

**FACTORS INFLUENCING HELP-SEEKING BEHAVIOR IN RESPONSE
TO GENDER-BASED VIOLENCE IN HUMANITARIAN SETTINGS: A
CASE OF NYARUGUSU AND NDUTA REFUGEE CAMPS**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by The Open University of Tanzania, a dissertation titled; **Factors Influencing Help-Seeking Behavior in Response to Gender-Based Violence in Humanitarian Settings. A Case of Nyarugusu and Nduta Refugee Camp**” in fulfilment of the requirements for the degree of Master of Art in Monitoring and Evaluation (MAME).

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DECLARATION

I, **Edison Dickson**, declare that this dissertation is original. It has never been presented to any other University or Institution. Where people's work has been used, references have been provided. It is in this regard that I declare this study work as originally mine. It is hereby presented in partial fulfillment of the requirement for the degree of Master of Arts in Monitoring and Evaluation (MA M&E).

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Signature

.....

Date

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ABSTRACT

The study assessed factors influencing help-seeking behavior in response to GBV in humanitarian setting in Nyarugusu and Nduta refugee camps. Specifically, the study looked at determining the awareness of help-seeking behavior among women and men in response to GBV, examining the accessibility of existing help-seeking support services and determining the role of sensitization and education programs on help-seeking behavior among community members. The study employed a Theory of Planned Behavior. Data were collected using document review, key informants' interviews, and observation. The research employed an interpretive philosophy, rooted in a naturalistic approach to data collection. This study focused on two refugee camps which are Nyarugusu and Nduta refugee camps in Kigoma region. Non-probability sampling was used to determine respondents and sample size was determined at the saturation point. Data was analyzed using content analysis and narrative interpretivism techniques. The findings indicated that the nature and state of help-seeking behavior among refugees are considered an emergent category, which continues to resonate with refugees. It was discovered that refugees, women and men look for help and other information related to GBV to satisfy their requirements. Refugees will typically seek assistance from institutions located within the camps and other sources. Also indicated that over the past two years, there were a total of 173 newly reported instances of GBV, mostly (97%) involved women and young girls. The study concludes that help-seeking behaviors of GBV survivors in a humanitarian setting are influenced by various factors, including those at the individual, social and systemic levels. Individual factors include attitudes and beliefs regarding GBV, women's core values concerning health and illness, knowledge regarding violence, and health literacy.

Keywords: *Behavior, Gender, Humanitarian, Based Violence.*

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LIST OF ABBREVIATION

| | |
|------|--------------------------------|
| EA | East Africa |
| FDGs | Focus Group Discussions |
| KII | Key Informant Interview |
| NGOs | Non-governmental Organizations |
| GBV | Gender-Based Violence |

CHAPTER ONE

INTRODUCTION

1.1 Background to Research Problem

In a global setting, Gender-Based Violence (GBV) is a significant challenge phenomenon, and for more than 20 years there have been continuous discussion concerning GBV especially help-seeking behavior in different setting (Van Klaveren, *et al.*, 2010). It has also been recognized as a rapid growing problem especially in humanitarian setting since majority of population there are more vulnerable to Gender-Based Violence. In humanitarian setting one in five women has experienced GBV, however, since there are various factors hamper the reporting of GBV cases in humanitarian setting then the number could be higher given the fact that the survivors are bit hesitant to disclosed (Zama et al., 2013).

Despite the fact that GBV is an umbrella term for any kind of harmful act based on socially ascribed gender differences perpetrated against a person's will, in this study the term GBV is associated with a wide range of physical, emotional, sexual harm or suffering, psychological and mental health consequences. This study will focus on GBV against both women and men. Furthermore, GBV has obtained worldwide recognition by various development agencies as a grave social and human rights concern (Achieng, 2017).

In least developed countries as well GBV is very important human rights issues in humanitarian setting in particular which have a long-term impact for survivors in term of their health and well-being (Ahikire & Madanda, 2011). GBV especially in refugees' camps has been recognized as a severe social and health challenge in many

humanitarian settings, while even more severe in many African countries due to cultural aspects and beliefs (Ansara et al., 2010). Despite such high prevalence of violence against women and men in many African countries at humanitarian setting, any kind of health seeking or disclosure of violence is quite low. The low rate of help-seeking by the survivors is due to the fact that many survivors are not willing to disclose violence because of shame, fear, social norms, socioeconomic status, and religious beliefs (Asiimwe, 2014).

Most of refugees and internal displaced persons in humanitarian setting most time are tolerant of GBV because of fear of being forced to flee the camp for their protection or being forced departed by false allegations. This tolerance may make refugees and internal displaced persons more vulnerable to experience more violence within a humanitarian setting. Refugees and internal displaced persons who want to seek help may sometime believe that disclosing violence or seeking help for abuse can lead to more violence and shame. Willing to seek help is also depends on the source of potential support and fear of whether people will listen to them or simply being blame them for the violence (Barrett et al., 2011).

In connection to the above paragraph, help-seeking behavior is a complex behavior when it comes to decision-making process. In regard to GBV survivors' help-seeking behaviors especially in refugee setting consist of three main components which include the problem, the helper, and the recipient (Clark, et al., 2010). Help-seeking behavior involves interaction between the three components to respond to the issue. In this regard, the first component which is the problem in this study can be referred as the GBV, and the helper is the service provider at the refugee camps

while the recipient is the survivor (Zakar et al., 2012). There has been ongoing violation of human rights in different refugee camps around the world, and Africa is not difference.

Among the most violent include GBV against both men and women. The level of reporting or help-seeking by the survivor is very low compared to the cases of GBV in majority of refugee camps. In order to encourage help-seeking behaviors among the survivors there is a need to improve the situation that has resulted following an incident of GBV for instance seeking shelter for protection, medical assistance, legal case management, or activities as simple as finding someone to who a survivor's story can easily be shared for action (Tengku, et al., 2015).

In developing countries like Ethiopia and South Sudan GBV in humanitarian setting has been a result of ongoing conflicts as well as due to cultural and patriarchal norms in these countries (Sylaska et al., 2014). In most times women are more vulnerable to GBV compared to men in this context, and more than half of women and girls in most areas of these countries have experienced partner or non-partner violence in their lifetime (Sulak et al., 2014). However, this is due to the fact that women lack access to the very basic life-saving gender-based violence services within the country. In this regard, it has been revealed that in majority of developing countries for instance South Sudan, there is a low rate of help-seeking behavior among the survivor and this is due to numerous socio-cultural factors that tend to reduce survivor's willingness to disclose experience of violence and seek support.

Annual reports of 2017 says, sexual abuse cases were more than 2,532 while physical violence were 422, furthermore, 90% of all reported cases were reported by

women and girls (Thananowan et al., 2018). Thus, GBV issue has been camouflaged by the socio-cultural stigmatization that associated with any kind of attempt by the survivors to help-seek about their experience (Sukeri et al., 2017). Despite the fact that there are various development agencies and government responding to GBV cases and put several strategies and measure to tackle issues around GBV, but still the rate of GBV disclosure and seeking help is quite low within humanitarian setting. Thus, there is a need to investigate the factor influencing help-seeking behavior in response to GBV in humanitarian setting.

1.2 Statement of the Problem

Currently, there are ongoing efforts amongst donors, humanitarian actors and the Tanzanian government in regard to prevention of and response to gender-based violence (GBV) in humanitarian settings, refugee camps in particular. Among the efforts include the development of policies guidelines and special programs designed to address GBV, examples of such programs include the 2003 UN Refugee Agency's Sexual and Gender-Based Violence against Refugees and the recently launched Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

Despite the several efforts, and stigma attached to GBV within humanitarian settings, women, girls and men blame themselves and fear seeking help because of fear of being ostracized from the communities or being re-victimized by the perpetrator if they disclose their abuse and thus fail to seek help. In such a situation, the survivors fail not only to report the violence but also to access the required support.

In Kenya for instance, Gender-based violence is more severe to women compare to men. According to the Cerulli, et al., (2015), for example, found that in Nyarugusu refugee camp in 2015 about 30%-66% of women and girls never told anyone about what happened to them in regard to GBV.

The questions which remain unanswered are first why there is low rate of help-seeking among GBV victims, and secondly what influences help seeking behavior among GBV victims in Nyarugusu and Nduta refugee camps. This study, therefore, was undertaken to seek answers to these questions.

1.3 Research Objective

The main objective of this study was to assess factors influencing help-seeking behaviour in response to GBV in Nyarugusu and Nduta Refugee Camp.

1.3.1 Specific Research Objectives

1. To determine the awareness of help-seeking behaviour among women and men in response to GBV in Nyarugusu and Nduta refugee camps.
2. To examine the accessibility of existing help-seeking support services in Nyarugusu and Nduta Refugee Camps
3. To determine the role of sensitization and education programs on help-seeking behaviour among community members in Nyarugusu and Nduta refugee camps.

1.3.2 Research Questions

1. How well do women and men in the camps understand the available options for seeking help when faced with GBV situations?

