

**DURBAN UNIVERSITY OF TECHNOLOGY**

**COMMUNAL INSTITUTIONS RESOLVING GENDER-BASED VIOLENCE: A CASE  
OF SEKE WARD 8, ZIMBABWE**

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**COMMUNAL INSTITUTIONS RESOLVING GENDER-BASED VIOLENCE: A CASE OF  
SEKE WARD 8, ZIMBABWE**

Submitted in fulfilment of the requirements of the degree of Doctor of Philosophy in  
Management Sciences, Specialising in Public Administration - Peace Studies

in the

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Date: 08/04/2025

## **DECLARATION**

I declare that Communal institutions resolving Gender-Based Violence: A case of Seke Ward 8, Zimbabwe is my own work, and Artificial Intelligence (AI) was not used. I have acknowledged and indicated all sources I have used and quoted using references.

Blessing Hodzi

## ABSTRACT

Gender-based violence (GBV) remains a challenge across the globe with negative effects on the victims, families, communities and the nations. In Zimbabwe, gender-based violence persists despite the constitutional provisions and efforts by various non-governmental organisations. This study examined how communal institutions, that is, family, religious, and traditional institutions and behaviour change facilitators, in Seke District, Ward 8, resolved GBV. The study used qualitative methods of focus group discussions, interviews, narratives, and observations to investigate the factors sustaining GBV and the methods used by communal institutions to resolve GBV. The study developed a Participatory Action Research (PAR) intervention to reduce GBV and evaluated the short-term results of the intervention. This study noted that the prevalent form of GBV in Ward 8 is domestic violence and child marriages. Domestic violence was manifested through sexual, physical, economic, and emotional violence. These forms of violence were noted to be sustained by culture and religious beliefs, patriarchal norms, economic challenges, infidelity, drug and alcohol abuse, thus indicating that multiple factors sustain GBV in the community. The study's findings also revealed that communal institutions employ methods such as traditional assemblies, mediation, family conflict resolution, prayers, preachings, fellowships, compromise, silence, referrals to the police and behaviour change campaigns. The findings suggest that the combination of factors sustaining GBV with patriarchal influences within communal institutions' methods increases the vulnerability of women to violence. The study's intervention was the development and implementation of a GBV Educational Programme using drama, which was aimed at exposing patriarchal traces found in communal institutions' methods. It increased awareness on GBV, causes of GBV, types and manifestations of GBV and introduced conflict resolution skills. The evaluation process, using focus group discussions, revealed that the educational programme was a success, and it caused behaviour, and norms change in gender norms that reinforced GBV such as the view that gender equality caused GBV, men should not talk of GBV as victims, and husbands cannot rape their wives. It also contributed to the transformation of institutions through reflections on their methods that caused GBV. The study's findings align with the ecological, conflict transformation theories, and community-based peace approaches that guided the study.

**Keywords:** gender-based violence, violence, communal institutions, prevention, action research.

## **DEDICATION**

This thesis is dedicated to the memory of my late grandmother, whose belief in the necessity of education for women has shaped my academic journey. Additionally, I dedicate it to my family and friends, who supported me throughout this journey. Therefore, this achievement is not solely my own, but a collective accomplishment.

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## LIST OF ABBREVIATIONS AND ACRONYMS

ADVC:	Anti-Domestic Violence Council
AU:	African Union
BCC:	Behaviour Change Campaign
BCFs:	Behaviour Change Facilitators
CBA:	Community-Based Approaches
CBOs:	Community-Based Organisations
CEDAW:	Convention on the Elimination of All Forms of Discrimination Against Women
COVAW:	Coalition on Violence Against Women
COVID-19:	Coronavirus Disease 2019
CSOs:	Civil Society Organisations
CSVR:	Centre for the Study of Violence and Reconciliation
DHS:	Demographic and Health Survey
FGDs:	Focus Group Discussions
GBV:	Gender-Based Violence
HIV/AIDS:	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IFRC:	International Federation of Red Cross
IPV:	Intimate Partner Violence
KI:	Key Informant
LCMICs:	Low- to Middle-Income Countries
MDC:	Movement for Democratic Change
MICS:	Multiple Indicator Cluster Survey
MOHCW:	Ministry of Health and Child Welfare
MWAGCD:	Ministry of Women Affairs, Gender, and Community Development
NAC:	National AIDS Council
NBCS:	National Behaviour Change Strategy
NGOs:	Non-Governmental Organisations
NGP:	National Gender Policy

