

Rape against Women: The Magnitude, Perpetrators and Patterns of Disclosure of Events in Dar es Salaam, Tanzania

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ABSTRACT

This cross-sectional household survey was conducted in Dar es Salaam between July and August 2000. The objectives were to establish the magnitude of rape against women, the perpetrators, disclosure of events and other related factors. Among the 1004 women who completed their interviews, 20% said they were ever raped. The known perpetrators were responsible for 92% of the most recent events. Whereas 34% of events were disclosed for non-legal purposes, only 10% were disclosed to the police. Repeated rape and patterns of disclosure were significantly associated with existing social relationships with the perpetrator. The results indicate that rape against women is a serious public health problem in Dar es Salaam commonly involving people who are close to the victims. (*Afr J Reprod Health* 2004; 8[3]:137-146)

RÉSUMÉ

Violence contre la femme: ampleur, auteurs et modes de révélation des événements à Dar es Salam, Tanzanie. Cette enquête transversale basée sur le ménage a été menée à Dar es Salam entre juillet et août 2000. Le but était d'établir l'ampleur de la violence contre les femmes, les auteurs, la révélation des événements et les autres facteurs qui y sont liés. Parmi les 1004 femmes qui ont terminé leurs interviews, 20% ont dit qu'elles ont été jamais violées. Des auteurs connus ont été responsables pour 92% de tous les événements récents. Alors que 34% des événements ont été révélés pour des raisons non-juridiques seuls 10% ont été révélés à la police. Le viol répété et les modes de révélation ont été liés remarquablement aux rapports sociaux qui existent avec l'auteur. Les résultats indiquent que le viol contre la femme est un gros problème de la santé publique à Dar es Salam qui en général implique les gens qui sont des proches des victimes. (*Rev Afr Santé Reprod* 2004; 8[3]:137-146)

KEY WORDS: Rape, women, perpetrators, disclosure

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Introduction

The World Health Organization (WHO) defines sexual health as the integration of the physical, emotional, intellectual and social aspects of sexual well being in ways that are enriching and that enhance personality, communication and love.¹ Rape is one of the key barriers to sexual health that many women face throughout the world. It is a well-recognised risk factor for a variety of physical, reproductive, medical and psychosocial health problems that may result in immediate or long-term consequences.^{2,3} Although generally recognised as a universal problem regardless of the development status,^{4,6} at present there is still scanty literature on rape from the less developed countries.⁷

Most of the available information about rape in Tanzania comes from small unpublished and institution-based studies. Recently, there has been a growing concern in the media, non-governmental organisations and the public about the possible fast increase of incidents of rape against women in the country. Crime statistics indicate that between 1990 and 1995, about 756 incidents of sexual assault involving young women and girls were reported throughout the country and 48% of these were committed in Dar es Salaam alone.⁸ Based on available information, the parliament passed a strong Act known as Sexual Offences Special Provisions Act of 1998 in an effort to halt the perceived rise in sexual assault incidents. Despite this growing concern, the epidemiology of the problem in Tanzania has largely remained unexplored.

In order to study the epidemiology of rape against women in Dar es Salaam, a cross-sectional household survey was conducted in Temeke, one of the three administrative divisions (municipalities) of Dar es Salaam region, between July and August 2000. The study specifically examined sexual experiences of women aged 12 years or above in the urban and sub-urban communities of Dar es Salaam.

This part of the report will be confined to the magnitude of rape against women (both lifetime and within the past two years), the perpetrators of rape and patterns of disclosure of the events. Some comparisons will be made between urban and sub-urban communities.

For the purpose of this study, rape was defined as any sexual relation with another person obtained through physical force, threat or intimidation including attempt at vaginal penetration, oral and anal sex. A similar definition has been used in other studies.⁹⁻¹¹

This study only dealt with the most likely completed rapes whereby a male genital organ came into contact with a woman's organ.

Methods

Study Area and Population

Dar es Salaam is the largest commercial city in Tanzania, situated along the coast of Indian Ocean. The city is comprised of urban and sub-urban communities. There are three administrative divisions (municipalities), namely, Ilala, Kinondoni and Temeke. Each municipality is further sub-divided into wards, and each ward in the urban area is sub-divided into streets, while the sub-urban is divided into *Kitongoji*. Each *Kitongoji* is

organised into several *Mjumbe* administrative catchments. A street in the urban, and *Mjumbe* or *Kitongoji* in the sub-urban areas are comprised of an arbitrary but documented small number of houses.

