

Analysis of The Way The Genocide Against The Tutsi Affected Women In Ngororero District

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ABSTRACT:- The specific objective of this study was to analyse the way the genocide against Tutsi affected women in Ngororero District.

The researcher used the purposive sampling technique while selecting the respondents. The researcher selected the respondents based on those who have enough information on the matter of violated women during the 1994 Genocide against the Tutsi, local leaders, women survivors of genocide and officials of AVEGA in Ngororero District and the respondents were chosen based on their willingness to share the information with researcher. They were reached through field visit and phone calls.

The study found that that 100% of respondents affirmed that the post-traumatic stress reactions were especially elevated in victims of sexual violence during the Genocide against the Tutsi during 1994 who had experienced a high number of traumatic events, had poor physical health and were lacking in social integration. The respondents affirmed that this post-traumatic stress reaction has been overcome where it is on 29.4% today because of the counseling they got from IBUKA, AVEGA and SEVOTA, and 100% of respondents added that they have fear, 79.4% of the respondents live in isolation while 97% affirmed depression and 100% of respondents talked about hopeless some days after genocide.

After analyzing the findings, the recommendations have been provided to different stakeholders and women survivors of the Genocide against the Tutsi themselves.

I. STATEMENT OF THE RESEARCH PROBLEM

Women violated during genocide continue to suffer and the different partners are doing nothing to solve their problems. Apart from that, a lot of data on that situation are always unfound. We cannot believe that the women will find rescue from their bad situation left by genocide. There are untold stories from the victims of sexual violence in Ngororero District. When their situations continue to be hidden, unknown, for consequences they continue to suffer, the government and partners cannot intervene to help those women when they don't know the problem to solve for them. To help those women is to help the community. There is need to identify their problem and advocate for them on to who are concern to help and solve their problems.

II. DEFINITION OF KEY TERMS

Gender based violence

According to the prevention and punishment of GBV law in Rwanda, gender based violence is any act that results in a bodily, psychological and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households them (GoR, 2008).

Genocide

UN (1948) has defined Genocide as follows: "genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group as such: a) killing members of group; b) causing serious bodily or mental harm to members of group; c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; d) imposing measures intended to prevent births within the Group; e) forcibly transferring children from one group to another group".

Rape

WHO (2002) has defined rape as physically forced or otherwise coerced penetration even if slight of the vulva or anus, using a penis, other body parts or an object. During genocidal process, there are many crimes of rape that happen as such as systematic mass rape, forced maternity, rape as a means of murder, and sexual torture, gang rape, coerced rapes between family members, sexual mutilation, forced prostitution, sexual slavery, rape in rape camps, women forced to 'marry' perpetrators.

Sexual violence

The World Health Organisation which is in charge of health managed, define sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (WHO,2002).

Victim

A victim is a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence (CPS, 2013).

Psychosocial problem

Psychosocial problems include the broad spectrum of everything that is not strictly medical-somatic. They affect the functioning of the patient in daily life, and concern his environment and/or biography. On the one hand, it concerns different psychological problems such as: feeling anxious/nervous/tense, (posttraumatic or acute) stress, depression and feeling depressed, burn out, loneliness, irritability, sleep disorder, sexual problems, tics, alcohol abuse, tobacco abuse, drug abuse, memory problems, behavior problems, learning difficulties, phase of life problems, fear of mental illness, psychoses, schizophrenia, anxiety(disorder), somatization disorder, suicide/suicidality, neurasthenia/surmenage, phobia/obsessive compulsive disorder, personality disorder or identity problem, hyperkinetic disorder, intellectual disabilities and eating disorders. On the other hand, it concerns different social problems such as: poverty/financial problems, housing problems, problems with food/water, social-cultural problems, problems with work or unemployment, school problems, problems with social security, with health care, legal problems, adjustment problems, loss/death of family/partner and educational problems(Lena Vannieuwenborg, Jan De Lepeleire & Frank Buntinx, 2016).

