

Prevalence and factors associated with sexual violence among rural women aged 15-49 years in Uganda: evidence from the Uganda demographic and health survey 2016

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Research Article

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Abstract

Background and Aim: Sexual violence is a serious global health problem with short and long-term physical, mental, and reproductive adverse-effects. We aimed to determine the prevalence and factors associated with sexual violence among rural women of reproductive age in Uganda.

Methods: We used the Uganda Demographic and Health Survey (UDHS) 2016 data for 5,259 rural women aged 15 to 49 years. Multi-stage stratified sampling was used to select respondents, and data were collected using validated questionnaires. We used multivariable logistic regression to determine factors associated with sexual violence. All analyses we carried out in SPSS (version 25).

Results: The overall prevalence of sexual violence was 24.3% (95% CI: 23.4-25.7), while that among pregnant women was 22.2% (95% CI: 19.1-25.6). Women of primary education had higher odds of sexual violence compared to those of tertiary education (AOR=3.01, 95% CI: 1.17-7.72), and those from the Western region compared to those in the Northern region (AORs=2.01, 95% CI: 1.41-2.87). Women of poorer wealth quintile also had higher odds of sexual violence compared to those of the richest quintile (AOR=2.06, 95% CI: 1.02-4.17). Higher odds of sexual violence were also found among women who justified beating (AOR=1.42, 95% CI: 1.12-1.79), those who were not involved in healthcare decision-making (AOR=1.38, 95% CI: 1.01-1.91), and those whose husbands often got drunk (AOR=2.07, 95% CI: 1.30-3.31), compared to their counterparts.

Conclusions: The prevalence of sexual violence among rural women in Uganda was high and associated with factors such as education level, region, wealth index, justified beating, healthcare decision making, and husband drunk frequency. Thus, there is a need for improving livelihoods and income of rural women, promotion of girl-child education as well as strengthening protective laws and policies to curb this public health issue.

Introduction

Sexual violence (SV), a form of gender-based violence (GBV), is a serious global health issue that violates human rights [1]. Sexual violence has been defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone [2]. The act is not only devastating for survivors and their families but also involves significant social and economic costs [1]. Intimate partners are often the perpetrators of this violence [2,3]. According to the World Health Organisation (WHO), GBV affects 1 in 3 women, and over 35% of women worldwide have experienced sexual and physical violence by either intimate partners or non-partners in their lifetime [1,4].

A recent meta-analysis by Muluneh *et al.* reported the prevalence of sexual violence in sub-Saharan Africa to be 18.6%, with the East African region having a higher prevalence compared to other regions [5]. A previous study indicated that 25% of the ever-married women in Uganda experienced some form of