A mixed population in terms of races and tribes, like in other big cities, inhabits the urban areas where most commercial activities take place. On the other hand, the indigenous tribes of Zaramo and Ndengereko, whose main activities are peasantry fishing and petty business, mainly inhabit the sub-urban areas. This region has a population of 2.5 million people as per 2002 population census,¹² and is among the regions that report the highest rates of sexual assault incidents in the country.⁸

This study was conducted in urban and sub-urban communities of Temeke Municipality. The study population consisted of women 12 years old or above in the region.

Study Design and Sampling Procedure

We conducted a household survey that started in early July 2000 and lasted for six weeks.

Four study wards (two from urban and two from sub-urban areas) were randomly selected out of a list of 16 wards of Temeke after stratification into urban (6) and sub-urban (10) wards. A street in the urban and *Kitongoji* in the sub-urban formed our study clusters. The study clusters were obtained through multistage random sampling. A total of four streets in the urban and six *vitongoji* in the sub-urban formed our study clusters. All households in each selected cluster were surveyed. A total of 1005 eligible females were enrolled.

Conducting Interviews

All eligible women were explained about the purpose and research nature of the interviews and assured confidentiality. The study was introduced as one seeking to learn about Social experiences of Women in Dar es Salaam. An informed verbal consent was obtained from each woman and the guardians of the girls less than 18 years of age. Individual interviews were conducted face-by-face using anonymous interview questionnaire form. Three female nurses, skilled in medical counselling, conducted the interviews while prepared to handle guilt and other psychological reactions that might follow. The questionnaires elicited information on socio-demographic characteristics, general sexual experience, experience with sexual contact against their will, probed to establish completed rape (both lifetime and during the past two years) and disclosure of rape events to the police or other formal legal organs and to other people.

Ethical Clearance

The Muhimbili University College research and publication committee approved the study. The municipal authorities were informed at all levels and gave written permission to conduct the research.

Data Analysis

Data was entered in the computer after examining the questionnaire forms for coding errors. *Epi Info 6* statistical programme was used for data cleaning and analysis. The chi square test was used to compare categorical data and chi test for trend was used

when the data were ordinal. In order to measure the social closeness of the perpetrator to the victim, it was assumed that a sexual intimate (current or past husband, boyfriend) was socially closest to the rape victim, while a stranger was the most distant with other known perpetrators forming an intermediate group. Only the most recent rape event was considered if a woman had suffered repeated rapes in order to determine the victim-perpetrator relationship and disclosure status. The disclosure of rape to the police, local government or a legally recognised non-governmental organisation (NGO) was considered sufficient for legal purposes while the disclosure to religious leaders, elders, guardian, friend or other confidants was considered non-legal.

Results

In total, 1005 women were interviewed, out of whom 1004 (99.9%) completed their interviews. The current age of the study sample ranged between 12 and 80 years with a median of 19 years. Comparing the suburban community with the urban, the former population was less educated and essentially Muslim.

A total of 198 women out of 1004 (19.7%) were ever raped. The lifetime prevalence of rape in the sub-urban was 63/345 (18.3%), while that of the urban was 135/659 (20.5%), giving no statistically significant difference ($p = 0.40$).

Regarding the perpetrators of the most recent rape event, the known people were responsible for 92.4% of the events and a stranger in only 7.6%. Neighbours (33.3%), intimate partner including current/previous husband or boyfriend (23.2%) and family friends (15.2%) were the most frequent perpetrators. In the majority (69.2%), the

event was committed either in the perpetrators' or victim's home/premises. Regarding timing of the events, most (72.2% of events) took place between 12 mid-day and 12 midnight (Table 2).

There were 142 women who reported a rape occurring within the past two years, including 95 from the urban and 47 from the suburbs. Their current ages ranged from 12 to 50 years, with a median age of 18 years. Of these 142 victims, 129 (90.8%) were young women aged between 12 and 30 years. Eighty one victims (57.0%) reported repeated rape, including 56 in the urban and 25 in suburbs. The difference in frequencies of repeated rape among rape victims within the past two years for the urban dwellers was 56/95 (58.9%) and sub-urban dwellers 25/47 (53.2%) was not significant ($p = 0.73$).

Concerning the disclosure of rape events, more women disclosed rape events to other people (33.8%) than it was to the police or other legal organs (10.1%). The socially closer the perpetrator the lesser was the frequency of disclosure to either the legal organs or other people ($p < 0.0000$), and vice versa (Table 3).