2. How accessible are the existing help-seeking support services for GBV-related concerns within Nyarugusu and Nduta refugee camps in terms of physical proximity and availability?
3. To what extent do the sensitization and education programs in Nyarugusu and Nduta refugee camps influence community members' understanding of the importance of help-seeking behavior in response to GBV?

1.4 Significance of the Study

The findings of this study will help to improve understanding of the factors that influence help-seeking behavior in response to GBV in humanitarian setting especially in Tanzania region. Furthermore, findings from this study will contribute to the knowledge about refugees both women and men's diverse help-seeking strategies for GBV, and at the same time provide inputs for intervention programs or government policies for women and men at humanitarian setting aimed at combating GBV against women and men in the refugee's camps in Tanzania. In other words, this study builds on the limited research on help-seeking behavior in Tanzania, where GBV within humanitarian setting is widespread, to fill this knowledge gap and inform the design of future interventions.

1.5 Organization of the Report

This research is divided into five chapters; Chapter 1 introduces the topic. This paper presents a research topic, provides background information, and identifies the research problem. Understanding help-seeking behaviour in cases of gender-based violence (GBV) within refugee camps is crucial. This section provides an overview of the research objectives, scope, and limitations of the study.

Chapter 2 of this document provides a comprehensive review of the existing literature. This study examines the occurrence and consequences of gender-based violence (GBV) in refugee camps. This research reviews theories and models related to help-seeking behaviour and identify the factors that influence it. In this chapter the study analyses the support services and interventions currently available in refugee contexts to address gender-based violence (GBV), and evaluates their effectiveness.

Chapter 3 Methodology: This section provides an overview of the research approach, data collection methods, participant selection, and data analysis techniques used in the study. Describe how these methods are aligned with the research objectives and ensure reliable results.

Chapter 4 of this report presents the findings and discussion. This chapter presents findings on awareness of help-seeking behaviour, factors that influence help-seeking, and the effectiveness of support services. This paper examines the implications of the findings, identifies patterns among various factors, and provides insights into the experiences of refugees.

Chapter 5 Conclusion and Recommendations: The key findings from each research objective are summarised. This research examines the wider significance of the study and its impact on the fields of gender-based violence (GBV) and refugee research. Offers practical suggestions to improve help-seeking behaviour and support services in Nyarugusu and Nduta Refugee Camps.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, a researcher covers the concept definitions of terms in study, addresses literature by previous researchers on the field of the study, the empirical analysis of the study, research gap and conceptual framework.

2.2 Concept Definitions

2.2.1 Help-Seeking

Help-seeking can be referred to as the process of disclosure of a certain kind of violence perpetrated by an individual or group of people so as to obtain a form of assistance (Katiti, 2016). Help-seeking is a voluntary act and it normally occurs after a victim notice an act of abusive as an undesirable problem. It is a course of action which involves changes in victim's response to GBV to reduce or end it. Furthermore, it can be argued that help-seeking is a three-way interactive process that involves a person who is looking for help, an individual from whom the help is required and lastly the problem for which the help is required (Battle, 2015).

2.2.2 Help-Seeking Behavior

In general, help-seeking in this study can be referred to as any action of energetically seeking help from the trusted people in the community and includes understanding, guidance, treatment and general support when feeling in trouble or encountering stressful circumstances (Rickwood & Thomas, 2012). Help-seeking behaviors incorporate a request for support from either formal or informal service for the aim of resolving certain social problem, emotion or some sort of health problems.

Furthermore, It is argued that any activity that is performed by an individual who believe that s/he is in need of a service such as personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. Therefore, such kind of service can be clinic services or service from counselors, psychologists, medical staff, traditional healers, religious leaders or youth programmers, peer groups and friends, family members or other adults in the community (Zartaloudi & Madianos, 2016).

2.2.3 Gender-Based Violence (GBV)

Gender-Based violence can be referred to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms (Molin, 2018). Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. 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 ‘honors crimes (Kim & Lee, 2016).

2.2.4 Humanitarian Setting

Humanitarian setting in this study can be defined as the setting where group of people, individual, country or organization seek to promote human welfare and social reform in that particular setting due to various reasons. It can be demarcated based on the criteria classified by the Sphere Standards which describes humanitarian actions as are taking place in “a range of situations including natural disasters, conflict, slow- and rapid-onset events, rural and urban environments, and complex political emergencies in all countries” (Mulungu, 2016).

2.3 Theoretical Framework

This section presents the theory that informs this study, which explain, predict, and understand the focus topic of this study to challenge and extend existing knowledge regarding factors that influence help-seeking behaviour in response to GBV in humanitarian setting. Many theories have been advanced to explain the link between help-seeking behaviour and response to GBV in humanitarian setting. A researcher grounds this study to the following theory.

2.3.1 Theory Planned Behaviour

The Theory of Planned Behaviour (TPB) was founded by Icek Ajzen. The theory at first started as the Theory of Reasoned Action in 1980 aim to predict an individual's intention to engage in behaviour at a specific time and place. The theory main focus was to explain different kind of behaviours in which people can control by themselves. The main key point of this theory is behaviour intent, which means an intention which is influence by the attitude that predicts the likelihood to the occurrence of such behaviour. For instance, the theory explains that one's intention to conduct certain behaviour can be predicted through assessing one's attitude in regards to the behaviour. This is due to the fact that, there is some kind of behaviour which one's self have control over that particular behaviour. The TPB theory further argue that if a person is influenced by subjective norms around the person that are more likely to have highly negative stigma beliefs, then there must be an attempt to sway that person's intention to seek help.

TPB theory is selected to this study due to the fact that it shows a clear definition of help-seeking behaviour and provide comprehensive body of correlational evidence to

study topic. For instance, TPB theory assumes that human behaviour is goal directed, socially influenced and that individuals are logical and rational in how they make their decision. The theory further argue that an individual makes behavioural decisions based on the fact that there is a clear and available information, and that people are not just making behavioural decision without such consideration. Furthermore, TPB theory takes consideration of an estimate extent to which an individual capable of exercising control over a certain behaviour in question.

Strengths of the TPB theory is based on the fact that it has managed successful predict and explain a wide range of social and health behaviours. For instance, TPB theory has been used in health sector when assessing behaviour of people interact with or people who smoking, drinking, and those who seek health services utilization, among others. Therefore, based on this theory it can be concluded that behavioural achievement it depends on both intentions, such a motive to perform such behaviour and ability to control such behaviour.

Beside the available strength of TPB theory there are several limitations for instance, TPB theory assumes the person has acquired the opportunities and resources to be successful in performing the desired behaviour, regardless of the intention. Furthermore, the theory does not account for other variables that factor into behavioural intention and motivation, such as fear, threat, mood, or past experience. While it does consider normative influences, it still does not consider environmental or economic factors that may influence a person's intention to perform behaviour. Last but not the least the theory assumes that one's behaviour is triggered by a linear decision-making process, and does not consider that it can change over time.

2.4 Empirical Literature Review

In this section various findings from different researchers around the world and to Tanzania context as well will be presented, those studies to be discussed in this section are reveals of different researchers who have done comparative investigations regarding help-seeking behavior in humanitarian setting. Choden (2019) conducted study titled “Help-Seeking Behaviors of Bhutanese Women Subjected to Intimate Partner Violence (IPV)”. Main objective of the study was to assess the turning points and help-seeking behaviors of Bhutanese women experiencing IPV and identify strategies to promote women’s help-seeking behaviors.

The study employed Trans-theoretical Model (TTM) to guide the entire study process, and gain insights into women’s cognitive and behavioral changes in response to IPV and their process of seeking help. Exploratory qualitative methodology was adopted to this study while semi-structured interviews employed to collected data from 30 women experiencing IPV and 7 service provider’s perceptions of women’s help-seeking behaviors through key informant interviews. The main findings of this study revealed that women’s response to IPV and their help-seeking behaviors are motivated by the experience of turning points.

Ragusa, (2018) conducted a study titled “Rural Australian women's legal help seeking for intimate partner violence: women intimate partner violence victim survivors' perceptions of criminal justice support services”. Main objective was to examine the perception of criminal justice support services in regard to women’s legal help-seeking for intimate partner violence. The study employed qualitative

design, and data were collected from 36 respondents through in-depth-face-to-face interviews method.

Findings revealed that police and court responses reflect broader social inequalities and rurality exacerbates concerns such as anonymity and lack of service. The study further revealed that there are various challenges hampering help-seeking behavior such as cultural differences and power imbalances that exist between survivors and formal support providers. As results, discourage survivors' willingness to engage and satisfaction with formal services during help-seeking. Moreover, the study recognized the important role played by police and the criminal justice system in destigmatizing IPV is very crucial. The study recommends that social service providers or help-seek provider should ensure that they mainstream any kind of power imbalance and tackle the issue of culture difference when it comes to help-seeking against intimate partner violence.

