

Mediating Effect of Gender Based Violence on the Fit of Public Health Consequences and Societal Impact of Refugees in Uganda

Joyce Nalunga¹,  Nazarius Rukanyangira^{2*}, Pio Frank Kiyingi³

¹Researcher, Ndejje University, Kampala, Uganda

^{2*}Senior Lecturer in Business Administration, Muni University, Arua, Uganda
Ndejje University, Kampala, Uganda

³Senior Lecturer in Educational Psychology, Nkumba University, Entebbe, Uganda



Article history

Submitted 09.01.2024 Revised Version Received 17.02.2024 Accepted 19.03.2024

Abstract

Purpose: The current study was undertaken to establish the mediating effect of gender based violence on the fit of public health consequences and societal impact of refugees in Uganda so as to come up with a unified model for improvements in Uganda. The main objective was to investigate the mediating effect of gender based violence on the fit of public health consequences and societal impact of refugees in Uganda.

Materials and Methods: In an effort to address the set objective, a cross-sectional survey design which followed both quantitative and qualitative research approaches was adopted. Data was collected from a total quantitative sample of 311 refugees. A qualitative sample of 68 of refugee stakeholders' and officials from office of the Prime Minister in Uganda was determined by saturation point approach. The data was analysed at descriptive and inferential level, and later a Path Equation Model was fitted through Structural Equation Modelling in Stata Version 14.0.

Findings: The key references in the study are (Moretti, S.,2021) who aver that in accordance with Division of International Protection, Gender based violence is preventable and UNHCR is committed to promoting gender equality and human rights and to protecting refugees and other persons of concern from GBV as well as (Heise,2018) who had earlier found Gender based violence brings negative public health consequences thus impacting society negatively. The overall result in regard to Gender Based Violence among refugees in Bidibidi camp indicate that it is highly practiced ($M = 5.32$, $SD = 0.88$). The results also

indicated exists there exists a positive significant influence of Gender Based violence on public health consequences of the refugees ($r = 0.379$). The study results on the overall shows average level of social impact amongst the refugees (Mean = 3.26) but with a very high level of discrepancy ($SD = 1.07 > 0.5$) with some refugees and stakeholders reporting good levels of society impact. This relationship is statistically significant since the associated p – value of 0.000 is less than 0.05 ($p < 0.001$). The study concluded that that sufficient evidence substantiates significant relationship exists between gender based violence and societal impact.

Implications to Theory, Practice and Policy: Finally, the gender based violence and the other strategies had a total causal effect of 11.57% on societal impact. However, the society impact referred to only applied to the current environment which did not promise continued Survival into the future. Given that fact the study has proposed the Protracted Gender based Violence Diminution Model (PROGBVD MODEL) which guarantees not only societal impact but also tremendous reduction in gender based violence to an additional 21.2% to make it 32.77% sustained reduction. This, therefore, means that if the new Model is adopted, the refugees will not only be provided reduced Gender based Violence for a short period of time but will get it for many years to come. The Protracted Gender based Violence Diminution Model (PROGBVD MODEL) is, henceforth, the current study contribution to knowledge.

Keywords: *Gender Based Violence, Public Health Consequences, Societal Impact, Refugees*

1.0 INTRODUCTION

The study was set to examine the influence of gender based violence, public health consequences and societal impact on refugees in Uganda. Gender-Based violence refers to harmful acts directed at an individual based on their gender (Wanjiru, Q., 2021). It is rooted in gender inequality, the abuse of power and harmful norms (Haylock, L., Cornelius, R., Malunga, A., & Mbandazayo, K., 2016). Gender-based violence (GBV) is a serious violation of human rights and a life-threatening health and protection issue (Wanjiru, Q., 2021), and it is estimated that one in three women will experience sexual or physical violence in their lifetime. Relatedly, Roupetz, S., Garbern, S., Michael, S., Bergquist, H., Glaesmer, H., & Bartels, S. A. (2020) avers that during displacement and times of crisis, the threat of GBV significantly increases for women and girls.

Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private (Wanjiru, Q., 2021) and it also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called honour crimes. This in away leads to serious public health consequences and it is worse in the refugee settlements. Wanjiru, Q., (2021) further affirms that the consequences of gender-based violence are devastating and can have life-long repercussions for survivors and it can even lead to death.

Relatedly, Bonanno, G. A., Brewin, C. R., Kaniasty, K., & Greca, A. M. L. (2010), asserts that emergencies put significant psychological and social stress on individuals, families and communities, resulting in severe public health consequences. People not only experience atrocities prior to or during flight; their living conditions once they have reached safety also impose significant stress and hardship (Dillard, J., 2008). Refugees and other people of concern experience and respond to loss, pain, disruption and violence in significantly different ways, influencing their mental health and psychosocial well-being and their vulnerability to mental health problems. Men and women, and boys and girls of different ages, may have different ways of experiencing and expressing distress (Cummings, E. M., Ballard, M., & El-Sheikh, M., 1991) and the reactions to disruptive situations are often overcome with time.

The most important principles of government is to ensure that you have a broadened horizon of portfolio of programs (Twinomujuni, R., Mawa, M., Musoke, H. B., & Rukanyangira, N., 2022) and the government should also be capable of differentiating the programs but without compromising on the interventions in order to gain the trust of refugees and be able to provide Gender based violence programs that can reduce gender based violence to the desired levels.

Gender-based violence is enacted under many different manifestations, from its most widespread form, intimate partner violence, to acts of violence carried out in online spaces (Frieslaar, B. V., & Masango, M. (2021). These different forms are not mutually exclusive and multiple incidences of violence can be happening at once and reinforcing each other. Inequalities experienced by a person related to their race, (dis)ability, age, social class, religion, sexual orientation or gender identity can also drive acts of violence (Cole, M. (Ed.). (2022). This means that while women face violence and discrimination based on gender, some women experience multiple and interlocking forms of violence. The Istanbul Convention (Council of Europe, Convention on preventing and combating violence against women and domestic violence), defines violence against women as falling under the following four key forms:

Physical violence: Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter.

Sexual violence; Any sexual act performed on an individual without their consent. Sexual violence can take the form of rape or sexual assault.

Psychological violence: Any act which causes psychological harm to an individual. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment.

Economic violence; Any act or behaviour which causes economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony.

It is also important to recognise that gender-based violence may be normalised and reproduced due to structural inequalities, such as societal norms, attitudes and stereotypes around gender generally and violence against women specifically. The current study affirms that Gender based violence studies enables the decision makers to stay on track pertaining the strict following of set procedures and strategies in meeting the society goals. The study further notes that through the gender based Violence most especially the in the refugee settlements can achieve the objectives, better use of the resources, fulfil social responsibility, enable the public to get personal satisfaction and government and other stakeholders to take useful decisions.

Theoretical Framework

The current study was underpinned by the Feminist Legal Theory (Painter, G. R., 2015). The Feminist Legal Theory is based on the belief that the law has been fundamental in women's historical subordination but its effects are twofold. Fine man first postulates that the feminist jurisprudence seeks to explain ways in which the law played a role in women's former subordinate status. Second, feminist legal theory is dedicated to changing women's status through a rework of the law and its approach to gender given its effects of which Gender Based Violence is part.