III. LITERATURE ON HOW GENOCIDE AGAINST THE TUTSI AFFECTED WOMEN IN NGORORERO DISTRICT

According to Llezlie (2011), the campaign against the Tutsi women preceded the Genocide against the Tutsi from 1990, gender hate propaganda was the most virulent component of the propaganda campaign anti - Tutsi. Tutsi women were portrayed as enemies of the state. Through the discourses of propagandists, rape served to shatter the images of Tutsi women by humiliating, degrading, and ultimately destroying of them. No member of the military shall marry a Tutsi woman. Women Tutsi were demonized by propagandists. The relationship between gender – based hate propaganda and sexual violence is clear because propagandists used sexualized images of Tutsi women to instigate ethnic hate and conflict and the results were the cruelty of death of women Tutsi based on both ethnic and gender stereotypes fuelled the sexual violence committed against the Tutsi women.

Tutsi Women were mutilated and humiliated publicly, some of them were stripped and/or slashed and exposed to public mockery, and others had pieces of trees branches pushed into their vagina, tortured, cutting of their breasts and buttocks by perpetrators.

Weaver (2010) said that within context of total war, women suffer not merely as collateral damage, but their bodies have taken on strategic importance. In Rwanda they have served as chamber pot for interahamwe militias and symbol of conquering military's honour (and the dishonour of defeat) as well as targets in and of themselves. Military sexual slavery has continued throughout the twentieth century and systematic or strategic rape as military policy played an important role in the Genocide against the Tutsi.

Sai (2012) stated that in the objective of ethnic cleansing, Rape was used as a means of stripping Tutsi women of their dignity and identity. This is part of the tactic to treat Tutsis as subhuman, as cockroaches, which they were called in the hate propaganda. Mutilation was used as a way to forcibly sterilize Tutsi women to stop them from having children. Also, in a patriarchy such as Rwanda, any forced pregnancies result in babies who take the father's (the perpetrator's) ethnic identity. Another way in which sexualized violence was used to ethnically cleanse was through the transmission of HIV. This is explained in the way that many women who were violated sexually in Ngororero district found themselves with HIV/AIDS that they did not have previously. The consequence was double including physical harm and historical harm of HIV which is a deadly disease.

A large number of women became pregnant as a result of rape during the Genocide against the Tutsi. Pregnancies and childbirth among extremely young girls who were raped have also posed health problems for these mothers. The "pregnancies of the war" in Rwanda were estimated by the National Population Office to be between 2,000 and 5,000 (UN WOMEN, 2013) sexual violence against women during the Genocide against the Tutsi in 1994, for that the concern of this study is to search on it.

IV. RESEARCH METHODOLOGY

The study was carried out in Ngororero District. The District hosts 174 women's genocide survivors and the ones who were violated during the Genocide included. The researchers have used the purposive sampling technique while selecting the respondents. The researcher have selected the respondents based on those who have enough information on the matter of violated women during the 1994 Genocide against the Tutsi, local leaders, women survivors of genocide and officials of AVEGA and SEVOTA in Ngororero District and the respondents were chosen based on their willingness to share the information with researchers. They were reached through field visit and phone calls.

ANALYSIS ON THE WAYS THE GENOCIDE AGAINST THE TUTSI AFFECTED WOMEN IN NGORORERO DISTRICT

This section shows the way the Genocide against the Tutsi affected women in Ngororero District

1. Psychological consequences of women violated during the Genocide against the Tutsi

In the aftermath of 1994, genocide survivors showed high rates of mental health and psychosocial problems due to the inconceivable, dehumanized brutality that the majority of them had been exposed or witness to. Entire family systems as well as the general social public that formerly provided support were destroyed due to losses of family members and growing mistrust and fear following the Genocide against the Tutsi. This part shows the changes which occurred to genocide survivors after 23 years as they are described below as follow:

Table 1: Psychological consequences of women violated during genocide against the Tutsi

Psychological conditions	Some days after genocide		Today	
	Frequency	%	Frequency	%
Post-traumatic stress reactions	68	100	20	29.4
Fear	68	100	12	17.6
Isolation	54	79.4	14	20.6
Depression	66	97	15	22
Hopeless	68	100	10	14.7