Fidan (2017) conducted a study titled “Women’s Help-Seeking Behavior for Intimate Partner Violence in Sub-Saharan Africa”. The study’s main purpose was to examine self-reported help-seeking behavior in five Sub-Saharan countries and identify factors associated with this action. The study was conducted in in five Sub-Saharan African countries: Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe. Descriptive statistical analysis was conducted, and the study utilized data from the Demographic and Health Surveys (DHS). The main finding of this study revealed that help-seeking for Intimate partner violence among women is quite low in Sub-Saharan African countries.

Furthermore, the findings also revealed that from resource factors household wealth and educational level were negatively, employment status was partially associated with women's help-seeking behavior. Justification of wife-beating was negatively linked with help-seeking while husband's controlling behaviors increased help-seeking from both formal and informal sources. The accumulation of physical violence was a robust factor that increased women's help-seeking behavior from formal and informal sources. The study findings further revealed that women who experienced emotional violence had higher while women who were victims of sexual violence had lower odds of help-seeking. Women experienced to intimate partner violence attempt utilize both informal and formal help-seeking. However, among Sub-Saharan African women informal help is more common than formal help.

Another study by Bernardo & Estrellado(2017) titled "Locus-of-Hope and Help-Seeking Intentions of Filipino Women Victims of Intimate Partner Violence". The main objective of this study was to examine the relationship between help-seeking intentions of a sample of Filipino women victims of intimate partner violence. The study was descriptive in nature. The study employed semi-structured interview whereby a total of 45 respondents were engaged during data collection. The findings of this study revealed that self-esteem, most demographic and relationship factors were not systematically related to help-seeking intentions, but more educated battered women were less likely to seek help.

In connection to the above paragraph another study conducted in Korea with different geographical context by Kim & Lee, (2016). The study titled "Factors influencing help-seeking behavior among battered Korean women in intimate

relationships”. The main purpose of this study was to examine the factors influencing help-seeking behavior among battered Korean women in intimate relationships. Qualitative design was employed in this study whereby a total of 123 battered Korean women who used domestic violence agencies were engaged through in-depth interview as the data collection method.

The study further through interview method examined various factors that influence victims to seek help to different source for instance, among the factors include police, medical, legal, and shelter, family, or neighbors. Findings revealed that victims tend to use various resources to seek help when in need such as income, violence-related injuries, and partner child abuse was related to whether they contacted police. Furthermore, the study findings revealed that Injury and partner child abuse were related to contacting a medical doctor/medical facility. The key finding was that partner child abuse increased the likelihood of battered Korean women seeking help from formal service resources and informal networks. The study recommended that there is a need for integrative services that will link women's and children's protective services in order to meet the needs of both victims and children.

Study by Paul, (2016) titled “Intimate Partner Violence and Women’s Help-seeking Behavior: Evidence from India” employed a qualitative design method to examine the role of socio-economic characteristics that influence a battered woman in India to either remain silent or approach someone for help in response to domestic violence. The study employed in-depth interview and context analysis method was employed for the analysis. Also, a logistic regression framework was used to analyze the data.

The study also used dataset from a nationally representative, community-based survey database the National Family Health Survey-3 (NFHS-3). Findings of the study revealed that there are various important factors that influence help-seeking behavior such as education and economic empowerment play a crucial role in this regard. The finding further revealed that majority of victims normally attempts to utilize both formal and informal source of health, although informal source of help seems to be more popular and easily utilized compared with formal source in India.

Cerulli, et al., (2015) conducted a study titled “Help-seeking patterns among women experiencing intimate partner violence: do they forgo the criminal justice system if their adjudication wishes are not met?” The study main objective was to examine the relationship between IPV victims' future help-seeking based on past experiences. The study was longitudinal in nature, employed qualitative design and in-depth interview method for data collected. The study hypothesized women would return to the criminal justice system if their adjudication wishes corresponded with prosecutors' actions.

However, the findings of this study revealed contrary such as women return to the criminal system and other venues even if prosecutors' actions do not correspond to their earlier stated wishes. Furthermore, the key finding of this study suggested that the willingness of a victim of intimate partner violence to seek future police and prosecutorial assistance may depend on her/his experiences within the system. The study recommended that there is a need to consider the need for important policy implications given pro-prosecution protocols that encourage adjudication regardless of a woman's participation.

2.5 Research Gap

Several studies have been conducted on help-seeking behavior in humanitarian setting regarding GBV. For instance, the findings from the study done in Canada by Cerulli et al, (2015) suggest that the willingness of help-seeker when experience certain kind of violence in regard to GBV is influenced by the factor such as victim's experience interaction within the help-seeking support system.

Study done by Paul, (2016) titled; "Intimate Partner Violence and Women's Help-seeking Behavior: Evidence from India", study done by Kim & Lee, (2016) titled "Factors influencing help-seeking behavior among battered Korean women in intimate relationships", study by Bernardo & Estrellado(2017) titled; "Locus-of-Hope and Help-Seeking Intentions of Filipino Women Victims of Intimate Partner Violence", study by Ragusa, (2018) titled "Rural Australian women's legal help seeking for intimate partner violence: women intimate partner violence victim survivors' perceptions of criminal justice support services" and last but not the least study by Choden (2019) titled "Help-Seeking Behaviors of Bhutanese Women Subjected to Intimate Partner Violence (IPV)".

However, these studies were too general and did not address all the factors that influence help-seeking behavior in response to GBV in humanitarian setting with the focus of refugee camps. In Tanzania however, there are very few specific studies that were done recently on this topic especially within refugee setting and on GBV issues, while there is ongoing discussion about the GBV issue in humanitarian setting, developing countries context in particular.

2.6 Conceptual Framework

The conceptual framework for this study is built on three independent variables and one dependent variable. Independent variables in this study include reactions of frequent and recently reported GBV cases, nature and status of help-seeking and factors lead to help seeking behavior. The key dependent variable of interest in this study is Gender Based Violence in Humanitarian settings. Thus, the independent variables affect the state of GBV in Humanitarian settings.

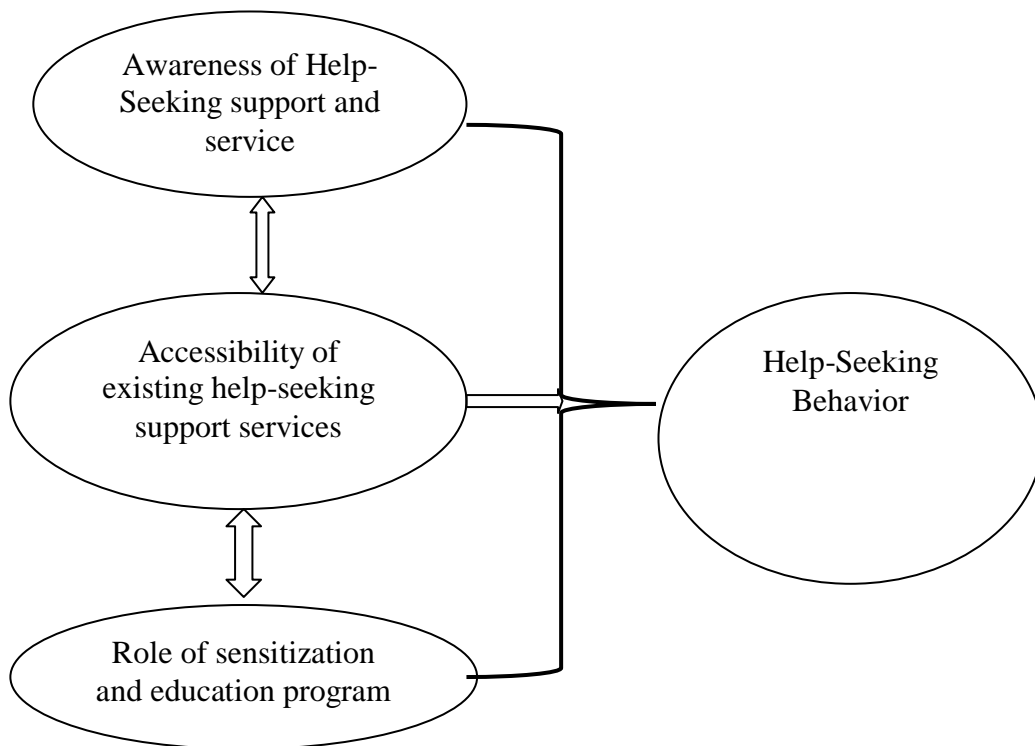


Figure 2.1: Conceptual Framework

Relationship between Awareness of Help-Seeking Support and Service, Accessibility of Existing Help-Seeking Support Service and the Role of Sensitization and Education Programs on Help-Seeking Behaviour in a Humanitarian Setting

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Due to the qualitative nature of the research, this chapter provides a description of the methodology, including the research design, research philosophy, sampling techniques, qualitative data collection methods, qualitative data analysis methods used for achieving the specific research objectives, ethical considerations, and study limitations.