Statement of the Problem

Gender based violence among refugees reduced by only 16 % (from 68% to 52 %) instead of the desired 0 % decline (from 68% to 0 %) leaving a big crevice of 52% not achieved (Uganda office of the Prime Minister (OPM), department of refugees annual report, 2022). There has also remained complaints on Socioeconomic status, Access to health care & safety, Occupation and Financial security ,Mental health Challenges, Chronic illnesses, Child Abuse & neglect, Adolescence pregnancy, Drug Abuse , which may be attributed to Physical violence, Sexual violence, Psychological violence , general Neglect, accessibility to nutritious foods, clean water and working utilities, Sexual identification as well as Spiritual/religious values not resolving refugees conflicts in time leaving them ranting and increasing Social stressors, such as exposure to violence(Uganda office of the Prime Minister (OPM), department of refugees' annual report, 2022). To mitigate these predicaments, some of the refugees relocate completely from the camps and settle in urban centres, others engage in petty trading activities to satisfy basic needs. Consequently, other refugees express the desire to be relocated to other countries or return back to their countries in future perhaps due to the difficulties they faced in the host countries. Considering the unmet society impact levels met by the refugees, the current study therefore sought to establish

how much gender based violence and public health consequences contributes to the societal impact of refugees in Uganda.

Purpose of the Study

The study aimed at investigating the impact of Gender Based Violence on society among the Refugees in Uganda so as to develop of an inclusive model for improvement in refugee settlements.

Objective

To investigate the mediating effect of gender based violence on the fit of public health consequences and societal impact of refugees in Uganda.

2.0 LITERATURE REVIEW

World Health Organization, (2013) affirms that Violence against women is the most pervasive yet least recognized human rights violation in the world and that it also is a profound health problem, sapping women's energy, compromising their physical health, and eroding their self-esteem. Violence, What Is Gender-Based. "Ending violence against women." *Issues in World Health* 11 (1999) also confirms In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse and depression. Besides, Johnson, P. J., & Hellerstedt, W. L. (2002) avers that Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections (STIs), and adverse pregnancy outcomes.

Madianou, M. (2019), reported that women have failed to enjoy the same rights and freedoms as men, and autonomy. This is so despite these terms in different conventions specifically the Universal Declaration of Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and the Convention on the Elimination of All Forms of Discrimination against Women. These rights are always abused by men resulting in GBV where such rights being understood to include a woman's right to receive suitable care during pregnancy, childbirth and puerperium, to have access to duly controlled contraceptives, to decide when she wants to have children and how many children to have, and especially to exercise control over her own body.

In another study by (Shapiro-Mendoza et al 2017) pointed out women in refugee camps have been found to be victims of GBV after demanding for human rights which has resulted from the new ways to exercise their citizenship and their desire to do so on an equal footing in accordance with the principle that the most basic right is the "right to have rights". In support, study linking the issue of gender-based violence with human rights by Lefort (2018), offers new possibilities for analysis and for the struggle to end discrimination against women. Still influential, however, is the fact that the human rights paradigm was structured on the presupposition that public affairs form the context for individual civil and political rights, which leaves out violations that occur within the household. Knowledge gaps however exist as the latter study fails on what effect the demand for rights relates to GBV among refugees.

A research project on women and human rights in Latin America and the Caribbean carried out by the Ministry of Justice of Costa Rica concluded that in the region the following rights of women are violated: the right to integrity, health and life to liberty, dignity and equality; to work, to

equitable, decent, safe and hygienic working conditions and to equal pay for equal work; to rest and free time; to take decisions with regard to reproduction and to have access to suitable and available health care; and to participate in political life and occupy public office (Obando Portilla, J. E. (2020). Women are considered as such to the extent that they can be associated with situations addressed in legal codes and treaties. For this reason, women began to fight for a redefinition and extension of internationally recognized rights, so that gender relations might be considered as a context in which inequality is manifested. They have also spoken of the need for a new interpretation of public and private spheres and hence, of the sphere of human rights, since this dichotomy has limited the citizenship of women (Obando Portilla, J. E. (2020).

Gender-based violence in the household is a flagrant transgression of the principles enshrined in the Universal Declaration of Human Rights. Among others, violence against women is a violation of the right to life, liberty and personal safety (article 3); of the right to not be subjected to torture or to cruel, inhuman or degrading treatment or punishment (article 5); of the right to equality before the law and to equal protection under the law (article 7); of the right to a fair trial (articles 8 and 10); of the right to freedom of movement (article 13), and of the freedom of assembly and association (article 20). This implies that gender-based violence infringes on the rights of women. However, the interconnections between the varied rights of refugees and GBV remain uninvestigated under the above articles as enshrined in the Universal Declaration of Human Rights thus a knowledge gap.

The United Nations General Assembly, at its forty-seventh session, agreed that the violation of the human rights of women was not limited to acts perpetrated or directly condoned by Governments, but rather that Governments bore a social and political responsibility for acts committed by third parties if they had not taken the necessary measures to prevent, investigate and punish acts of violence (United Nations, 2019).

According to this criterion, the State becomes a de facto accomplice if it does not offer women the necessary protection from violations of their rights, or when it acts in discriminatory fashion by not preventing or punishing acts of gender-based violence, thereby denying women equal protection under the law. By the same token, the incapacity of the State to put an end to social, economic and cultural conditions that expose women to gender-based violence means that it is responsible for such violence, since it should actively contribute to eradicating injustices and inequalities that manifest themselves in gender relations. Nevertheless, the obligation of the State to protect the human rights of all citizens (women and men), under all circumstances, does not eliminate the conflict between the possibility of an arbitrary form of State intervention in people's private lives and the control of all that which prevents the establishments of equitable family relations; both alternatives deserve to be carefully analysed within the framework of personal freedoms.

According to the United Nations High Commissioner for Refugees (UNHCR), there are more than 65 million forcibly displaced people throughout the world, 12.4 million of whom were newly displaced due to conflict or persecution in 2015 (UNHCR, 2015). The United Nations Population Fund (UNFPA) estimated that 26 million women and girls of reproductive age were in need of humanitarian assistance in 2015 (UNFPA, 2015). Women and girls affected by conflict include civilians and combatants in situations of armed conflict, internally displaced persons (IDPs), and refugees or asylum seekers in neighbouring or third countries in settings ranging from refugee camps or informal camps to urban and rural settings or in transit. However, the situation in refugee

camps tends to exacerbate GBV which undermines access to healthcare, housing, water, sanitation, education, and employment for women and girls in these settings which are fundamental human rights.

Priebe, M. B. (2023). reported that in refugee camps, women and girls are particularly at risk of sexual violence and exploitation whenever they fight for their SRHRs that include access to obstetric and antenatal care for pregnant women; access to contraceptive information and services, including emergency contraception; and access to safe abortion and post-abortion care. However, the above authors did not provide a clear explanation of the relationship between GBV and the stated SRHRs among refugees, hence a knowledge gap that will be addressed under the current study.

Some research gaps have emerged from the above literature reviewed that may warrant future research and key among them is Geographical gap, where authors like Heise, L., (2018), view that Most of the previous debates have been in the context of western culture. Subsequently Gender based violence models developed by the western world may not necessarily apply in different socio-cultural contexts like Uganda.