Source: Primary Data, December 2017

The table 1 shows that 100% of respondents affirmed that the post-traumatic stress reactions were especially elevated in victims of sexual violence during the Genocide against the Tutsi during 1994 who had experienced a high number of traumatic events, had poor physical health and were lacking in social integration. The respondents affirmed that this post-traumatic stress reaction has been overcome where it is on 29.4% today because of the counseling they got from IBUKA, SEVOTA and AVEGA and 100% of respondents added that they have fear, 79.4% of the respondents live in isolation while 97% affirmed depression and 100% of respondents talked about hopeless some days after the Genocide against the Tutsi. But today these psychological conditions have changed where fear still ranked at 17.6% of the respondents, isolation on 14% of the respondents while depression ranked at 22% of the respondents and hopeless at 14.7% of respondents. This shows that the psychological conditions of in victims of sexual violence during the Genocide against the Tutsi during 1994 have been improved in this 23years after the Genocide against the Tutsi. Before responding questions, the researcher explained well psychological conditions mentioned in order to help respondents to select appropriate answers.

Sexual transmission diseases and chronic diseases

Rape is used as weapon of genocide, to humiliate women and their families especially their spouses and their children. The women survivors of the 1994 Genocide against the Tutsi in Ngororero District majority of them are personnel leaving with HIV/AIDS. 62 (84.9%) women are infected by HIV and others have chronic diseases fistula from genital mutilation, genital bleeding and cervix cancer.

Table 2: Sexual transmission diseases and chronic diseases of women violated during the Genocide against the Tutsi

Sexual transmission diseases and chronic diseases	Frequency	Percentage
HIV/AIDS	22	32.4%
Fistula	1	1,5%
Cervix Cancer	1	1,5%

Source: Primary data, December 2017

The table 2 shows the way of the Genocide against the Tutsi affected women in Ngororero District, it is indicated that 22 women, equivalents to 30.1% have got HIV/AIDS from sexual violence during the 1994 Genocide against the Tutsi. 1 woman and another 1 have been affected by Fistula and Cervix Cancer respectively. It is shown that sexual violence during the Genocide against the Tutsi has wrongly affected women in Ngororero District.

SUMMARY OF THE FINDINGS

The specific objectives of this study was to analyse the way the Genocide against the Tutsi affected women in Ngororero District address the problems of women survivors of the Genocide against the Tutsi.

The study was carried out in Ngororero District. The District hosts 174 women's genocide survivors and the ones who were violated during the Genocide included. The researcher have used the purposive sampling technique while selecting the respondents. The researcher have selected the respondents based on those who have enough information on the matter of violated women during the 1994 Genocide against the Tutsi, local leaders, women survivors of genocide and officials of AVEGA and SEVOTA in Ngororero District and the respondents were chosen based on their willingness to share the information with researchers. They were reached through field visit and phone calls.

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V. RECOMMENDATIONS AND SUGGESTIONS

The researcher recommended various institutions to sort out the problems aired out in this research. For example regarding women survivors of the Genocide against the Tutsi should, AVEGA and SEVOTA, GoR and other institutions should make sure that they are aware of sexual violence problems affected women during the 1994 Genocide against the Tutsi and their effects. Ngororero District officials should organizing community work to solve women problems related to infrastructure and create a pipeline of people who can give care to the women especially in terms of counselling and psycho social therapy. Non government organizations and civil society should go ahead to advocate for the women who were victims of rape during the 1994 Genocide against the Tutsi and they should Organizing field visits to the women

VI. CONCLUSION

To stop rape, the kind of thinking needs to change and to develop a positive masculinity, to promote the rights of all. It starts with boys ,they can taught human rights, respect for women, equality, these children will grow into young men who think that they are not better than women, and they will not grow into men who rape women, who will don't use violence to get their way. They will become non violent men.

Sexual violence can affect the whole system because when is perpetrated against women during ethnic conflict because women keep the civilian population functioning through their roles as mothers, wives, and caretakers. So when woman are collapse, is the family and the whole community structure who collapse.

Partners are called to go also in rural areas not only in urbans areas, because the victims of sexual violence on women during the 1994 Genocide against the Tutsi are hidden in very far rural areas like in Ngororero District.

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