3.2 Research Philosophy

The research employed an interpretive philosophy, rooted in a naturalistic approach to data collection, such as interviews and observations (McLeod, 2018). This study is qualitative, representing a form of social inquiry. Therefore, this philosophy was considered suitable for this research because, within interpretive research, reality is perceived as the subjective experiences of individuals in the external world. The naturalistic approach allows the study of social phenomena in their natural settings, enabling the researcher to embrace the subjective knowledge and acknowledge that reality is socially constructed, aligning with interpretivism philosophy. In interpretive philosophy, meanings typically emerge towards the conclusion of the research process (Kothari, 2014). Therefore, in this study, the factors influencing help-seeking behavior in response to GBV in humanitarian settings were revealed after the collecting and analyzing data.

3.3 Research Design

In accordance with the interpretivism philosophy, this research adopted a qualitative

methodology, enabling the exploration of individuals across various levels of interventions, relationships, communities, or programs (Kothari, 2014). This approach supports the conceptualization and subsequent refinement of phenomena under investigation. The study employed an inductive approach, where observations initiate the research process, and theories are formulated towards the later stages, driven by these observations. Employing this inductive approach, researchers start with a subject and, as they progress in their research, they develop empirical generalizations and identify initial relationships (Cooper, 2003).

In the course of conducting this study, a conceptual framework was established and subsequently compared to the observations made at the conclusion of data collection. Aligned with the philosophical perspective of idealism, the interpretive approach involves a naturalistic data collection method, such as interviews and observations (Kothari, 2014). This research adopted a qualitative case study methodology to gain insights into the factors influencing help-seeking behavior in response to gender-based violence, remaining consistent with its interpretive philosophy.

3.4 The Study Area

This study focused on two refugee camps which are Nyarugusu and Nduta refugee camp. Nyarugusu and Nduta camp are in Kigoma region northwestern part of Tanzania. They are the largest camps in Tanzania hosting refugees and asylum seekers from Burundi and Democratic Republic of Congo. Nyarugusu is the oldest refugee camps in Tanzania which covers an area of 28 km². The camp was established in November 1996 to accommodate Congolese refugees fleeing the civil war in the former Zaire. Following the political unrest in Burundi in 2015,

Nyarugusu camp received Burundian refugees and asylum seekers. Nyarugusu camp is home to 137,130 people. Nduta refugee camp opened in October 2015, as an emergency measure to relocate 40,000 Burundian refugees from Nyarugusu refugee camp. The camp is located in Kibondo district, in Kigoma region and it hosts 69,499 Burundian refugees and asylum seekers (UNHCR, 2023). The selection of these camps as the case study was based on the fact that these camps are one of the largest and best-known refugee camps of the 21st century, with around 150,000 refugees. Also, there have been several reported cases in 2015 by Refugee International which found that about 30-66% of women and girls experienced GBV but unfortunately they never sought help about what happened to them. Moreover, the chosen study location was conveniently accessible to the researcher, and there has been limited prior research, particularly regarding help-seeking behavior in this area. This instance prompted the need for this study to cultivate interest in the area with the aim of uncovering insights that previous researchers have not yet disclosed.

3.5 Sample Frame

Sampling is the practice of picking units from a research population in order to gain a general overview of outcomes typical of the population (Cooper, 2003). The sample frame for this study includes representatives from international and national humanitarian and other organisations working with GBV prevention in the camps.

3.6 Sampling Techniques

The study used non-probability sampling to ensure that respondents are chosen using sample approaches that will yield the most suitable and representative persons. Non-probability sampling involves selecting samples based on the researcher's subjective

judgment rather than random selection (McLeod, 2014). A sampling strategy is a plan devised by a researcher to ensure that the sample used in the study accurately represents the population from which the sample was drawn (Monique et al., 2019). Because of the qualitative character of this study, the researcher used a non-probability sampling approach to collect data from just important informants who pose the proper and relevant information in regard to the research questions for this study.

3.7 Sample Size

The sample size in this qualitative study was determined at the saturation point. Saturation occurs when "additional data do not result in any new emergent themes" (McLeod, 2014). When fresh data tend to be repetitious of previously gathered data, or when interviews fail to yield new insights from incoming representatives, it is time to cease gathering data and begin analyzing what has been collected (Monique et al., 2019).

3.7.1 Snowball Sampling Technique

Snowball sampling technique is a non-probability sampling method in which a researcher begins with a small population of known individuals and expands the sample by asking those initial participants to identify others that should participate in the study (Monique et al., 2019). Thus, the study employed this approach to interview victims of GBV in response to research questions such as are the nature and status of help-seeking behavior among women and men in response to GBV in Nyarugusu and Nduta refugee camp, reactions of recently reported GBV cases in Nyarugusu and Nduta refugee camp and awareness of benefits of seeking help in

regard to GBV cases in Nyarugusu and Nduta refugee camp.

3.7.2 Convenient Sampling Technique

Convenience sampling is a sort of nonprobability sampling in which persons are taken into account since they happen to be "convenient" sources of data for researchers (Cooper, 2003). Researchers like convenient sampling because it is particularly useful in cases where resources such as time and money are limited, as well as the readiness and availability of the sampled respondents; consequently, researchers picked this method for speedy data gathering. This study employed this sampling technique to interview programs officers and gender specialists as well as social welfare officers from international and national humanitarian and other organizations working with GBV prevention in the camps.

3.7.3 Saturation Technique

Saturation is a fundamental principle in qualitative research (Monique et al., 2019). It is used to assess when there is enough information gathered in a study to produce a solid and valid knowledge of the topic under investigation. Purposive (nonprobability) samples, which are often utilized in qualitative research, are subjected to saturation. Saturation is an essential notion since it indicates the validity of data and is thus frequently included in criteria to assess the quality of qualitative research (Monique et al., 2019). Because of the qualitative character of this study and the fact that the number of participants in the study was decided during the process of collecting data, the researcher used the data saturation technique when interviewing program officers and gender specialists as well as social welfare officers from international and national humanitarian and other organizations

working with GBV prevention in the camps so as to check where there any other new information from the data collected.

3.7 Types of Data

Throughout the study, the researcher gathered qualitative data from both secondary and primary sources. Qualitative data was collected regarding the nature and status of help-seeking behavior among women and men in response to GBV in Nyarugusu and Nduta refugee camp, response to the recently reported GBV cases in Nyarugusu and Nduta refugee camp and awareness of benefits of seeking help in regard to GBV cases in Nyarugusu and Nduta refugee camp. Interviews and focus group discussions were used to collect primary qualitative data from respondents. Secondary data was collected in a review of the literature on the topic of the study, including published reports on help-seeking behavior, academic and journalistic articles on the subject of the study.

3.8 Data Collection Methods

Yetts (2003) states that data collection entails gathering information from a variety of sources to respond to research questions, test hypotheses, and assess results. Data for the qualitative study is gathered through a variety of sources and techniques including document examination, key informant interviews, and observation. Qualitative researchers often employ not one but two resources to seek consensus and validation by using diverse data sources and methodologies to triangulate information. The goal of triangulation is to corroborate the evidence once it has been confirmed by additional sources (Monique et al., 2019). The study included document review, in-depth interviews, focus group discussions, and observation data

gathering methods to effectively capture all of the essential information.

This study's data was gathered using a variety of approaches, including a review of documents, interviews with key informants, focus group discussions, and non-participant observation. These strategies were sometimes employed in conjunction to establish checks and balances since they complement one another. The employment of these procedures combined was to assure the validity and dependability of the data to be gathered; because the methods fit all social groupings, it was able to collect as much data as possible. The researcher was aware that some respondents would be reluctant to freely give their opinions during interviews, but there might also be some who felt more comfortable providing data through group discussion.

3.8.1 Document Review

Kothari (2014) defines document analysis as "a systematic procedure for reviewing or evaluating documents, both printed and electronic (computer-based and Internet-transmitted) material." The goal of document review is to determine whether information comes within the scope of this study's research questions. Furthermore, as a sort of triangulation, the study used the document review approach in conjunction with other qualitative methodologies such as interviews, focus group discussions, and observation.

This method involved the review of GBV reports and project documents organization working at the camps in response to GBV. Furthermore, the review involved progress, context analysis, and annual reports. Furthermore, online data was collected from the websites of the NGOs in regard to help-seeking and GBV.

3.8.2 Key Informant Interview

Simply said, key informant interviews include interviewing a small number of people who are likely to contribute important information, thoughts, and insights on a certain topic (Kothari, 2014). Only a few informants are questioned using the key informant interview approach. Such informants are chosen because they have knowledge or thoughts that the researcher can solicit. Key informant interviews are mostly qualitative in nature. They are carried out utilizing interview guidelines that outline the subjects and concerns to be discussed throughout the session. Given the nature of the research, the researcher conducted both structured and unstructured interviews with program officers, gender specialists, and social welfare officials from international and national humanitarian and other organizations dealing with GBV prevention and response in the refugee camps.