The other gap is population gap where, (Wekerle, C., Goldstein, A. L., Tanaka, M., & Tonmyr, L., 2017), considers that The parent population of the study is the gender based violence in one of the biggest camps that Bididi camp in Yumbe district, West Nile, Uganda, which was not adequately represented or under-researched in the prior studies regarding gender based violence and society impact. There is also a time gap, Russell, D. E. (1983), scrutinizes that Gender based violence increased among refugees because of the frequency of wars and other calamities which led social movements in the refugee camps but the study was done longtime ago making it necessary for new studies.

3.0 METHODOLOGY

Research Philosophy

Some awareness of beliefs alongside perceptions, and varied theories understood as a research paradigm need to be considered in undertaking this research. The paradigm helps in defining the philosophy to be used in this study relating Gender based violence and Sexual and Reproductive Health Rights of refugees in Uganda Refugee resettlements. The current study therefore adopted the pragmatic research paradigm which involves a mix of methodological positions but considering the best methodology that can address the problem of Gender based violence of the refugees in settlements.

Research Design

The current study employed a cross sectional survey and descriptive research design. The study is cross-sectional because it was conducted across participants at a point in time. A descriptive design was used to answer the question of how, where, who, what, when associated with the current research problem. The survey design was employed to enable collection of data from a large number of respondents belonging to various categories. These include Employees in Refugee camps. Furthermore, data was gathered for a specified period of time that 2017 to 2022. The phenomenological approach enabled the researcher to know the refugees.

Research Approach

The study made use of triangulation constituting both quantitative and qualitative approaches to collect and analyse data. The quantitative approach was used to generate quantitative information that were important quantitative analysis which enabled the study to investigate the descriptive components, relationship, effect and contribution of one variable on the other as set out in the study objectives. It is worth noting that qualitative approach was used to get informants and discussants opinions and sentiments concerning their experiences concerning reintegration of returnee migrant workers in Uganda.

Study Population

The study considered the refugees as the target population. Its study accessible population was the Refugees in Bidibidi Refugee settlement. The evidence from the records shows that Refugee resettlement has a total of over 168,988 Refugees in the Bididbidi Refugee camps (OPM annual reports; UNHCR annual reports, 2022).

Inclusion and Exclusion

In general, the unit of analysis of the current study was the Refugees in the Bidi Bidi settlement during the study period from 2017 to 2022. The choice of these people is premised on the fact that they have survived gender based violence (GBV) and specifically the GBV survivors, Women and employees in GBV advocacy groups or organizations like the Police at Bididbidi police post as well as office of the Prime Minister staff. These categories have been selected on assertion they have been around for more than five years, therefore they have the knowledge and experience of how gender based violence impacts public health and the general society among refugees. Women have also been singled out because they are more vulnerable to GBV.

Study Sample

The sample Size considered in this study was determined through a sample size determination formula as advanced by Taro Yamane formula (1967). This formula for sample size determination is;

$$n = \frac{N}{1 + Ne^2}$$

Where $d = 0.05$ is the level of precision at 95% confidence interval

N = The total population accessible of refugees during the study period

$$n = \frac{168,988}{1 + 168,988 * 0.05^2}$$

$$n = 399.055$$

$$n \approx 399$$

The study considering a 10% non-response rate, therefore considered a total quantitative sample size of 439 Refugees.

The saturation point approach was however be used in the determination of the qualitative sample size. The study initially targeted a total of 25 refugee employees in the resettlement camps. However, the saturation point was determined at that interviewee number between no new responses will arise as the qualitative sample size.

Sampling Procedure

The proportionate sampling approach was adopted in the selection of the Refugees from Refugee resettlement camps. The refugees were first being proportionately allocated based on the population sizes of the two resettlement camps. Thereafter simple random sampling technique through the lottery was adopted. The simple random sampling technique was chosen because it permits equal chance of participation among the refugees. The proportionate sampling was chosen because it permits representativeness and equity in sample selection.

The refugee employees in the two resettlement camps were selected through a purposive sampling technique. The selection was based on their knowledge accumulated through experience in their encounter with the Refugees from Refugee resettlements.

Table 1: Sampling Matrix for the Study Subjects (GBV, Women Refugees and Employees)

Population Category	Population Size	Sample (n)	Sampling Technique
GBV survivors	1004,234	271	Simple random sampling
Women Refugees	64,754	168	Simple random sampling
Sub Total	168,988	439	
Employees and Staff of OPM, GBV advocacy groups & Police	127	95	Purposive sampling

Source: (OPM Annual Reports; UNHCR Annual Reports, 2022; Yamane, 1967)

Data Collection Methods and Tools

Both quantitative and qualitative data collection strategies were adopted in this study to examine the societal impact on refugees in relation to gender based violence. The study made use of a methodological triangulation of data collection methods and instruments respectively as in the following sub sections;

Data collection methods: The survey method of data collection was adopted in the collection of the data in this study. This method was chosen because it is quick and permits the gathering of large quantities of data in a short period of time.

The study as per the qualitative data also adopted an interview method of data collection. This method involved asking questions and as well seeking clarifications and further explanations from the interviewees. This method was used to collect in-depth and rich data from the Refugee employees.

Research Tools: The study made use of both quantitative and qualitative research instruments in collecting data from the respondents targeted. In particular, the researcher administered questionnaires were adopted in collecting data from the Refugees from the Refugee resettlements. The questionnaire was structured in such a way that questions on the biographic characteristics were in the preliminary section. The other section constituted questions regarding gender based violence, and lastly questions on Sexual and Reproductive Health Rights of refugees. Other than the questions on the demographic characteristics, the rest of the questions followed a 5 point likert scale. The questionnaire is adopted because of its high response rate capabilities as opposed to other instruments.

This study on the other hand made use of an interview guide as the qualitative instrument. This instrument was used to collect data from the Refugee employees. It was developed addressing all the set research questions. The interview guide was chosen because it permits the study subjects to freely air out their views. This allowed for deeper and richer data to be collected to be collected.

Data Quality Control

Validity

The content validity was determined by expert judgment which required experts in the area covered by the instrument to assess its content by reviewing the process that was used in developing the instrument as well as the instrument itself and thereafter making judgment concerning how well items represent their intended content area. Therefore, the content validity ratio was used to calculate the Content Validity Index using the formula;

$$CVI = \frac{\text{Total Number of items declared Valid}}{\text{Total Number of Items in the Instrument}}$$

Table 2: Validity Results

Variable	Number of Items	CVI
Gender based violence	24	0.833
Public health consequences	19	0.737
Societal impact	10	0.700
Total	53	.757

As shown in Table above, the CVI results for Gender based Violence is 0.833, Public health consequences is 0.737, and societal impact is 0.700 which are all above the minimum of 0.7 (Amin, 2005). The tool is considered Valid since the overall Content Validity index of 0.757 is higher than the recommended 0.70 cut off.