PAR:	Participatory Action Research
SADC:	Southern African Development Community
SDG:	Sustainable Development Goals
SGBV:	Sexual Gender-Based Violence
SRH:	Sexual and Reproductive Health
TD:	Theatre for Development
UN DEVAW:	United Nations Declaration on the Elimination of Violence Against Women
UN:	United Nations
UNAIDS:	Joint United Nations Programs on HIV/AIDS
UNCT:	United Nations Country Team
UNFPA:	United Nations Fund for Population Activities
USSD:	United States Department of Security
VAW:	Violence Against Women
VAWG:	Violence Against Women and Girls
VCW:	Village Community Worker
VIDCO:	Village Development Committee
VSLA:	Village Savings and Loan Association
WADCO:	Ward Development Committee
WHO:	World Health Organization
ZANU PF:	Zimbabwe National Union Patriotic Front
ZAOGA:	Zimbabwe Assemblies of God Africa
ZGC:	Zimbabwe Gender Commission
ZICHIRE:	Zimbabwe Community Health Intervention Research
ZIMSTAT:	Zimbabwe National Statistical Agency
ZNGBVS:	Zimbabwe's National Gender-Based Violence Strategy
ZNGP:	Zimbabwe National Gender Policy
ZRP VFU:	Zimbabwe Republic Police Victim Friendly Unit

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# **CHAPTER ONE: INTRODUCTION**

## **1.0 INTRODUCTION**

When I was growing up, I recall my uncle, the village secretary, and my grandmother, during the late hours of an African evening after meals, sharing stories of some community members reporting gender-based violence (GBV) cases to the village head and some relatives to my grandmother. He would recount instances of GBV, of women reporting physical violence suffered at the hands of their husbands to Dhibha, the village head. In addition, my grandmother, as the family aunt, also shared her experiences in resolving gender-based violence cases that her nieces and nephews brought to her attention. These recollections have shaped my understanding of how traditional and family institutions handled GBV.

My research focused on Ward 8, Seke District, where I have lived for the past four years, rather than my birthplace. Within this community, I realized that there are many interconnections between Village 7, in Mutoko, and Ward 8, Seke District, with regards to how they make use of religious, family and traditional institutions to address GBV. This community solidified my passion for research on communal institutions. My aim in this study was to explore the strategies used by communal institutions in their response to GBV within the context of Ward 8. Through this study, I aimed to develop a participatory intervention to address GBV in collaboration with the communal institutions under study.

This chapter includes the following sections: background, research problem, the role of communal institutions in resolving GBV, the overall aim of the study, specific objectives, rationale for the study, scope of the study, literature overview, methodology, delimitations and limitations, and structure of the chapters.

## **1.1 BACKGROUND**

Gender-Based Violence (GBV) is violence perpetrated against a person of any gender that results in sexual violence and abuse, physical violence, emotional, violence emotional violence, domestic and intimate partner violence, human trafficking, and forced and early

marriage among other forms of gendered violence (EIGE, 2021; IFRC, 2015; World Health Organisation (WHO), 2021). Gender-based Violence is a global challenge that affects 1 in 3 women in their lifetime (World Bank, 2019). The European Institute of Gender Equality (2021) notes that gendered violence is understood as a pattern of behaviour intended to establish and maintain control over family, household members, intimate partners, colleagues, individuals, or groups. Additionally, the UN Declaration on the Elimination of Violence against Women (CEDAW) describes GBV as a manifestation of historically unequal power relations between men and women (Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women, 1993). Thus, the term GBV is often used interchangeably with violence against women. In this study, I used GBV to highlight the gender aspect of the violence. Thus, violence is entrenched in unequal power distribution, with the strong and the weak, with the weaker at the receiving end of violence. GBV defies nationality, social class, cultural background, geographical location, race, and religion and henceforth affects every corner of the globe (Kapiga et al. 2017; WHO, 2021).