Most women preferred to disclose rape to people in the family or those closer to the family. The majority of those who didn't report the events to legal organs did so to avoid shame or publicity and for fear of the guardian (Table 4).

Individual characteristics, namely, educational level of the victim, her marital status, the head of the household, and religion were not significantly associated with self-reported rape (Table 5).

Table 1 Distribution of Socio-Demographic Characteristics of the Study Population by Area of Residence (values presented as n [%])

Variables	Urban (N=659)	Sub-urban (N=345)	p value
Age group (years)	308 (46.7)	140 (40.6)	NS
12–17	135 (20.5)	77 (22.3)	NS
18–23	75 (11.4)	55 (9.4)	NS
24–29	62 (9.4)	30 (8.7)	NS
30–35	32 (4.9)	17 (4.9)	NS
36–41	47 (7.1)	26 (7.5)	NS
42+			
Education			
No formal	73 (11.1)	65 (18.8)	0.0006
Primary	472 (71.6)	270 (78.3)	0.02
Secondary or more	114 (17.3)	10 (2.9)	0.0001
Religion			
Islam	352 (53.4)	294 (85.2)	0.0000
Christianity	306 (46.4)	50 (14.5)	0.0000
Others	1 (0.2)	1 (0.3)	
Marital status			
Single	449 (68.1)	201 (58.3)	0.002
Married	158 (23.9)	103 (29.8)	0.043
Cohabiting	20 (3.0)	10 (2.9)	NS
Divorced	10 (1.5)	10 (2.9)	NS
Widow	13 (2.0)	12 (3.5)	NS
Separated	9 (1.4)	9 (2.6)	NS

NS = not significant

Table 2 Distribution of Rape Events by Type of Perpetrator, Place, Circumstances and Time of Occurrence

Variables	Number	Percentage
<i>Perpetrator (N = 198)</i>		
First degree relative	2	1.0
Family member (Other)	10	5.1
Other relatives	7	3.5
Family friend	30	15.2
Intimate partner	46	23.2
Casual friend	15	7.6
Neighbour	66	33.3
Other (known)	7	3.5
Stranger	15	7.6
<i>Place of event (N = 198)</i>		
Perpetrator's home/premises	101	51.0
Dark corners/bushes	44	22.2
Victim's home	36	18.2
Guest/hotel/bar	9	4.5
Open place	6	3.0
Other	2	1.0
<i>Circumstances (N = 312*)</i>		
Excess force	140	44.9
Cheated	70	22.4
Fear/threats	65	20.8
Substance use	36	11.6
Other	1	0.3
<i>Time of rape (N = 198)</i>		
After 6.00 a.m. –12.00 noon	20	10.1
After 12.00 noon–6.00 p.m.	69	34.8
After 6.00 p.m. –12 midnight	74	37.4
After 12 midnight–6.00 a.m.	35	17.7

*More than one response allowed

Table 3 Repetition of Rape and Patterns of Disclosure of the Most Recent Events (n [%])

Social relationship (victim-perpetrator)	Total rape events	Repeated rapes	Events disclosed for legal	Events disclosed for non-legal
Intimate partner	46	40(87.0)	0(0)	0(0)
Other known	137	58(42.3)	13(9.5)	60(43.8)
Stranger	15	2(13.3)	7(46.7)	7(46.7)
All	198	100(50.5)	20(10.1)	67(33.8)

Table 4 Distribution of Non-Legal Disclosure of the Most Recent Rape Events to Types of Confidants and Reasons given for not Disclosing to Legal Organs

Variable	Frequency	%
Person to whom they disclosed (N = 67)		
Guardian/parent	25	37.3
Relative/family member	21	31.3
Casual friend	16	23.9
Other	5	7.5
Reasons for not reporting to legal organ (N = 201*)		
Avoid publicity/shame	99	49.3
Fear of guardian/parents	53	26.3
Settle outside legal systems	34	16.9
Avoid police bureaucracy	4	2.0
Religious/moral reasons	2	1.0
Threats	2	1.0
Other	7	3.5

*Some gave more than one reason

Table 5 Distribution of Individual Socio-Demographic Factors among Women Reporting a Rape within Two Years and those Not Raped (n [%])