Reliability

Joppe (2000) defines reliability as the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable. Field pretesting was done in the selected respondents but not among the sampled ones by administering at least 20 questionnaires to determine content, reliability and completeness of the questions. The interview guides were pre-tested on three experts. Saunders, Lewis & Thornhill (2007) agrees that, pilot testing of the instruments helps to detect problems and suggest possible solutions. Cronbach Alpha Coefficient (CAC) was used to determine reliability (Wynd, Schmidt and Schaefer, 2003). Actual field pretesting was done in among the selected respondents in the camp by administering at least 20 questionnaires to determine content, reliability and completeness of the questions. The researcher used cronbachs co-efficient Alpha (a) to further test for reliability as evidence below

Cronbach's

Where;

r_{KR20} is the Kuder-Richardson formula 20 k is the total number of test items

Σ indicates to sum

p is the proportion of the test takers who pass an item q is the proportion of test takers who fail an item

σ^2 is the variation of the entire test

Table 3: Reliability Results

Variable	Number of Items	Cronbach's Alpha
Gender Based Violence	24	0.794
Public Health Consequences	19	0.821
Societal Impact	10	0.918
Total	53	0.844

Source: Field Data (2022)

As shown in Table, the Cronbach Alpha Coefficients results for Gender based Violence is 0.794, Public health consequences is 0.821, and Societal Impact 0.918 which are all above the minimum of 0.7 (Amin, 2005). The tool is considered reliable since the overall Cronbach Alpha Coefficient of 0.844 is higher than the recommended 0.70 cut off.

Data Processing and Analysis

In this section the researcher discusses data processing, Analysis and presentation.

Data Analysis

Table 4: Techniques Used in Analysis

No	Variables	Data used	Technique	Justification/Reason
1.	Quality of tools and data	1. Questionnaire 2. Interview guide	a) CVI b) Reliability c) Cronbach's Alpha	To ascertain the credibility of the data and results
2.	Gender based violence and public health consequences	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Coding	To assess the relationship's existence and nature
3.	Public health consequences and societal impact	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Pattern Identification	To analyse the effect of one on the other
4.	Gender based violence and societal impact	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Discussion	To assess the effect of Gender based violence on society.
5.	gender based violence on the fit of public health consequences and societal impact	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Coding	To measure the impact of Gender violence on public health and society.
6.	Causal effect and new model	i) Quantitative	a) Hypothetical model b) Path analysis	a) To determine the total causal effect b) To simulate the possible contribution of the new model

Table above reveals the techniques used to analyse data quantitatively and qualitatively. The current study analysed data using Pearson correlation analysis and regression analysis generated

from the statistical package for social scientists (SPSS version 21.0). Descriptive statistics will be used to describe the sample of study and generate frequencies, percentages, means and standard deviation.

4.0 FINDINGS

The last objective of this study was to investigate the mediating effect of gender based violence on the fit of public health consequences and societal impact of refugees in Bidibidi camp in Yumbe district, West Nile, Uganda.

Hypothesized Path Analysis Model

The hypothetical model was carried out to prove whether public health consequences impact on society resulted from Gender based Violence. The model considered the loadings of all hypotheses that were tested in this research at hand. This indicated that there is a relationship between Gender based violence and social impact of the refugees from Bidibidi camp, Yumbe district., West Nile, Uganda.

Hypothesized Path Analysis Model

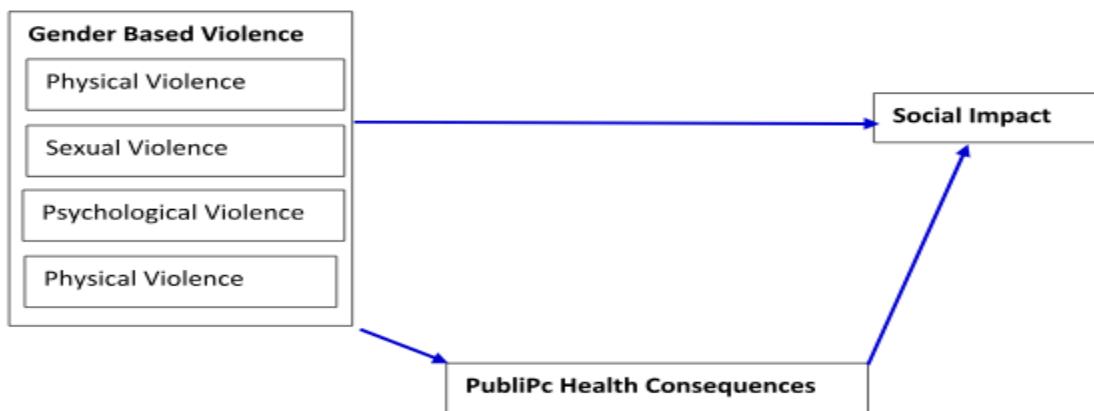


Figure 1: Hypothesized Path Analysis Model

Figure 1 above, shows that gender based Violence portrayed in terms of physical, sexual psychological, physical violence, and public health consequences influences social impact of the refugees in Bidibidi camp, Yumbe district, West Nile, Uganda. But such social impact of the refugees in Bidibidi camp, Yumbe district, West Nile, Uganda as related by the different aspects of Gender based violence is partly mediated by Public health consequences. In order to test the hypothesized model that Public health consequences mediates the relationship between Gender based violence and social impact of the refugees in Bidibidi camp, Yumbe district, West Nile, Uganda a Full Structural Equation Model was fitted as in Table 1 and paths illustrated in Figure 2.

Table 5: Coefficient and Standard Error of the Full SEM Model for the Mediating Effect of Public Health Consequences on the Relationship between Gender Based Violence and Societal Impact

Variables	Coefficient (β)	Standard Error (S.E)	Sig.	95% C. I	
				Lower	Upper
Direct Effects					
Societal Impact					
Physical Violence	-0.01	0.06	0.902	-.76	-.39
Sexual Violence	0.04	0.07	0.582	-.12	.11
Psychological Violence	0.23	0.09	0.006**	-.10	.19
Negative	-0.26	0.06	0.000**	.07	.40
Public Health Consequences	-0.58	0.09	0.000**	-.38	-.13
Indirect Effects					
Public Health Consequences					
Physical Violence	.11	.03	0.000	.05	.17
Sexual Violence	-.08	.04	0.054	-.16	.00
Psychological Violence	-.06	.05	0.179	-.15	.03
Negative	.13	.03	0.000	.07	.19

***Significant at 5% Level*

Source: Primary Data, 2023

Table and Figure results show that GBV has an insignificant positive direct effect on public health consequences of the refugees from Bidibidi camp, Yumbe district, West Nile, Uganda ($\beta = 0.006$, $p = 0.000 > 0.05$). It however found that the public health consequences' had a significant negative direct effect on societal impact of the refugees from Bidibidi camp, Yumbe district, West Nile, Uganda ($\beta = -0.58$, $p < 0.001$). In the Table, GBV had a significant positive direct effect on societal impact of the the refugees from Bidibidi camp, Yumbe district, West Nile, Uganda ($\beta = 0.006$, $p < 0.001$). Indirect study results show that GBV had significant positive indirect effect on societal impact of the refugees from Bidibidi camp, Yumbe district, West Nile, Uganda through Public health consequences' ($\beta = 0.179$, $p < 0.001$). The study similarly found that Public health consequences had significant positive indirect effect on society impact of the Public health consequences ($\beta = 0.054$, $p < 0.001$).