To explain the weight of the challenge, global estimates indicate that approximately 30% of women may experience sexual and/or physical violence during their lifetime, with 35% having suffered physical and or sexual partner violence (Kapiga et al. 2017; Klugman et al. 2014). In the 28 European Union member states, including Britain, 43% of women have experienced psychological violence, and a significant portion of homicides in 2012 were perpetrated by intimate partners (UN Women, 2016). In Asia, the prevalence of intimate partner violence (IPV) stands at 43%, with statistics revealing that 70% of women in the region experience IPV (Klugman, 2017). According to McCloskey et al (2016), in Sub-Saharan Africa, GBV affects 46% of the women. For instance, 44% of married women in Tanzania experienced intimate partner violence (Kapiga et al. 2017), and 86% of women in Lesotho have experienced GBV (Alber et al.2018). In Namibia, according to a study by Bikinesi, Mash and Joyner (2017), there is a high prevalence of physical and sexual abuse, with 90% of these assaults targeting pregnant women linked to their intimate partners. Mapumulo (2016) states that in South Africa, one in every five women is physically abused, and every six hours, a woman is killed by her current or former intimate partner. The high rates of GBV in Africa, particularly Sub-Saharan Africa, are attributed to patriarchal attitudes and social norms that cement men's hierarchical role in sexual relationships, particularly in marriages (McCloskey et al. 2016). Thus, highlighting that the environment in Sub-Saharan Africa socialises people to normalise

violence through transgenerational transmission of negative patriarchal norms that reinforce violence (Wessells and Kostelny, 2022).

In Zimbabwe, GBV remains a challenge, affecting both urban and rural communities. Statistics from the 2019 Multiple Indicator Cluster Survey (MICS) note that 39.4% of adolescent girls and women aged 15-49 have experienced physical violence since age 15, indicating the magnitude of the problem. Furthermore, 11.6% of females aged 15–49 report having experienced sexual violence in their lives. In addition, research by the Zimbabwe Ministry of Women Affairs, Community, Small and Medium Enterprises Development (2023) revealed the prevalence of child marriages, at 33.7%, supporting the 2019 MICS report that 1 in 3 (32.6%) girls and 4% of boys were married before the age of 18. These statistics reveal the prevalence of GBV in Zimbabwe.

Recognising that GBV is a major problem, Zimbabwe has made provisions to protect both men and women from GBV. The country ratified international frameworks and implemented national laws and policies against the challenge. The international frameworks to end and prevent GBV include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the United Nations Sustainable Development Goals (SDGs) on gender equality and women's empowerment (UN SDGs, 2016), the Beijing Platform for Action (BPA), and United Nations Resolution 1325 (2000) on Women, Peace, and Security. In addition, the Southern African Development Community (SADC) Protocol on Gender and Development (2016), (SADC, 2016:17–20), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (Maputo Protocol), the African Charter on the Rights and Welfare of the Child, the African Union (AU) Agenda 2063, and the African Youth Charter all meant to end GBV. On a national levels, according to the 2013 Constitution in Section 23, no discrimination based on sex, gender, and marital status, section 25(b) calls for the prevention of domestic violence, the Domestic Violence Act of 2007; the Sexual Offences Act (2002) now part of the Criminal Law (Codification and Reform) Act of 2006, which criminalises marital rape; and the Trafficking in Persons Act (2014), (MWACSMED, 2023). Furthermore, Zimbabwe has established the Victim Friendly Unit (VFU) within the Zimbabwe Republic Police to combat GBV. The VFU operates under the framework of the Domestic Violence Act (2007) and prioritises crimes related to sexual violence, abuse, and domestic violence as outlined in the ZRP Client Service Charter (2016). However, despite these legal and policy frameworks, GBV persists across the country. According to the Zimbabwe Ministry of Women

Affairs, Community Small and Medium Enterprises Development (2023), at least 40% of women and girls in Zimbabwe experience physical violence, while 12% experience sexual violence.

Although GBV affects individuals irrespective of their geographical locations, it disproportionately impacts women in rural communities. Women in rural areas are affected more due to the limited formal support from police and hospitals where they can report abuse (Bisilong and Mbecke, 2019; Urmilla et al. 2022; Ceccato, 2015; Dekeseredy et al. 2016; Chuma and Chazovachii, 2012; Treffry-Goatley, Wiebesiek and Moletsane, 2016; Nkanisa, 2020). A study in South Africa by Bob, Munien, and Gumede (2022) opined that rural settings often lack essential support platforms, shelters, and adequate services such as police stations, where abuse can be reported. Where these services are available, they are usually within long distances making it difficult for women to access their services easily (Conroy, 2014; Chadambuka and Warri, 2020). Moreover, the interlinking of poverty and entrenched patriarchy exacerbates the impact of GBV (Fidan and Bui, 2016). In most rural areas, patriarchal norms perpetuate male dominance and gender inequality, creating environments conducive to the proliferation of GBV (Bob et al. 2022; Chireshe, 2015). In addition, there are high levels of poverty in rural areas, which is associated with GBV (Gibbs et al. 2020; Jewkes et al. 2017).