3.8.3 Focus Group Discussion

A focus group discussion is a gathering of participants who get together to discuss a topic on the subject under the supervision of moderators (Kothari, 2014). It is a type of qualitative study in which participants are asked questions about their attitudes, beliefs, opinions, or ideas. This study used FGD because it allowed respondents to freely communicate with other group members, which was not possible with other research techniques. As a result, this approach was used to supplement other methods such as key informant interviews and document reviews. For the conversation, seven persons were divided into groups of seven, with one moderator and one recorder. The group was made up of homogeneous individuals who participated in a focus group discussion program and who were all social and human

welfare officers.

3.8.4 Participant Observation

Participant observation is a qualitative research approach in which the researcher not merely examines but also actively participates in the study respondents' activities (McLeod, 2018). As a result, during the focus group discussion and interview, the researcher used the observation technique to check for nonverbal communication of feelings, determine who interacts with whom, grasp how participants interacted with each other, as well as figure out how much time was spent on various activities.

3.9 Data Analysis Techniques

This study utilized two distinct data analysis techniques, namely content analysis and narrative interpretivism. These methods were chosen to effectively analyze and interpret the data collected for the study. Content analysis involves systematically examining and categorizing the content of the data, while narrative interpretivism focuses on understanding the underlying meanings and interpretations within the narratives provided by the participants. By employing these two techniques, the study aimed to gain a comprehensive understanding of the data and draw meaningful conclusions.

The first step in conducting the content analysis was to clearly define the research question. Text coding then follows to help to group text into manageable content categories. This is basically a process of selective reduction. By reducing the text to categories, the researcher focuses code for specific words or patterns that inform the research question. In this particular study, the research question focused on

understanding how well do women and men in the camps understand the available options for seeking help when faced with GBV situations, how accessible are the existing help-seeking support services for GBV-related concerns and understanding the influence of community sensitization to help-seeking behavior in the camps.

3.10 Ethical Issues and Considerations

The study followed all ethical guidelines. Ethical considerations are critical in research because they direct the researcher as to what is permitted. The researcher observed all ethical considerations, including consent, data confidentiality, privacy, and participant anonymity. In addition, research clearance approval was obtained from the University after executing all necessary procedures.

3.11 Reliability

The extent to which results are consistent across time and an accurate depiction of the overall population under investigation is referred to as reliability, and if the results of a study can be recreated using a comparable approach, then the research instrument is deemed dependable (Yetts, 2018). Cronbach's alpha was used to assess the reliability of data acquired in the field using the triangulation approach, which involves the use of more than one data gathering method such as focus group discussion, interview, and secondary. Cronbach's Alpha is a statistical measure used in research to assess the reliability of constructs. In majority of the studies Glesne and Peshkin (1992), an alpha value greater than 0.7 is considered appropriate. Therefore, with the help of SPSS, the data collected from the study was tested to produce the reliability of the study.

3.12 Validity

Validity assesses if the research genuinely measures what it was designed to measure or how accurate the research findings are. In other words, can you strike "the bull's eye" of the study object with the research instrument? Researchers often establish validity by asking a series of questions and frequently looking for answers in other people's research. Here, the researcher creates questions to decide which data should be collected and how it should be collected. A researcher checks the Average Variance Extracted (AVE) measurement by converging a substantial number of indicators/questionnaire items to verify the data's validity (Yetts, 2018).

Furthermore, a researcher ensured that the methods of measurement were accurate and that they accurately measured what they were supposed to measure. In addition, pilot study was carried out prior to the field data collection. Before beginning the actual data gathering process, a specified number of persons from the research population were interviewed and participated in focus group discussions. The pilot study allowed the researcher to make improvements to the data gathering instrument.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

In this chapter the study presents the social demographic information of the respondents, such as gender, education background, and experience with GBV. Also, in this section the study discusses the relationships of independent and dependent variables in connection with the research objectives. Then the study presents the analysis of the data gathered in different forms such as figures and tables and so forth.

4.2 Social Demographic Information of the Respondents

This section presents the social and demographic information of the respondents. It began with the gender and educational background of the respondents, and then moved on to their experiences with GBV after that. The primary purpose of this study was to investigate the respondents' relationships with one another as well as their understanding of the factors that influence help-seeking behavior in response to GBV in a humanitarian context.

Table 4.1: Profile of the Key Informant Respondents

| | | Frequency (%) | Percent (%) |
|---------------|----------|---------------|-------------|
| Gender | Male | 9 | 20 |
| | Female | 36 | 80 |
| | Total | 45 | 100 |
| Age | 18-35 | 17 | 38 |
| | 36-45 | 19 | 42 |
| | 46-55 | 7 | 16 |
| | Above 55 | 2 | 4 |
| | Total | 45 | 100 |

Source: Field Data, (2022).

According to the findings of the research, there were only nine male participants who responded to the survey as key informant (20%), whereas there were thirty-six female respondents who took part in the research as key informant (80%). This indicates that the majority of the key informant in the study was female. The results of the study revealed that the respondents' ages fell into a variety of categories. 17 participants (36%) ranged in age from 18 to 35 years old; 19 respondents (42%) ranged in age from 36 to 45 years old; 7 participants (16%) ranged in age from 46 to 55 years old; and 2 respondents (4%) were 55 years old or older.

This finding may suggest that the majority of respondents in the humanitarian setting are of a younger age, which indicates that these individuals are more likely to be enthusiastic, skilled, and may have taken a variety of classes at colleges and universities while still having the energy to participate in the various training and GBV programs to support GBV victims who are seeking help-seeking service.

4.2.2 Education Level

Due to the fact that the data for the study was gathered through the use of a key informant method, it was essential for a researcher to be aware of the educational background of each key informant in order to determine how it related to the findings of the study. As a result, it was requested of key informants that they briefly describe their level of education, particularly in relation to gender-based violence and help-seeking behaviors. The researcher conducted an analysis of the education level in terms of the completion of secondary school, diploma, degree, master's, and above master's degrees.

The data showed that the majority of the respondents held degrees, accounting for 80% of the total, while there were none of those who held a diploma level of education. 20% of the respondents had education levels that were higher than degree level. As a result of this, the study found that the majority of employees working in the non-governmental organization (NGO) sector and humanitarian settings, in general, were qualified in terms of education and understanding on gender-based violence (GBV) issues and the provision of GBV help-seeking services. Taking into consideration the purpose of the research, it was determined that the level of education was one of the factors that had a beneficial impact on the provision of assistance services in humanitarian settings.

Table 4.2: Education Level of Key Informant

| Education Level | Frequency | Percentage |
|------------------------|------------------|-------------------|
| Secondary | 0 | 0% |
| Diploma | 0 | 0% |
| Degree | 36 | 80% |
| Above Degree level | 9 | 20% |
| Total | 45 | 100% |

Source: Research data, (2022).

4.3 Presentation and Discussion of Findings Based on the Study Objectives

The specific objectives of the study included determining the awareness of help-seeking behavior among women and men in response to GBV, examining the accessibility of existing help-seeking support services and determining the role of sensitization and education programs on help-seeking behavior among community members. The findings and discussion will be organized according to the specific objectives.

4.3.1 Awareness of Help-Seeking Behavior among Women and Men in Response to GBV in Nyarugusu and Nduta Refugee Camps

Awareness of help-seeking behavior among women and men in response to GBV in Nyarugusu and Nduta refugee camps was the initial focus of this research, as it was the first objective of this study. In response to gender-based violence in Nyarugusu and Nduta camp, one of the questions that was asked concerned the availability and accessibility of help-seeking services for both women and men. In addition to this, the researcher was interested in the respondents' level of comprehension regarding help-seeking behavior and the general issues surrounding GBV.

In order for the researcher to evaluate the first objective, the researcher had to consult with a variety of camp leaders and stakeholders, including staff members from the International Rescue Committee (IRC), the United Nations High Commissioner for Refugees (UNHCR), community development officers, and others. Participants for the focus groups were recruited from both camps with the assistance of the camp management agency which is Danish Refugee Council (DRC) as well as UNHCR field officials and the office of Camp Commandant from Ministry of Home Affairs' Department of Refugee Services. Participants from two distinct camps took part in the focus group discussions that were held.

The research study had a total of 85 participants, including 45 respondents (9 male and 36 female) who took part in one-on-one interviews, and 40 (20 male and 20 female) additional respondents from the focus group discussion in both camps. The focus groups were sex-segregated members and had a total number of 10 participants. The researcher was able to gather information about the availability and

accessibility of help-seeking services for both women and men by participating in focus group discussions. The length of time spent in focus group discussions was roughly one to two hours. The discussions that took place in the focus groups were recorded on tape, and immediate notes were taken at the same time. These notes were later supplemented with comprehensive information taken from the recordings. The utilization of this methodology made it possible for the research to accomplish its "dual goals of developing a rich data set and completing the process efficiently.