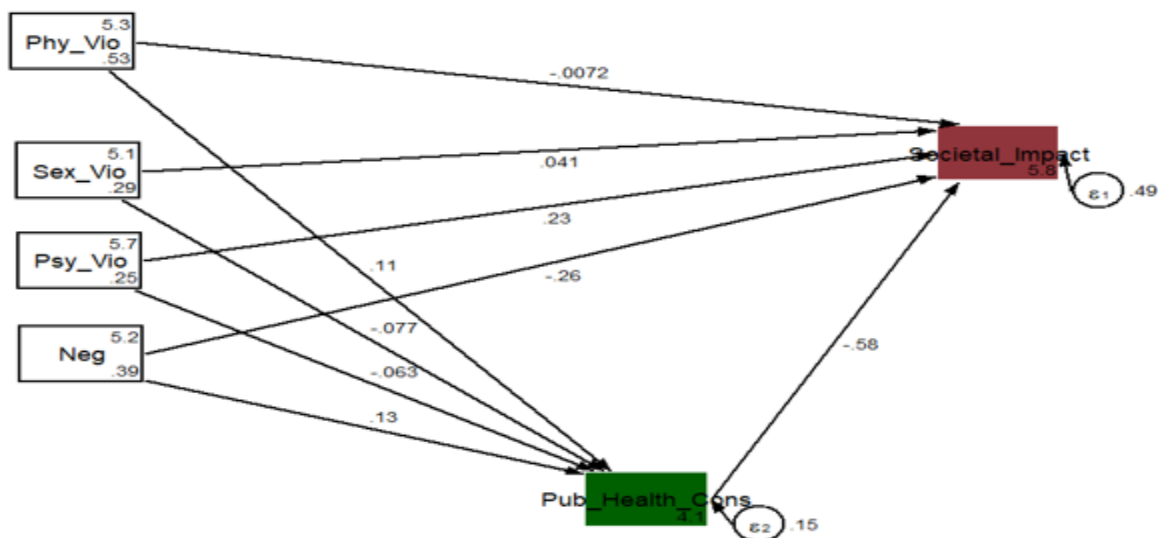


Figure 2: Full SEM of the Interrelationships between Gender Based Violence, Public Health Consequences and Societal Impact of the Refugees from Bidibidi Camp, Yumbedistrict, and Westnile, Uganda.

Table 6: Reduced Path Model

Variables	Coefficient (β)	Standard Error (S.E)	Sig.	95% C. I	
				Lower	Upper
Direct Effects					
Societal Impact					
Psychological Violence	-.58	0.09	0.000**	-.76	-.40
Negative	.24	0.07	0.001**	.09	.39
Public Health Consequences	-0.25	0.06	0.000**	-.37	-.13
Indirect Effects					
Public Health Consequences					
Physical Violence	.07	.03	0.008	.02	.13
Negative	.11	.03	0.001	.05	.17

**Significant at 5% Level

Source: Primary Data, 2023

Results about Goodness-of-Fit Statistics

The Goodness-of-fit statistics was thereafter conducted to establish the extent to which the model is fit to predict Societal impact. The resulting statistics were as presented in Table 7 below;

Table 7: Goodness-of-Fit Statistics for the Full Path Model

Goodness-of-fit statistics	Value	Interpretation
Root mean squared error of approximation (RMSEA)	0.000, 95% CI (0.000–0.000)	Acceptable fit
Pclose	1.000, < 0.05	
Comparative fit index (CFI)	1.000	Acceptable fit
Tucker-Lewis index (TLI)	1.000	
Standardized root mean squared residual (SRMSR)	0.000	Good model fit
Coefficient of determination (CD)	0.118	

Source: Primary Data, 2023

The findings in Table 7 indicates an acceptable fit for the Full path model based on the Root mean squared error of approximation (RMSEA = 0.000 < 0.10). There is equally a good fit for the model based on the Standardized root mean squared residual (SRMSR = 0.000 < 0.05). The Comparative Fit Index (CFI) of 1.000 in addition illustrates an acceptable fit of the model in societal impact since it is greater than 0.90.

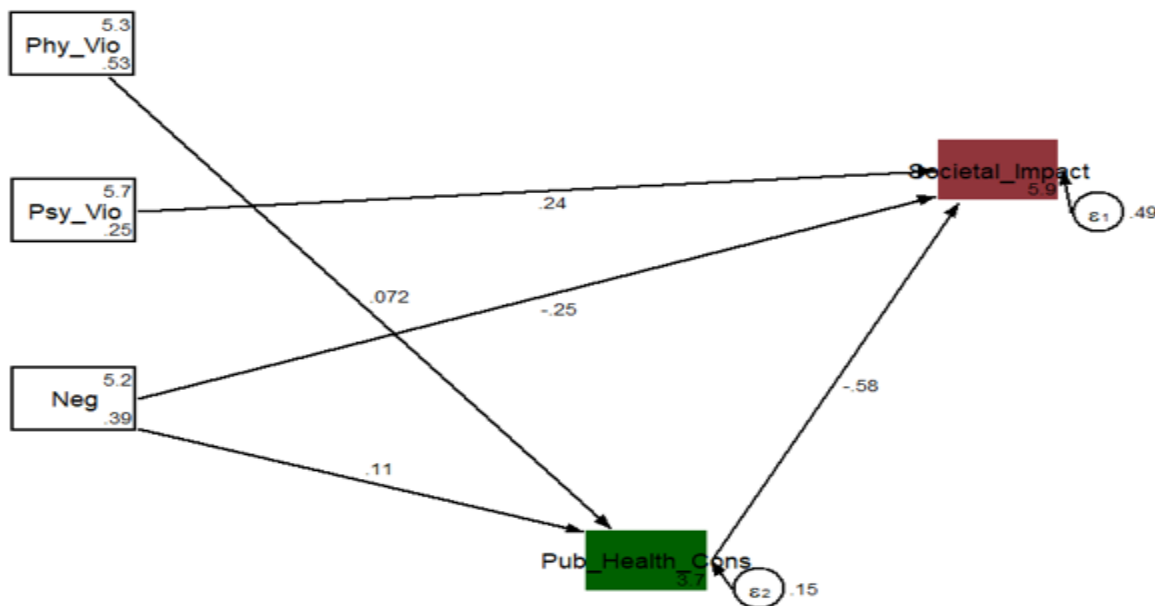


Figure 3: Reduced Path Model of the Interrelationships between Gender Based Violence, Public Health Consequences and Societal Impact of the Refugees from Bidibidi Camp, Yumbedistrict, and Westnile, Uganda

Results about Goodness-of-Fit Statistics

The Goodness-of-fit statistics was thereafter conducted to establish the extent to which the reduced path model is fit to predict societal impact. The results are presented in Table 8.

Table 8: Goodness-of-Fit Statistics for the Reduced Path Model

Goodness-of-fit statistics	Value	Interpretation
Root mean squared error of approximation (RMSEA)	0.029, 95% CI (0.000–0.111)	Acceptable fit
Pclose	0.546, < 0.05	
Comparative fit index (CFI)	0.992	Acceptable fit
Tucker-Lewis index (TLI)	0.972	
Standardized root mean squared residual (SRMSR)	0.017	Good model fit
Coefficient of determination (CD)	0.103	

Source: Primary Data, 2023.

Interpretation of the Goodness-of-Fit Statistics for Reduced Path Model

This finding indicates a better acceptable fit for the reduced SEM based on the Root mean squared error of approximation (RMSEA = 0.029 < 0.10). There is equally a good fit for the model based on the Standardized root mean squared residual (SRMSR = 0.017 < 0.05). The Comparative Fit Index (CFI) of 0.992 in addition illustrates a much better acceptable fit of the model in predicting societal impact since it is greater than 0.90.

On the overall, GBV alongside its related public health consequences are combined predictors of societal impact responsible for 10.3% of the variation as per the Coefficient of determination test results (CD = 0.103). This implied that the reduced path model is a better fit in predicting societal impact.