Zimbabwe, like many other countries in Sub-Saharan Africa, faces a scarcity of police substations and shelters to help survivors in rural areas, making it difficult for survivors to access help (Chuma and Chazovachii, 2012; Chadambuka and Warri, 2022). It is in these communities where communal institutions (family, traditional and religious institutions) become the sources of help to victims/survivors of GBV (SAFAIDS, 2015; Chadambuka and Warri, 2020). Where police substations, hospitals, or nongovernmental organisations are available, reporting is perceived as a potential threat to marriages and relationships that hinders the prospects of maintaining the relationship (Chireshe, 2015; Chadambuka and Warri, 2020). As a result, victims are reluctant to disclose instances of gendered violence to formal authorities and instead confide in family members and religious leaders or turn to traditional leaders for solutions, for support and conflict resolution (SAFAIDS, 2015; Chadambuka and Warri, 2020). This observation guided this research to explore these institutions, such as religious, family traditional institutions, and family and behaviour change facilitators (BCFs) within the Seke District, Ward 8 rural community. Therefore, exploring the

role of these institutions in resolving GBV, as they are preferred platforms for help, enabled me to investigate the solutions or interventions they use to address GBV cases. The study argues that communal institutions have a very important role in addressing GBV in rural communities. Moreover, I was able to collaborate with the institutions in developing an intervention meant to prevent and reduce GBV, but also address the areas that perpetuate violence found in communal institutions.

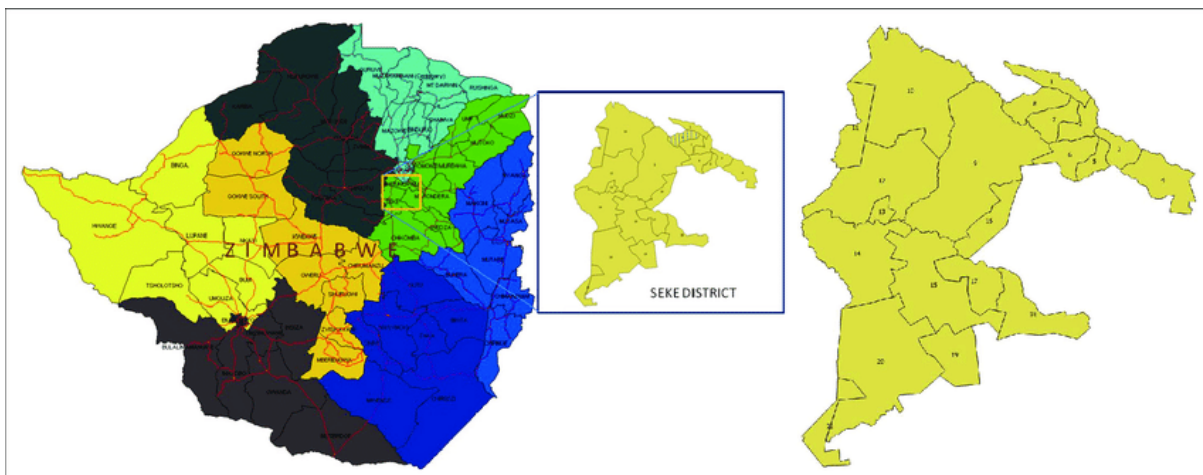
## **1.2 Context of the study**

Communal areas in Zimbabwe are rural communities. Rural communities are governed by customary law and administered by local chiefs (Ncube, 2011). A significant portion of Zimbabwe's population resides on these communal lands (ibid. 2021), highlighting the need to explore how GBV is resolved in these communities. Ward 8 serves as a rural community, where people reside and use communal land. The Seke Rural District is divided into 21 wards, including Ward 8 (Chivasa, 2017). On the other hand, "institutions" within this context refer to both formal and informal entities that manage social relationships and behaviours (Chivasa, 2018; Chuma et al. 2008). Institutions are influenced not only by the impact of problems on individuals and communities but also by their responses to them (Brown and Sonwa, 2015). Thus, communal institutions are structures within a community that advance social order, cooperation, and shared values. These institutions are important in shaping how individuals interact and collaborate with his/her environment. In rural communities, such institutions are necessary for development, conflict resolution, and administration. Therefore, my study centred on communal institutions (family, religious, traditional, and behaviour change facilitators) as key platforms for resolving GBV in Seke District, Ward 8.