Following the analysis, the findings of the first objective of this study indicated that the nature and state of help-seeking behavior among refugees are considered to be an emergent category, which continues to resonate with refugees. It was discovered that refugees, both women and men, look for help and other information related to GBV in order to satisfy their requirements, and this was one of the findings. Refugees will typically seek assistance from institutions located within the camps, as well as other sources, such as areas of the camps that are frequently visited. The study went on to find that the nature of help-seeking behavior among women and men in relation to instances of GBV is centered on their motivations and concerns regarding their safety and security.

During the discussion that took place in the focus group, one of the participants shared their opinion that

"the majority of the refugees may not seek-help in relation to GBV related cases because they fear more discrimination, abuse, sexual assault, or separation from their families." The respondent went on to say that "sometimes the situation and environment make me feel that I am not safe, and I even think of not seeking help or doing something rather than just staying quiet or hiding," as quoted in the previous sentence.

During the interview, the researcher heard from other respondents who said things like,

"I have experienced domestic violence in the past, but I am even afraid to go and look for support from his family." The reason for this fear is that I am afraid that if I go and seek help, I will be discriminated against even more or that I will be separated from my family because the person who did that was a close friend of my family.

During the process of collecting data, several respondents pointed out that the status of help-seeking behavior in the two refugee camps does not meet the requirements, which was confirmed by the findings of the investigation. This is due to the fact that, as one of the respondents pointed out, the help-seeking service in some way is not conducive to meeting the needs of the Victims. This is because of the fact that the victims experienced violence while fleeing to seek refuge in a different country. Even in the camp, where we are supposed to be protected, there are times when we have to deal with challenges and difficulties.

One of the refugees pointed out that:

Everyone is treated with respect and dignity here at our camp, and anyone can come to us for assistance with a variety of problems, such as discrimination in camp or a lack of safety in camp. However, the leaders of the camp give preference to refugees from the same country, even though this creates uncertainty regarding their stay in the camp, trust issues, "harassment" within the camp, concerns regarding security, uncertainty within the camp, and threats within the camp. People are not always treated equally, which leads me to believe that it is not always fair everywhere.

Furthermore, on the nature and status of the help-seeking behavior among women and men in the refugee camps in regard to issues of Gender-Based Violence (GBV). It was mentioned that help-seeking services are offered within the camp in a variety of categories, such as camp leaders, family members, and the most important one,

which is the frequently visited areas in camp, which include a hospital, a dispensary, churches, and schools, and so on. The majority of people, including women and men, go to the area that is frequently visited not only to ask for assistance when it is required but also to pass along and use information within the camp. Information pertaining to Gender-Based Violence (GBV) awareness is typically presented verbally by UNHCR officials, MHA officials, partners, and camp leaders. This information is also displayed on noticeboards and signboards, which may be printed, handwritten, or both.

It is also very important to note that the study revealed a huge contribution from different institutions and corporations in relation to help-seeking services within the refugee camp. These existing corporations and institutions in the camps have different programs around GBV for instance, there is one program known as Go-and-see Visit, this is a program that provide an opportunity that allows assigned refugees to visit their native countries to see if they are safe to return. Also, there is another program called Violent against women and children which is focus on advocating gender-based violence against women and children residing at the refuge camps. Also, there are other NGOs that offer services related to GBV to refugees in camps.

4.3.1.1 Ability to Seek Help among GBV Victims in Humanitarian Settings

The study further examines the ability of victims to access help-seeking services in the camp. It was pointed out by several respondents during the group discussion that help-seeking behaviour among the victim in the humanitarian setting is preceded by a decision made by the victims' behaviour and expectations before and after the

ability to seek care and services related to GBV incidents. There are various factors that were mentioned to be among the hindrance to seeking help among the victims, such as personal values and attitudes, cultural norms, accessibility, fear of retaliation from the perpetrators and systemic factors including unavailability of some services.

In addition, the study revealed that the majority of women in the camp had previously felt ashamed, embarrassed or blame to disclose the issue related to rape or sexual violence, especially with close family members or friends. Also, terrified of further violence, fear of safety and security while in camp or sometimes the victim is being threatened by the perpetrator which results to inability to seek help. This finding is related to the study done by Deyessa (2010) which revealed that violence against women was perceived as normal, acceptable and justifiable if it happened in marriage between husband and wife. Also, it further found out that majority of women believed that men have a right to beat their wife when she refuses to have sex with him, or abandon the family or household care.

According to the findings of the first objective, which investigated the awareness of help-seeking behavior among men and women in the refugee camps in relation to issues of Gender-Based Violence (GBV), it was discovered that fewer men than women sought help for GBV-related issues. According to the findings of the research, many refugees who are housed in the Nyarugusu and Nduta camps seek assistance while they are there; however, the vast majority of these individuals do not consider the information or assistance that they receive to be useful because it does not satisfy their requirements. It is important to note that according to some of the findings in the first objective of this research, it was reported that there are

refugees who have been raped in camp and gotten pregnant and have kept the child. This is something that should be taken into consideration, as it is important to note.

However, because of the unfavorable circumstances, the victims did not seek help out of fear of becoming additional victims. This fear prevented the victims from seeking assistance. Accordingly, the researchers have come to the conclusion that it is of the utmost significance for all parties involved in the operation of the camps to maintain their commitment to the protection of the rights of women and all other people residing in the camps by maintaining their commitment to the implementation of various programs designed to reduce the incidence of gender-based violence within the camps. It was further noted that the majority of refugees strive for security and safety in the camp, which is one of the reasons most of them failed to seek help when they were violated by someone who worked at the camp because they feared being repatriated to their home countries.

These findings are related to a study that was conducted by Obodoruku in 2014, which revealed that the majority of refugees in humanitarian settings have a tendency to strive for security and safety both while they are living in the camp and when they are repatriated or returned to their home countries. Because of the lack of safety and security in their home countries, some refugees are unwilling to go back to their countries of origin and instead choose to remain in the refugee camps where they were originally housed. However, because of the lack of safety and the ongoing conflicts or wars in their countries of origin, some refugees continue to look for asylum in a variety of different countries or with the assistance of the UNHCR.

In addition, the findings of this study pertain to objective one regarding the behavior of women and men in a humanitarian setting when it comes to seeking help. The findings are consistent with those of a study conducted in southwest Ethiopia by Deribe et al. (2012), which found that the majority of women, the majority of whom are housewives, were less likely to report sexual violence than working women. These findings corroborate the findings of the study. This is due to women not being aware of their rights, having limited access to information about those rights, and there being no laws in place to protect women from intimate partner violence (IPV).

These findings were also observed in a multi-country systematic study that was carried out by Refaat (2013) in low-income countries including Ethiopia (Bangladesh, Cambodia, Colombia, Egypt, Ukraine, and Zambia). According to the findings, a high maternal and partner education level, urban residency, a higher level of household wealth, and working or employed women were more likely to access information about health and modern medicine through mass media, printable materials, and peer discussions, which increased maternal health service utilization after experiencing IPV.

4.3.2 Accessibility of Existing Help-Seeking Support Services in Nyarugusu and Nduta Refugee Camp

The study's second objective was to assess survivors' access to GBV services and support within and outside the camp. There are places and institutions both inside and outside refugee camps that offer services to help those seeking assistance with GBV issues. These services include health and psychological support, protection from injustice, legal aid, education and information services, and training.

The findings showed that hospitals, clinics, and other services are ready to support survivors of gender-based violence. They provide medical and emotional help, legal documentation, information on legal aid, counselling services, support groups, and safe places for survivors who can't go back home. In many communities, the police station and clinic/hospital are not conveniently located near each other. However, it is crucial for survivors to have easy access to medical support and gather evidence for legal purposes, especially in cases of sexual violence.

The findings of the study indicated that over the course of the past two years, there were a total of 173 newly reported instances of gender-based violence (GBV), and of these newly reported instances, a total of 97% involved women and young girls. These instances of gender-based violence involved rape, physical assault, the withholding of resources, and psychological and emotional abuse, among other forms of abuse. It has been reported that the majority of refugees currently housed in this camp are still impacted by each of these issues. In general, the abuse of alcohol and drugs, disagreements over the rights to reproductive health care, polygamous marriages, gathering wood for the fire, early marriage, and inadequate housing conditions were reported as key contributing risk factors (tents). It was reported that approximately 407 new refugees in camps had been victims of sexual or gender-based violence (127 men and 220 women).

One of the staff members from the IRC presented the findings data set, which indicated that out of 104 cases of GBV that were reported, all of the victims were female, while only one male victim was reported. It is important to note that incidents of gender-based violence (GBV) can sometimes be found to be increasing

or occurring due to other factors like the arrival of new refugees in a camp. The vast majority of perpetrators are preying on newly arrived refugees who are afraid for their safety and security. According to this finding, a greater proportion of women than men tend to report incidents. This is in contrast to the situation in which more males tend to report incidents. This is due to the fact that every incident that was reported was caused by a variety of factors, the vast majority of which have an effect on women and young girls, such as abuse of power, excessive use of alcohol, and conflict within the family.