Evaluation of the Different Paths

Path analysis was conducted to evaluate the causal model by examining the interrelationships between GBV, public health consequences and societal impact. As a way of deciding on most appropriate path to be adopted for change in societal impact, multiplicative model was applied to get the different paths as depicted in Figure 3 above. The path analysis results which are the coefficients of the model in this regard were as presented in Table 9 below.

Table 9: Direct, Indirect and Total Effects of the Figure 3 Reduced Path Model of the Interrelationships between Gender Based Violence, Public Health Consequences and Societal Impact of the Refugees from Bidibidi Camp, Yumbedistrict and Westnile, Uganda

Path	Indirect Effect Value	Direct Effect Value	Total Effects (%)	Interpretation
1 Psychological Violence → Societal Impact	-	.24	24%	Highest
2 Psychological Violence → PH consequences → Societal Impact	0.072	-0.58	-4.17%	
3 Neglect → Societal Impact	-	-25	-25.0%	
4 Neglect → PHC → Societal Impact	0.11	-0.58	-6.4%	Lowest
Overall Effects			-11.57%	Reduction

Source: Primary Data, 2023

As presented in Table 10 above, the path through psychological violence to societal impact contributes direct effect of 24% to societal impact. The second path through from psychological violence via the related public health consequences reduces societal impact by an amount of 4.17%. Just as neglect as a GBV aspect reduces societal impact by an amount of 25%, neglect through its related public health consequences reduces societal impact by an amount of 6.4%. The study results on the overall shows that gender based violence and its related public health consequences impacts negatively to societal impact by 11.57% hence the need to develop of an inclusive model for improvement within refugee settlements.

Contribution to Knowledge

In spite of the above casual effect of Gender based violence on society impact there was still need to improve the whole spectrum of gender based Violence hence the current study initiated the following new Gender based Violence diminution model as contribution to knowledge.

Protracted Gender Based Violence Diminution Model (PROGBVD MODEL)

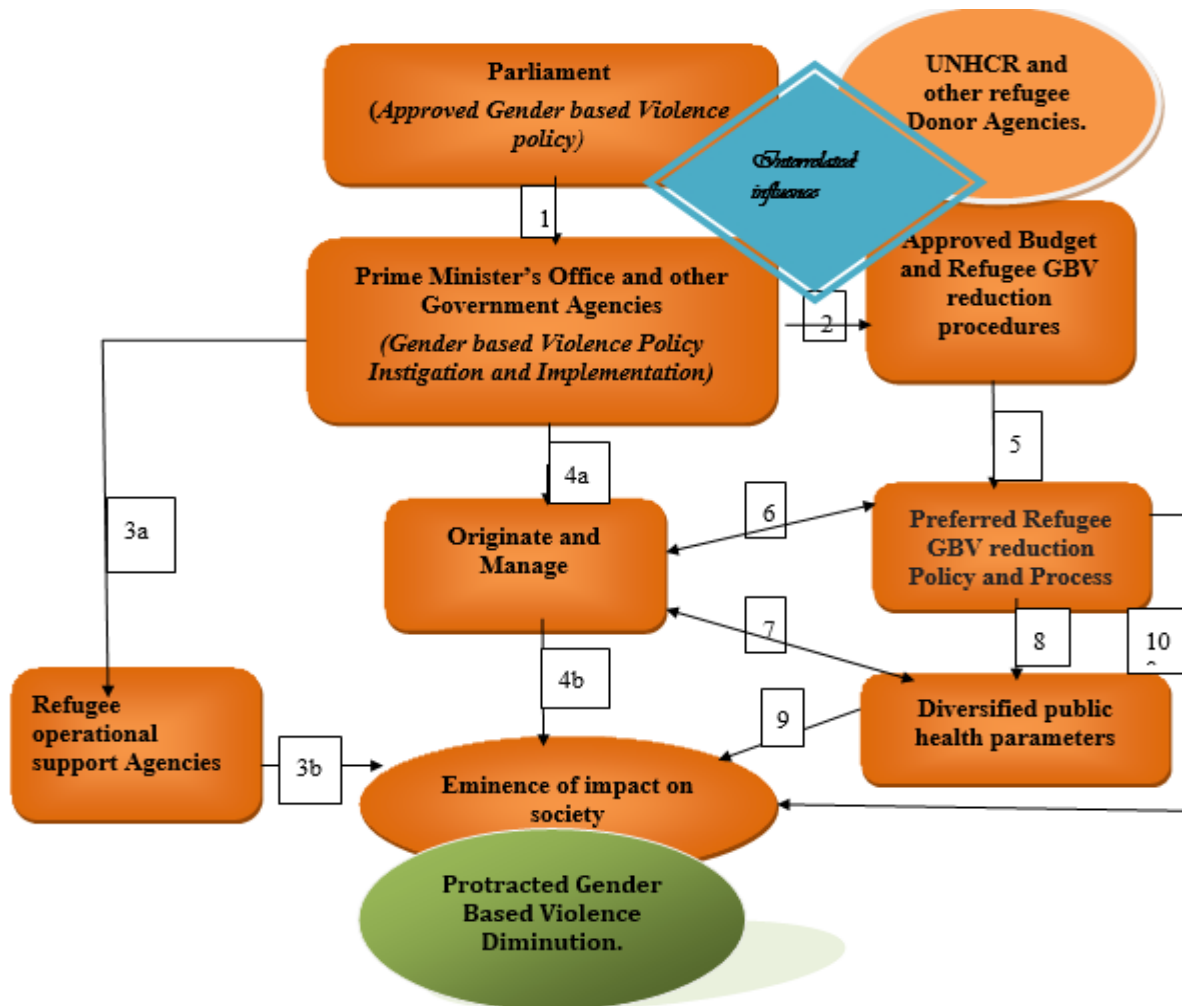


Figure 4: Protracted Gender Based Violence Diminution Model (PROGBVD MODEL)

Key concepts and Operationalization of the Protracted Gender Based Violence Diminution Model (PROGBVD MODEL)

Approved Gender based Violence policy (AGBVP): For a model to be successful it must be approved by the parliament and cabinet in order for it to become a government policy. The Parliament, including the cabinet has very defined roles and responsibilities within the government as a key stakeholder for Gender based violence and its impact on Society. The parliament's primary responsibility is one of stewardship and trusteeship on behalf of stakeholders, ensuring that government remains viable and effective in the present and for the future hence Parliament is ultimately accountable for all government matters. The parliament ensures government has a secure long term future by establishing government's strategic direction and priorities.

Fundamentally it is therefore the role of Parliament to determine and make overall policy decisions for Government hence the approval of the Protracted Gender based Violence Diminution Model (PROGBVD MODEL) is within the parliament's mandate.

Interrelated influence: There is an interrelated influence most especially from United Nations High commission for refugees (UNHCR) and then from other refugee donor agencies influencing policy approval at parliament, instigation and Implementation at the office Prime minister (OPM) to confirm to confirm to international refugee standard operating procedures. UNHCR also consistently provides supports the biggest percentage of the OPM Budget and therefore can be a key strategic partner in Refugee GBV reduction procedures and process. This therefore means UNHCR and other refugee agencies should have relied on to provide the necessary support for implementation of Protracted Gender based Violence Diminution Model (PROGBVD MODEL)

Implementation of the Approved Gender based Violence policy: The first (1st) arrow shows that after approval of the Gender Based Violence policy the parliament passes it on to Office of the Prime Minister and government agencies as well as other refugee agencies for Implementation. The office of the Prime minister will then specifically now at implementation allocate the various departments like Department of refugees to play the respective roles. In the current circumstances the department responsible for refugees will be concerned with the implementation of the Gender Based Violence policy and overseeing the day to day operations of the Policy implementation to see to it that Gender based Violence reduction is being implemented to achieve the desired impact on society.