The use of communal institutions to address GBV in rural communities in Zimbabwe, including Seke District, Ward 8, is rooted in the African concept of Ubuntu. Ubuntu, meaning "a person is a person through other people" (Coleman, 2024), highlights the important role of communal institutions in shaping individuals' lives. In Zimbabwean societies, it is customary for people to support individuals in times of need, such as during childbirth, marriage, and funerals, as they are perceived to be born into and for the community, live for and within it, and ultimately be laid to rest in and by it (Mushunje, 2014). Moreover, the family has historically wielded influence over individual and household decision-making processes, including matters of marriage, divorce, and inheritance (Nguyen, 2021). This underlines the communal spirit of

Zimbabwean society, where relational ties are important, and individuals are linked to their environment. Within this relational framework, individuals are understood as social beings whose development and identity are deeply linked to communal institutions.

In the context of GBV, communal institutions provide support and protection to victims or perpetrators, influencing individuals' behaviour and shaping their response to GBV. These institutions can either mould individuals to become violent, victims, or peace-abiding people. Consequently, the communal institution in Zimbabwean rural society plays a pivotal role in both perpetuating and mitigating GBV, highlighting the importance of investigating their role in resolving GBV to develop community-based interventions in addressing the challenge. According to a study by Chivasa (2017) in Seke district, Ward 8, there are high rates of hunger, limited finances for education, cases of rape involving young girls, domestic violence, and conflicts such as land disputes. This observation indicates the prevalence of GBV and factors that create a conducive environment for women's vulnerability in Ward 8, hence the need to explore the role of communal institutions in resolving GBV. Below is the map of Seke District, including Ward 8 showing the study focus area. Figure 1.1 is a map of Zimbabwe, including Seke.



**Figure 1.1: Study Area Map. (Source: Chivasa, 2017)**

Seke District is approximately 51 kilometres from Harare, the capital city, and near the Chitungwiza urban area. The district is a patriarchal Shona speaking community in the Mashonaland East Province of Zimbabwe. The Shona people comprise several dialect groups such as Ndau, Karanga, Zezuru, Manyika, Buja, and Korekore, and Seke District is mostly

Zezerus, referred to as the Hera people (Parsons, 2012). Seke District reflects the patriarchal norms characteristic of many Shona-speaking communities. In such societies, male dominance and authority are pervasive, with some men leveraging their power to abuse women (Chirongoma and Zvingowanisei, 2022). Consequently, women and girls are socialised to submit to the authority of male relatives and spouses, perpetuating gender inequality and supporting male control over familial and societal structures. Control of women begins from their maternal families to their marriages. Marriages are officialised through the payment of lobola, which is often viewed as a mechanism for men to assert dominance over women, rendering them vulnerable to violence (WHO, 2018; Girls Not Brides, 2016; Mashiri and Mawire, 2013). This societal construct that women should be under the control of men at every stage of their lives normalises violence against women with male relatives and husbands feeling entitled to exert power and demand obedience.

To further explain the impact of Shona culture on sustaining GBV, I use Shona idioms, such as "usafukure hapwa pane vanhu" (do not expose your armpits to people meaning do not tell people your problem), "usavhiye chidembo pane vanhu" (do not skin a polecat where other people are meaning do not air your dirty secrets to people), and "chakafukidza dzimba matenga" (houses are covered by roofs meaning keep your problems to yourself for people could be going through the same but they cover it). These idioms foster a culture of silence around GBV, creating an environment where such violence is not addressed. Instead of reporting incidents of GBV to formal institutions, victims often turn to family members and traditional and religious leaders for support. These actors typically employ methods that preserve and protect relationships (Murambadoro, Wielenga, and Batley, 2020).