During the discussion that took place in the focus group, it was brought to everyone's attention that in the past year there has been a decline in the number of cases of GBV that have been reported, as well as an improvement over the cases that were reported in earlier years. This has been made possible as a result of a variety of programs, one of which is the EMAP GBV prevention programmes implementation, which was carried out by the Internal Rescue Committee (IRC) with the assistance of UNFPA. The program's primary objective was to prompt male participants to examine the manner in which they interacted with their wives and other members of their families.

One of the respondents said that:

IRC provides us with the opportunity to enroll in training and gain knowledge about gender, gender equality, and gender-based violence (GBV), in addition to human rights and women's empowerment. The training takes place over the course of several weeks and focuses on gender and GBV. During the training and learning session, IRC facilitators ask participants to talk about behaviors that need to be addressed in a camp that relate to GBV. The training is about gender and GBV.

Furthermore, it was stated that:

Also, one of the respondents cited a statement made by one of the refugees, which went as follows: "I want to say that I was once a perpetrator of Gender-Based Violence because I used to beat my wife and push her verbally insult her, and I cannot remember if I ever assisted my wife in any work at home." However, as a result of raising my awareness and participating in training and learning sessions, I have changed, and I now feel like a different man—one who is more accountable to his wife and more caring toward her.

4.3.2.1 Experience of GBV and Help-Seeking in the Camp

The researcher had an interest in finding out whether or not refugees are aware of the help-seeking as well as their perceived behaviour towards GBV and service provision in the camp. As a result, the response to this question was evaluated based on the various questions that were brought up during the focus group discussion with a total of 12 respondents, six of whom were refugees and the remaining six were representatives from the UNHCR, the International Rescue Committee, camp leaders, and the local government.

One of the questions that were brought up during this conversation was whether or not a refugee had ever been the victim of physical or sexual violence. The researcher inquired as to whether there had been any recently reported instances of GBV and inquired as to the responses given by various parties. Because it was mentioned by one of the respondents that sometimes their husbands force them to have sex against their wish which they find to be inappropriate and okay, the results showed that the majority of people who experience both sexual and physical abuse are women. This is because the results showed that women are the ones who experience both types of abuse.

4.3.2.2 Knowledge of Help-Seeking Immediate after Exposure to GBV Issues

The purpose of the study was to gain a better understanding of the level of knowledge and awareness that victims have regarding the appropriate timing for post-exposure services. The researcher talked to and interviewed several people who had survived sexual abuse while they were at the camp. The majority have reported having been affected and who suffer from a wide range of health problems, including sexually transmitted diseases and some reported unwanted pregnancies.

During the discussion that took place in the focus group, it was suggested that within the camp there should be a number of people and organisations that support and provide services related to preventive anti-retroviral therapy and HIV post-exposure prophylaxis to survivors of sexual violence within 72 hours. This would decrease the likelihood that they would be affected by the situation. In addition, one of the respondents emphasised that among the recently reported cases, there has been an increase because there are organisations in the camp that help in raising awareness of seeking help and advocating against GBV.

In addition, as was mentioned during the discussion with the group, the findings of the study demonstrated that there is a difficulty in terms of the accessibility of victims who have health-related requirements. It was pointed out that due to the fact that the majority of refugees in the camp are very keen to their safety and security regardless of their rights to report the GBV cases, but they fear that the level of security is still an issue, as a result, they failed to report those cases. This is because of the fact that the majority of refugees in the camp are very keen to their safety and security. It has been reported that victims of GBV, particularly those whose

experiences relate to IPV, lack information about the GBV services that are available in the camp.

According to a number of respondents, the vast majority of victims were clueless regarding what they should do and where they should go. Because of this, there were instances in which women and girls who had survived violence decided not to report it or seek help for it. According to Gossaye et al. (2004), health care providers typically do not consider screening patients for violence and providing information or support to victims as part of their role. Additionally, they do not believe that screening patients for violence is necessary. Instead, patients were only given medical treatment that was relevant to their clinical presentation, and then they were discharged.

The degree to which women and men in a humanitarian setting regard GBV as a normal phenomenon, as well as the gender norms that have traditionally been upheld in society, played the most significant role in determining whether or not women and men who were victims of GBV sought assistance. In line with findings from Mali, Rwanda, Uganda, Benin, and Zimbabwe (Lelaurain et al., 2017), the current literature review discovered the acceptance of GBV incidents as a part of gender roles. [Citation needed] [Citation needed] Women were pressured by society to put up with abusive and controlling behavior from their partners in order to protect their children or maintain their romantic relationships.

Intimate partner violence (IPV) was seen as a private matter by the majority of women and they acknowledged that it is natural for married couples to argue and

fight with one another. When a partner beat his wife and then forced them to have sex, intimate partner violence was seen as acceptable. The victim has the impression that the health service was not required because the circumstance was not particularly serious or because they had already discussed the matter with another person. In a similar vein, women have a tendency to ignore the problem of intimate partner violence (IPV) out of fear of repercussions, social isolation, shame, embarrassment, and blame from society. The inability to recognize violent behavior or the perception that such behavior is acceptable or unimportant makes it difficult to get help.

As the husband is considered to be the head of the household in Tanzanian culture, he has the right to have sexual relations with his wife at any time and in any manner. It is acceptable for men to take on a controlling role, and the power dynamics, in conjunction with a lack of autonomy, prevented women from leaving the house to seek medical attention outside the home. This finding is consistent with findings from Kenya and Cambodia, which demonstrated a lack of autonomy among abused women in decisions regarding reproductive health and exhibited a higher fertility rate among IPV survivors.

This finding demonstrates a lack of autonomy among abused women in decisions regarding reproductive health (Jalu et al., 2019). This higher fertility rate among victims of violence could be explained by forced sex as well as lower utilization of family planning services. [Citation needed] [Citation needed] The combination of all of these factors discourages women from seeking medical attention.

4.3.3 Role of Sensitization and Education Programs on Help-Seeking Behavior Among Community Members in Nyarugusu and Nduta Refugee Camps

The third goal of this research was to determine the role of sensitization and education programs on help-seeking behavior among community members in Nyarugusu and Nduta refugee camps. According to the findings of the study, there are many different effective interventions at the camps, and these interventions were examined in order to address key factors that influence the victims' decision to seek help while they are in the camp. As a result of the information that was gathered during the focus group discussion, it was discovered that in addition to awareness and knowledge, there are other factors that influence the behavior of the victims when it comes to seeking help.

These other factors include social and cultural norms as well as values that give priority to males over females in multiple ways, as well as safety and security concerns in the camp when the incidents were reported. In general, it was brought to light that the stakeholders who were working at the two camps play a significant role when it comes to the raising of awareness, which helps save lives and reduce morbidity associated with violence against women and men in humanitarian settings.

In addition, it was found that there is an effective health care system as well as a service for seeking assistance that can be utilized by both women and men in relation to GBV. According to the research carried out by Garca-Moreno et al. (2015), a variety of health sector interventions have been identified as having the potential to increase the rate at which women and men who have been victims of GBV seek assistance from the services available to them. The most important one is proactive

detection, which is then followed by acute and long-term management as well as support for victims of violence at the facility level and/or the system level.

An intervention that is considered to be of the facility-level variety is one in which a series of services are delivered at the same facility by the same or different providers. When we talk about "systems-level integration," we're referring to the coordination that exists between multiple facilities thanks to a referral system that's easy to understand. Both methods have their own unique difficulties, but they have proven to be effective for the health sector in actively responding to intimate partner violence, which affects the number of IPV survivors.

Additionally, it was reported that the majority of people are aware of the benefits of seeking help in regard to cases of GBV, and that stakeholder-based support and advocacy groups within the refugee camp areas are typically used to raise awareness and educate as well as communicate women and men against GBV and encourage gender equality. In addition, it was reported that the majority of people are aware of the benefits of seeking help in regard to cases of GBV. For example, one of the people who participated in the group discussion was quoted as saying,

"My close friend and I recently participated in the GBV program that IRC implements in collaboration with UNHRC as well as in coordination of the ministry of health." This statement was made in reference to the fact that both of them had recently taken part in the GBV program. During the process of putting the program into action, numerous messages and pieces of information were conveyed using a variety of channels, such as through the participation of camp leaders, groups, campaigns, and the broadcast media. The program contributed to an increase in awareness on the benefits of seeking help, and it also resulted in a reduction in the number of cases of domestic violence at some point".

It was also mentioned that the majority of people are aware of the benefits of seeking help; however, due to the fact that the majority of the time the perpetrators in IPV

cases are usually men, advocacy should engage local exemplary men role models in addition to religious and camp leaders in order to eradicate all instances of GBV in the camps. A study that refers to men's engagement and a gender transformative program in Rwanda found that men's commitment to transforming gender norms brought about great equality and better health, particularly in terms of reducing gender-based violence (GBV). These findings are in line with the findings of the previous study (Guracho, et al., 2018).