Executing the Gender Based Violence policy requires a team effort headed by Office of the Prime Minister (OPM) and government agencies' leadership team as well as the respective refugee agencies. Each person involved in change management has responsibilities, and it is important for the entire government to understand the role of leadership in the Gender Based Violence policy implementation to make delegating responsibility more effective. The Gender Based Violence policy execution requires participation from all of the departments that will be affected. The OPM and government agencies must identify those departments and create an implementation team that consists of representatives from each affected groups or agencies. OPM need to create a structure that identifies various group leaders, the responsibilities of those group leaders and an accountability system that insures that the implementation team meets its timetable for getting the Gender Based Violence policy accomplishment.

Budget and Refugee GBV reduction procedures (B&RGBVRP): The second (2nd) Arrow shows that the OPM handles the budget and Refugee GBV reduction procedures approval with parliament

to provide a financial framework for the decision making process and to make sure that Approved GBV Policy realization has been planned for. Budgeting is a critically important part of the OPM planning process. The OPM needs to be able to predict whether government will finance the Approved GBV Policy. The purpose of budgeting approval is basically to provide a model of how the government might perform, financially speaking, if Approved GBV Policy and complimentary refugee procedures are carried out. The purpose of budgeting and Refugee procedures approval is meant to enable the execution teams to control the resources responsibly. Finally, budgeting will enable the actual government results to be measured against the forecasted government performance and determine whether GBV Policy is making the government live up to the required gender based violence reduction that gives refugees the expected Societal impact.

Refugee Operational Support Agencies (ROSA): The third (3rd) arrow is composed of two arrows (3a and 3b) which clearly show that implementation of the GBV Policy by the OPM alongside Refugee operational support agencies leads to eminence of impact on society. Establishing Relationships with the refugees require a complete adjustment of the government culture and a feeling of urgency on the part of the entire government and refugee operational support agencies. It is the job of government through the OPM, respective ministries and refugee support agencies to create that urgency by explaining to the staff the need for gender based violence reduction to be enhanced with an GBV Policy to make certain the obligatory Societal impact. Government needs to help the refugees and all stakeholders to understand how the government and all stakeholder's benefits from the GBV Policy when implemented with all stakeholders, and setbacks of not doing so.

Originate and Manage: The fourth (4th) arrow is composed of two arrows (4a and 4b) which show that eminence of impact on society are achieved through originating & managing well. Maintaining good eminence of impact on society within government is not an exact process. It is a dynamic procedure that needs to be monitored by government and altered to meet implementation goals. It is the responsibility of government therefore to initiate and administer a monitoring system to analyse and uphold good eminence of impact on society and make any necessary changes to make the eminence of impact on society agenda implementation more efficient.

Preferred Refugee GBV reduction Policy and Process: The fifth (5th) arrow shows that Preferred Refugee GBV reduction Policy and Process will take place where a specific allocation of the approved budget will cater for it. The biggest challenge most governments including Uganda government are facing is to assume that Preferred Refugee GBV reduction Policy and Process is expensive and therefore can only be done after realizing sufficient revenues. Allocating a budget and Starting with what is available then Continuously improve is always the shortest way for government to take over the refugees trust and move faster in the process of even increasing the revenue stream. The real work for the Preferred Refugee GBV reduction Policy and Process is to ensure that the government approves a budget for it.

Originate and Manage VS Preferred Refugee GBV reduction Policy and Process: The sixth (6th) arrow shows that OPM originates and manages Preferred Refugee GBV reduction Policy and Process and that it is a continuous process. Refugee needs are continuously changing, especially in the current age of social media, automated advanced technology and client analytics. Government should stay on top of these changes to effectively reach the refugees. Societal trends change the entire direction of the GBV Policy with very little notice and to great effect. These

trends need to be part of the GBV Policy and Process because they influence the preferences of the Refugees.

The trends can be the result of endorsements refugee habits, services becoming obsolete as they are overtaken by technological developments, replaced by improved services or displaced by services that introduce new advantages, the brutal honesty clearly stating what the services are good at and where they need improvement backed up by objective GBV Policy reviews which translates to integrity, leading to trust of the refugees. Trends result in a sudden change in refugees' preference. When trends change, the GBV Policy must respond to position itself in a new light to remain a valid option for the refugees and not fall out of favour. GBV Policy should therefore proceed with those elements that result in an overall most Preferred Refugee GBV reduction Policy and Process environment.

Diversified public health parameters: The Seventh (7th) arrow shows that the process of expanding government opportunities through additional parameters potential of existing parameters is originated and managed by Government leadership. Diversification may be achieved by provision of additional parameters and/or enhanced strategies. Often the parameters may be improved, altered or changed, or new parameters are developed. The planning process includes research, parameter adaptation analysis and legal review. Government should always consider Public health practices alongside strategies that improve on existing parameters, provide new parameters and /or diversify into new parameters with existing or new strategies. A parameter diversification strategy adopted as part of this model must provide opportunities to grow and enhance refugee's participation.

The key benefit of diversification for government once adopted will be minimising risk of complete failure of programs. If one program performs poorly over a certain period, other programs may perform better over that same period, reducing the potential total losses of the tax payers' money.

The eighth (8th) Arrow shows that Preferred Refugee GBV reduction Policy and Process is connected to Diversified public health parameters. In the context of societal impact, governments increasingly rely on the collaboration of refugees in the public health processes. However, not all competent refugees are willing to work in partnership on all aspects of government, which is why achieving Preferred Refugee GBV reduction Policy and Process choices with key refugees becomes important. Government as part of this model or any other interested stakeholder like donor's/development partners should identify characteristics of refugees and their preferred public health parameters and emphasise the importance of establishing attractive refugees' requirements as a prerequisite for successful government refugee partnerships.

Eminence of impact on society (EIS): The ninth (9th) Arrow shows that Diversified public health parameters are linked with Eminence of impact on society. The most important principles of government are to ensure that you have a diversified portfolio of programs. The government should be capable of differentiating the parameters but without compromising on the Eminence of impact on society in order to gain the trust of refugees and be able to reap and create more revenue streams. Diversification looks to make public health parameters more attractive by contrasting its unique qualities on the impact on society. Successful diversification creates a great advantage for the government and partners, as refugees' view the diversified services as unique or superior. Therefore, adoption of this model should help to ensure that government or the partners are able

to utilize service diversification effectively cognizant of eminence of impact on society issues, while gaining the trust of the refugees.

The tenth Arrow (10th) shows that Preferred Refugee GBV reduction Policy and Process is also linked to Eminence of impact on society. The most important part of preferred GBV reduction program is government teams and partners to understand that eminence of impact on society determines the choice of refugees and refugees can only prefer a reduction program when it is of good quality and therefore should be able to work intensively with the execution arms to improve the reintegration services for the better and not vice-versa and any reintegration service that does not incorporate reintegration service quality enhancement should be discouraged and dropped. In fact, preferred reintegration service delivery should be adopted for purposes of continuous improvement of the reintegration service Quality.

