11
	Government (e.g. Police, Chief)	23	18

	Non-Governmental Organization	20	16
	None of the Above	29	22
	Total	**128**	**100.0**

From Table 4.8 above 33% of the respondents said they expressed their concerns to friends and family, 11% of the respondents sought help in health facilities, 18% sought help from the government while 16% of the respondents reported to non-governmental organizations. Those who sought help in health facilities were very few hence the conclusion that 36 healthcare was ignored to a great extent. Family and friends were the most trusted when it came to offering assistance to the victims of gender-based violence

4.2.5: Rate of Violation:

Respondents were further asked to indicate the extent to which physical injuries had been inflicted on them as a result of gender-based violence. 7% of the respondents said no physical injuries had been inflicted on them as shown in Table 4.9

Table 4.5: Physical Injuries

		Frequency	**Percent**
Valid	None	9	7
	Small Extent	21	16
	Large Extent	67	52
	Very Large Extent	31	25
	Total	**128**	**100.0**

Based on the results, 52% of the respondents and 25% of the respondents said that physical injuries had been inflicted on them to a large extent and to a very large extent respectively. 16% of the respondents said it was to a small extent. The fact that physical injuries were being inflicted on the women to a large extent could affect their participation in development.

4.2.6: Physical Disabilities:

When asked whether they had been left with any kind of disability as a result of gender-based violence, the informants responded as tabulated in Table 4.10.

Table 4.6: Physical Disabilities

		Frequency	**Percent**
Valid	None	59	46
	Small Extent	48	37
	Large Extent	14	11
	Very Large Extent	7	6
	Total	**128**	**100.0**

From Table 4.10 above 46% of the respondents reported that they were not left with any kind of disability as a result of gender-based violence. 37% of the respondents reported that it was to a small extent, those who reported a large extent were 11% while 6% reported a very large extent. From the analysis, few people were left with physical disabilities compared to the high number of those left with physical injuries.

4.2.7: Sexual and Reproductive Health Problems:

The study also sought to determine to what extent the respondents faced sexual and reproductive health problems such as diseases, HIV/AIDS and high-risk pregnancies as a result of gender-based violence. Table 4.11 analyzes the responses.

Table 4.7: Sexual and Reproductive Health Problems

		Frequency	**Percent**
Valid	None	12	9
	Small Extent	25	20

	Large Extent	57	45
	Very Large Extent	34	26
	Total	**128**	**100.0**

From Table 4.11 above 9% of the respondents said they did not have any problems related to sexuality and reproduction. 20% of the respondents said it was to a small extent whereas 45% of the respondents said it was to a large extent. Those who reported a very large extent made up for 26% of the respondents. According to the analysis sexual and reproductive health problems were rampant among gender-based violence victims.

4.2.8: Direct influence of Stress:

Regarding weather the respondents faced any direct effects of stress in the form of anxiety, fear, mistrust, inability to concentrate, depression, suicide or withdrawal, the findings were as presented in Table 4.12.

Table 4.8: Direct influence of Stress

		Frequency	**Percent**
Valid	None	5	4
	Small Extent	23	18
	Large Extent	18	14
	Very Large Extent	82	64
	Total	**128**	**100.0**

From Table 4.12 The findings indicate that 4% of the respondents did not face any kind of direct stress as a result of gender-based violence. This was a very small number. 18% of the respondents said they were affected by stress to a small extent. Moreover, 14% and 64% of the respondents indicated that direct stress affected them to a large extent and to a very large extent respectively. From the analysis, direct stress on the respondents was to a very large extent.

4.2.9: Indirect influence of Stress:

The indirect effects of stress on gender based violence victims in the form alcohol and drug use is presented in Table 4.13.

Table 4.13: Indirect influence of Stress

		Frequency	**Percent**
Valid	None	24	19
	Small Extent	65	51
	Large Extent	31	24
	Very Large Extent	8	6
	Total	**128**	**100.0**

From Table 4.13; 19% of the respondents said they did not divert to the use of alcohol and other drugs as a result of gender-based violence to ease their stress. 51% of the respondent said to a small extent, they used alcohol and drugs. Whereas 24% of the respondents said it was to a large extent, only 6% of the respondents indicated a very large extent. The findings indicate that most women did not use alcohol to relieve their stress after experiencing gender-based violence.

4.2.10 Stress and Injuries influence on Participation:

To establish their views on whether they thought physical injuries and stress had any effect on the participation of women on development, the respondent as tabulated in Table 4.14.

Table 4.9: Stress and Injuries influence on Participation

		Frequency	**Percent**
Valid	Yes	108	84
	No	16	13
	Not Sure	4	3
	Total	**128**	**100.0**

Source: Primary date, 2018

From Table 4.14 above the study results revealed that whereas 84% of the respondents said physical injuries and stress had an effect on the participation of women in development, 13% of the respondents said there was no effect. Only 3% of the respondents were undecided on this matter. This was an indication that women did not participate in development activities due to stress and physical injuries.

5. DISCUSSION OF THE RESULTS

Based on objective one, the influence of health deprivation on participation of women in development, the informants had reported that the victims had been exposed to psychological stress which is said to be particularly high among gender-based violence victims with the explanation being that they tend to have higher levels of anxiety, depression, or hopelessness (Msisha, 2008). This argument is similar to the findings of the study in the sense that most respondents reported experiencing direct stress as a result of gender-based violence. Experiences of abuse impact negatively on physical functioning, with implications both for personal well-being and for productivity in society. Compared to non-abused adults, those who have experienced childhood abuse are more likely to report an overall lower health status and to use health services more frequently (Springer et al., 2003). According to Dunkle et al. (2004), gender-based violence is not only a reflection of social, cultural, and economic inequalities between men and women, but also involves the relationship between the victims and perpetrators. Valladares et al., (2002) adds on to say that there are also opportunity costs in terms of time required for treatment and legal activities that could be better used by the victims and their families to generate income. The respondents had reported that the cost of treatment after abuse was very high.

5.1. Conclusions:

The study concluded that the influence of gender-based violence on participation of women development calls for different stakeholders like government and nongovernmental organization to address the issue of gender-based violence among women since they are majorly affected. The study concluded that regarding the demographic characteristics, the influence of gender-based violence had greatly affected the participation of women in development. However, most of the women have attained secondary education where most scholars said education is the key to success but due to violence they will not be able to participate in development. It was also concluded that most of the respondents had small family of one to three children. The health concerns, economic status, family break-ups and fundamental rights all have an influence on their participation in development.

5.2. Recommendations:

From the findings of the study, it is clear that a lot needs to be done to improve women's participation in development especially through dealing with the menace of gender-based violence specifically against women. It was generally noted that gender-based violence had adverse influence on health, economic status, family break-up and fundamental rights.

Based on objective one on health deprivation, it was recommended that public institutions should be sensitized on the plight of gender violence. Moreover, awareness needs to be created among community members on the importance of seeking medical attention in the event that gender based violence causes physical or mental harm. Efforts also need to be directed toward changing the perception of men on women especially perceptions that are culturally triggered and which in turn subject women to gender based violence considering the fact that men are the main perpetrators of gender-based violence.

In reference to objective two on employment deprivation of women, this study recommended that the government should further allocate adequate resources for economic empowerment programmes so as to cushion the gender-based violence victims who may have lost their livelihood. Non-governmental organizations on the other hand should focus specifically on sustainable economic development initiatives that address poverty since gender-based violence victims are usually emotionally detached from the society and from development. Participation of women in decision-making and economic activities is a key part of empowerment and should therefore be promoted.

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