In addition, the research discovered that there are numerous awareness programs that have been established in the context of refugees to advocate against Gender-Based Violence (GBV). For instance, two refugee programs that were carried out by the International Rescue Committee (IRC) and CARE international had reported having positive changes in terms of increasing awareness of help-seeking in regard to gender-based violence (GBV), as well as fighting against gender inequality among male and female refugees. These programs included things like education, modifying behaviors, providing support for sustaining livelihoods, counseling, clinical services, and legal services, among other things.

In addition, it was mentioned that the program helped survivors of GBV with their means of subsistence, offered response services such as the documentation of GBV cases, referrals, counseling and psychosocial support, clinical services, legal and litigation support, and a safe haven for survivors. Awareness of the effects of GBV has increased substantially as a result of outreach campaigns conducted by organizations such as CARE. In addition, awareness that GBV is not a religious obligation has also increased, which has been reinforced by religious leaders. It has

been reported that the overall rate of gender-based violence has decreased, though it is not clear how this was measured.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Help-seeking behaviors of women and men subjected to Gender-Based Violence (GBV) in a humanitarian setting are influenced by various factors, including those at the individual, social, and health system levels. Individual factors include attitudes and beliefs regarding GBV, women's core values concerning health and illness, knowledge regarding violence, and health literacy. Other individual factors include knowledge regarding violence. Help-seeking behaviors of women and men who have been victims of GBV are also influenced by a number of social factors, including gender roles and norms, power dynamics and variations in decision-making ability, social support, sociocultural and economic factors. On the other hand, the status of seeking assistance in a humanitarian setting is one that is welcoming and conducive. This was determined by factors such as the availability of skilled health care service and the interventions of programs.

Traditional gender norms have been the most significant factor among all of these factors in influencing the behavior of women and men who have been victims of gender-based violence in humanitarian settings to seek help. The majority of victims are able to tolerate the incident and view GBV, particularly incidents related to IPV, as being normal and not a serious event that occurs in marriage. When women experience intimate partner violence (IPV), they are less likely to want to seek assistance from health care providers because of the gender roles they are expected to fulfill in marriage, which include caring for their children and their relationship.

In addition, the sensation of shame, embarrassment, being judged or criticized, or fears of retaliation prevent women from disclosing the violence that they have experienced. It has been discovered that these factors, along with the professional stigma and discrimination in the provision of health care, are the primary factors contributing to the low health care utilization rates of women who have been the victims of GBV incidents.

The suggested effective intervention for increasing uptake of victims of violence in the humanitarian setting, particularly in health facilities, focuses on active screening and the provision of comprehensive and coordinated clinical, psychological, and SRH management services in addition to providing social and legal support to the victims. Additionally, providing continuous medical education and regular training to health care providers on the management of GBV and a non-judgmental approach are also important components of this intervention. In the meantime, the participation of policy makers in the development of guidelines and protocols for an all-encompassing three-tier model, in addition to ongoing monitoring and evaluation of the program, have contributed to the success of the intervention in the humanitarian setting.

5.3 Recommendations

5.3.1 The Level of the Community

The following suggestions are offered to local NGOs, media outlets, and civil society organizations that are active in the humanitarian setting and have the ability to influence those organizations:

1. Make existing refugee camp networks stronger and use them as the central

engine for spreading the message that gender-based violence is not acceptable and that women's rights should be protected. This assists people, particularly women, in gaining an understanding of gender equality, equity, negotiation skills, decision-making, and autonomy, as well as in transforming their attitudes regarding the violation of their rights.

2. Empower women by providing them with activities that generate income as well as other financial incentives such as conditional cash transfer and voucher scheme to help them overcome the indirect and opportunistic cost barriers that prevent them from accessing health care.
3. Involving men as change agents in group health education and discussions to promote gender equality, equity, and improve shared decision making, as well as involving men on reproductive health issues as part of human right Involving men on reproductive health issues as part of human right.
4. Mobilization of the community through on-going engagement with religious, traditional, and opinion leaders in addition to local media and campaigns to address gender inequalities and cultural norms regarding intimate partner violence (IPV).

5.3.2 The level of Policy

The following recommendations are made to legal affairs, which are involved directly and indirectly in addressing the health concerns and the well-being of the refugees:

1. Engage in advocacy work on behalf of politicians in order to strengthen their commitment to formulating and implementing policy documents and developing champions for gender equality.

2. Conduct a comprehensive review of the National Health Policy, the Health Sector Transformation plan, the Reproductive Health Policy, and integrated Gender-Based Violence management and advocacy.
3. Conduct a review and redesign of the pre-service curriculum, as well as continuous education and in-service trainings, with the goals of addressing the following topics: basic knowledge and skills towards managing violence; knowledge of existing services that may offer support to survivors of GBV including laws that are relevant to victims of GBV; positive attitudes and/or appropriate behavior among health-care providers when managing victims of violence; and the health-care providers' own personal experiences of partner and sexual violence.
4. Establish a transparent system of cross-sectoral collaboration and coordination in order to put into action interventions that effectively encourage women to seek help when they need it.

5.3.3 The Level of Research

The following suggestions are offered to professional associations and research institutes that are engaged in the study of GBV:

1. It is imperative that additional studies be carried out on the topic of behavioral change in relation to the perception of GBV in humanitarian settings. This can help to provide more insights into how to prevent and reduce GBV as well as improve the behaviour of women and men who have been subjected to GBV when it comes to seeking help.
2. Studies should be conducted on how to encourage women and men who have been subjected to GBV to seek assistance, as this will have an effect on

increasing the number of times women who have been subjected to GBV use health care services.

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APPENDICES

Appendix 1: Key Informant Interview Guide

1. What types of violence do you most encounter here? (The approximate numbers of survivors per week, ages, marital etc.)
2. What is the range of services available within the area? Are these services free? If not, what is the cost?
3. Is this the first place the survivors come for help? If not, in your opinion, where do they go first?
4. How does help-seeking differ based on type of violence experienced by the survivor?
5. How do you work on ensuring survivors have all necessary information and knowledge in regard to help seeking service?
6. What are the barriers you know of, that prevent survivors from seeking help? (Probe for economic, structural, individual and social barriers)
7. What are the main manifestations of GBV in humanitarian setting? (Probe: Given that there are different types of GBV, such as, rape, sexual harassments, exploitations and abuse, trafficking etc.)
8. Who is this violence perpetrated against? (Probe: women, girls, men, boys, religious/ethnic minorities etc.)
9. What characteristics do perpetrators have? (Probe: sex, age, socioeconomic, background etc.)
10. What are the factors that may trigger and lead to the GBV survivor to seek help?
11. Is there any available information in regard to help-seeking service within the area?

12. How frequent do GBV survivor seek-help available within the area?
13. What could be improved in regard to help-seeking behavior among GBV survivor?

Appendix: Key Informant Interview Guide (Survivor)

14. What types of violence do you most encounter here? (The approximate numbers of survivors per week, ages, marital etc.)
15. What is the range of services available within the area? Are these services free? If not, what is the cost?
16. Is this the first place the survivors come for help? If not, in your opinion, where do they go first?
17. How does help-seeking differ based on type of violence experienced by the survivor?
18. What are the barriers you know of, that prevent survivors from seeking help? (Probe for economic, structural, individual and social barriers)
19. What are the main manifestations of GBV in humanitarian setting? (Probe: Given that there are different types of GBV, such as, rape, sexual harassments, exploitations and abuse, trafficking etc.)
20. Who is this violence perpetrated against? (Probe: women, girls, men, boys, religious/ethnic minorities etc.)
21. What characteristics do perpetrators have? (Probe: sex, age, socioeconomic, background etc.)
22. What are the factors that may trigger and lead to the GBV survivor to seek help?
23. Is there any available information in regard to help-seeking service within the area?
24. How frequent do GBV survivor seek-help available within the area?
25. What could be improved in regard to help-seeking behavior among GBV survivor?

Appendix 3: Themes for Focus Group Discussions

26. Understanding of gender-based violence.
27. Type of violence women and men in this region experience most.
28. Description of experience of violence.
29. Whether women and men seek help when they experience GBV or not.
30. Place and frequent of where GBV survivors seek help.
31. Challenges women and men encounter when they seek help pertaining to GBV.

Appendix 4: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
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21st July 2022

Zonal Coordinator,
Ministry of Home Affairs,
Refugee Services Department,
P.O Box 1012,
KIGOMA.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Edison Dickson, (Reg No: PG201985799)** pursuing **Master of Monitoring and Evaluation**. We here by grant this clearance to conduct a research titled **“Factors Influencing Help Seeking Behavior in Response to Gender Based Violence in Humanitarian Settings”. A Case of Ngarugusu and Nduta Refugee camps**. He will collect his data in Ministry of Home Affairs, IRC and TRCS sections in Nyarugusu Camp, Ministry of Home Affairs, MSF and Police sections in Nduta camp between 25th July to 25th August, 2022.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly, thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours,

THE OPEN UNIVERSITY OF TANZANIA

Prof. Magreth S. Bushesha
DIRECTOR OF POSTGRADUATE STUDIES.