Eminence of impact on society: The second last connection shows that eminence of impact on society is connected to Protracted Diminution and that there is a link between all the other arrows which all aim to augment eminence impact on society to enhance Protracted Diminution.

Implementing a Protracted Gender Based Violence Diminution policy calls for government leadership to identify when each phase of the strategic intervention is needed in order to achieve the desired Protracted Diminution. In order to work successfully, there must be a process of communication, consultation and trust building in order to establish a united team to achieve the desired results.

Protracted Gender Based Violence Diminution (PGBVD): the last relationship in the new model Shows that eminence of impact on society is interconnected to Protracted Gender Based Violence Diminution and that all other relationships should work together to Protracted Gender Based Violence Diminution participation that will stand the test of time. This is actually so because Protracted Diminution requires firms and governments or even development partners to adhere to the principles of sustainable development. According to the World Commission on Environment and Development (WCED) 1987, sustainable development is development that “meets the needs of the present without compromising the ability of future generations to meet their own needs.” The current Study therefore suggests that, for an Protracted Gender Based Violence Diminution Policy to be sustainable, it must address important concerns at the macro level, such as: economic efficiency (innovation, prosperity, and productivity), social equity (education, poverty, community, health and wellness, human rights) and environmental accountability (climate change, land use, biodiversity).

It is important to note that sometimes gender based violence Diminution Policy Approval, Implementation and Execution can be tricky (Rukanyangira, N., Muyinda, W. M., & Mawa, M., 2018) and basically, the government and the Execution team must work as one team and each person involved in performance of any responsibilities should act conscientiously and the entire government must all work to achieve the stated desired results.

It is important to note that sometimes Socio Economic Partaking Policy Approval, Implementation and Execution can be tricky (Rukanyangira, N., Muyinda, W. M., & Mawa, M., 2018) and basically, the government and the Execution team must work as one team and each person involved in performance of any responsibilities should act conscientiously and the entire government must all work to achieve the stated desired results.

5.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

The current study ascertained that the Gender based Violence and societal impact of refugees as to come up with a unified model for improvements in Uganda. It also also investigated the mediating effect of the mediating effect of gender based violence on the fit of public health consequences and societal impact of refugees. Further it is eminent is that sufficient evidence exist significant relationship exists between gender based violence, public health consequences and societal impact among refugees in Bidibidi settlement in Uganda. This results shows that the better the refugee policy implementation, the better the level of reduction of gender based violence among refugees in Bidibidi settlement in Yumbe district, West Nile, Uganda and vice versa.

Recommendations

Basing on the current study results it is highly recommended that government as well as other stakeholders including the key strategic partners like UNHCR in Uganda in particular and the other parts of the world in general should adopt Protracted Gender based Violence Diminution Model (PROGBVD MODEL). This will enable the determination process of improving the existing societal impact levels policies. In this regard, the Protracted Gender based Violence Diminution Model (PROGBVD MODEL) shall be a pivot for refugees' participation that changes the mindset of the refugees and offer new ways of meeting refugees preferred gender based violence reduction sustainably.

Furthermore, the policy makers at the OPM in collaboration with international refugee agencies need to develop and institutionalize strategies that periodically strengthen powers of respective local settlements in provision of appropriate public health and as well to allocate financial resources and a develop regulatory controls in refugee sector for enhanced gender based violence reduction which will automatically lead to the preferred impact on society.

REFERENCES

- Bonanno, G. A., Brewin, C. R., Kaniasty, K., & Greca, A. M. L. (2010). Weighing the costs of disaster: Consequences, risks, and resilience in individuals, families, and communities. *Psychological science in the public interest*, 11(1), 1-49.
- Cole, M. (Ed.). (2022). *Education, equality and human rights: issues of gender, 'race', sexuality, disability and social class*. Taylor & Francis.
- Cummings, E. M., Ballard, M., El-Sheikh, M., & Lake, M. (1991). Resolution and children's
- Dillard, J., Dujon, V., & King, M. C. (Eds.). (2008). *Understanding the social dimension of sustainability*. Routledge.
- Frieslaar, B. V., & Masango, M. (2021). Blessings or curses? The contribution of the blessing phenomenon to gender-based violence and intimate partner violence. *HTS Theologiese Studies/Theological Studies*, 77(4).
- Haylock, L., Cornelius, R., Malunga, A., & Mbandazayo, K. (2016). Shifting negative social norms rooted in unequal gender and power relationships to prevent violence against women and girls. *Gender & Development*, 24(2), 231-244.
- Johnson, P. J., & Hellerstedt, W. L. (2002). Current or past physical or sexual abuse as a risk marker for sexually transmitted disease in pregnant women. *Perspectives on sexual and reproductive health*, 62-67.
- Madianou, M. (2019). The biometric assemblage: Surveillance, experimentation, profit, and the measuring of refugee bodies. *Television & New Media*, 20(6), 581-599.
- Moretti, S. (2021) Between refugee protection and migration management: The quest for coordination between UNHCR and IOM in the Asia-Pacific region. *Third World Quarterly*, 42(1), 34-51.
- Obando Portilla, J. E. (2020). Habilidades blandas en el desempeño laboral de servidores del programa nacional de bienes incautados del Ministerio de Justicia y Derechos Humanos, Lima–2019.
- OPM), department of refugees annual report, 2022
- Painter, G. R. (2015). Feminist legal theory. *International Encyclopedia of the Social & Behavioral Sciences*, 8, 918-925.
- Priebe, M. B. (2023). *Gender All the Way Down: Proposing a Feminist Framework for Analyzing Gendered Climate Security Risks* (Doctoral dissertation, Harvard University).
- Roupetz, S., Garbern, S., Michael, S., Bergquist, H., Glaesmer, H., & Bartels, S. A. (2020). Continuum of sexual and gender-based violence risks among Syrian refugee women and girls in Lebanon. *BMC women's health*, 20, 1-14.
- Shapiro-Mendoza, C. K., Rice, M. E., Galang, R. R., Fulton, A. C., VanMaldeghem, K., Prado, M. V., ... & Infant Registries Working Group. (2017). Pregnancy outcomes after maternal Zika virus infection during pregnancy—US Territories, January 1, 2016–April 25, 2017. *Morbidity and Mortality Weekly Report*, 66(23), 615.

Twinomujuni, R., Mawa, M., Musoke, H. B., & Rukanyangira, N. (2022). The mediating effect of educational decentralization in the relationship between citizen participation and education service delivery of local governments.

Wanjiru, Q. (2021) Causes and Effects of Gender-Based Violence. A Critical Literature Review. *Journal of Gender Related Studies*, 2(1), 43-53.

World Health Organization. (2013). *Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013*. World Health Organization.

Yamane, I., & Sato, K. (1967). Effect of temperature on the decomposition of organic substances in flooded soil. *Soil Science and Plant Nutrition*, 13(4), 94-100.

License

Copyright (c) 2024 Joyce Nalunga, Nazarious Rukanyangira, Pio Frank Kiyangi



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Authors retain copyright and grant the journal right of first publication with the work simultaneously licensed under a [Creative Commons Attribution \(CC-BY\) 4.0 License](https://creativecommons.org/licenses/by/4.0/) that allows others to share the work with an acknowledgment of the work's authorship and initial publication in this journal.