Individual factor	Raped (N = 142)	Not raped (N = 806)	p value*
<i>Highest education level</i>			
No formal education	15 (0.5)	114 (14.2)	NS
Primary	113 (79.6)	588 (72.9)	
Secondary or more	14 (9.9)	104 (12.9)	
<i>Marital status</i>			
Single	90 (63.4)	523 (64.8)	NS
Married	38 (26.8)	210(26.1)	
Cohabiting	7 (4.9)	1. 2.7)	
Other	7 (4.9)	51 (6.3)	
<i>Head of household</i>			
Parent	68 (47.9)	375 (46.6)	NS
Marital partner	46 (32.4)	234 (29.1)	
Relative	18 (12.7)	118 (14.5)	
Other	10 (7.0)	13 (9.8)	
<i>Religion</i>			
Muslim	97 (68.3)	518 (64.2)	NS
Christian	45 (31.7)	286 (35.5)	
Other	-	2 (0.3)	

*NS = not significant

Discussion

There has been a growing concern in the Tanzanian government that rape against women is a serious problem among communities. This concern has been mainly based on reports from the media and some few institutional-based studies. At the time of this report, there was no other published study that has utilised a community-based survey data to describe the epidemiology of rape in Tanzania.

The decision to consider urban and sub-urban communities of Dar es Salaam separately in this study was initially based on a well-recognised difference in the traditional and cultural backgrounds of their populations. This study has further revealed a significant difference in terms of education, religion and marital status. The sub-urban community seems to be the disadvantaged due to the poor educational status of the studied population.

Statistics on rape from the developed world estimates that one out of eight women will be raped during her lifetime.¹³ This study has shown that one out of five women aged 12 years or above in Dar es Salaam reported a rape. This figure was alarming even when compared with figures from published studies in some African communities that range from 4.5% to 7.2%,^{14,15} indicating that rape against women is a major public health problem in Dar es Salaam.

In the current study, rape was perpetrated by people known to the victim in 92%, and over 83% of the perpetrators were either closely related to the victim or her family. In general, it is currently recognised that people known to rape victims are the

most frequent perpetrators of rape against women, since across continents in 50-80% of rape events the perpetrator is known.^{4,5,15} Although the observed situation in this study represents a common pattern as observed in many other communities, 92% is rather in the upper extreme.

At present, there are still some people who continue to question the existence and significance of rape by intimate partners among African communities. This study has shown that it is actually common and a major concern of many women in the study community. The 23% prevalence of self-reported rape by the intimate partner was higher compared to the 8% from studies in South African provinces.¹⁴ If one also considers that under-reporting of such events is common¹⁵ the observed situation could be just a tip of the iceberg.

This study revealed a high proportion of repeated rape within the past two years (57%) comparing with figures often quoted from other communities that range from 3% to 45%.^{3,6} In addition, we found a strong association between reporting repeated rapes and the social relationship with the perpetrator of the last event. Although we could not establish the involvement of the same perpetrator in previous rape event(s), it is clear from these findings that when the socially close people were involved in rape, the victim is likely to suffer repeatedly. Rape by an intimate male is actually a betrayal and may carry serious consequences if a female partner suffers repeatedly. Future studies should therefore address the consequences of such relationships in this community.

In this study, like in many other studies across continents,^{4,6,7} the disclosure of rape events to legal organs was low (10%). However, the 34% disclosure to the people in the informal social network was encouraging. In other communities, such disclosures may be used to provide social support to the victims so as to improve recovery from the trauma of rape.¹⁶ Considering the complex social relationships with the most common perpetrators, the patterns of disclosure of events displayed by the victims, and the type of confidants to whom they commonly disclose their events, it is very doubtful what kind of social reactions the victims' confidants exhibit in such an environment. In addition, various reasons were given in relation to failure to disclose rape events to legal organs. It seems most likely that socio-cultural factors were behind these reasons as well, since the reasons given failed to explain why a stranger and not an intimate partner was more frequently disclosed. In general, the socio-cultural milieu in this community needs exploration to be able to explain the observed patterns of perpetration and disclosure of rape events that could have big implications to any efforts directed towards combating the problem.

It has been shown in the current study and in other studies elsewhere¹⁵ that individual factors were less important in determining the woman's risk of rape. Although the sub-urban and urban communities in Dar es Salaam were significantly different in various socio-cultural aspects, this difference was not reflected in the studied rape variables. This could be partly due to the proximity of the two

communities, which allows free communication and social mixing. In our views this should not be interpreted that the observed differences were not sensitive enough to bring about sexuality differences in other communities. Factors like the community level of female education (not the individual level of education) and religiosity (not the individual's religion, which is commonly acquired at birth) may influence sexuality and the risk of rape.¹⁷

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