Before colonisation, Sub-Saharan African communities relied on informal institutions such as family, kinship, and local chiefdoms for problem-solving (Twikirise, 2014). These institutions continue to play a role in addressing GBV in rural Zimbabwe. With the coming of Christianity, religious institutions have become sources of addressing GBV (Chadambuka and Warria, 2020; Chuma and Chazovachii, 2012; SAFAIDS, 2015), highlighting the importance of communal institutions in addressing this issue. In addition to the prevalence of HIV/AIDS in the country, Behaviour Change Facilitators emerged to reduce the infections using behaviour change campaigns (Gregson, 2012). The BCFs in fighting against HIV/AIDS address GBV because it is a driver of the pandemic. The BCFs are also active in Seke District, Ward 8, responding to GBV; hence, my study examined their efforts in the community. While studies

on GBV in Zimbabwe have received considerable coverage, this study adds to the existing knowledge by providing a grassroots perspective on interventions used to resolve GBV in the study area. Currently, there is limited information on how communal institutions respond to GBV in the rural setting of Seke District, Ward 8. This study sought to address this gap by exploring how communal institutions resolve GBV in Seke District, Ward 8, to develop an intervention to address GBV.

### **1.3 Research Problem**

Gender-based violence has negative effects on the individuals experiencing it, their family, community and the state at large. The negative impact of GBV extends beyond physical harm to affect women's mental, sexual, and reproductive health (Enaifoghe et al. 2021). GBV has economic disadvantages, including reduced labour productivity when women or men are absent from work, costing countries up to 3.7% of Gross Domestic Product (GDP) (World Bank, 2019). It was noted that in South Africa, GBV costs between 0.9% and 1.3% of GDP annually, and in Ghana, approximately 0.9% (KPMG, 2014; Raghavendra et al. 2019). Despite the negative effects of GBV, the studies on violence have focused on violent conflicts such as wars, ignoring GBV within peace contexts (Brickell, 2015). To explain this further, I point to the United Nations Security Council Resolution 1325 on Women, Peace, and Security (WPS) that recognises that women and girls are more vulnerable during violent conflicts than men, and that their experiences and views on peacebuilding should be considered during peace and security discussions (Miller, Pournik, and Swaine, 2014). However, they do not discuss violence against women in non-war zones, but rather, experiencing violence. While the central focus of WPS is on armed conflict, women and girls in non-war zones suffer from various forms of violence manifesting as GBV. Mushonga (2016) stresses that although Zimbabwe is not in a state of war, it faces insecurities, with GBV being the biggest threat to the security of women and girls. Thus, GBV points out that the absence of peace in any context is prevalent.

The high incidence of GBV is a barrier to attaining peace, development, and full participation of women in political and socioeconomic activities. According to WHO (2018) estimates, between 10% and 53% of ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime, with the past 12-month prevalence estimate ranging between 2% and 36%. Globally, a 2022 Sustainable Development Goals Report revealed that an intimate partner has subjected 26% of ever-partnered women aged 15 and

older to physical and/or sexual violence at least once in their lifetime. The World Bank (2020) estimated that each day, an estimated 137 women around the world are killed by a family member, with 52 of those deaths occurring in Africa. These statistics suggest that GBV is the least-attended form of violence.

GBV is often unaddressed because it predominantly remains unreported for many reasons, including its occurrence in private spaces where victims may be persuaded to conceal it, or victims may not know where to seek redress (SADC GBV Strategy, 2018). Macro-level factors, such as the absence of authorities who can help those who come forward, especially in rural may also contribute to the reluctance to report GBV. According to Green, Wilke, and Cooper (2020), their 2017 survey in Uganda found that 75% of rural respondents see police on patrol in their village less often than once per week, and more than 40% see them less than once per month, a situation that may inadvertently discourage the reporting of GBV incidences. The South African Human Rights Commission (2018) emphasises the increased risk of violence against women and girls in rural areas due to limited access to essential services. Reporting GBV may seem futile if law enforcement and judicial systems are difficult to access or so low capacity. Rural areas, however, are not entirely without authorities that villagers could turn to address violence in their community. Most villages in Africa have informal and formal authorities to whom they may report, including family, religious leaders, village heads, councillors, chiefs, and friends (SAFAIDS, 2015; Chadambuka and Warri, 2020; Simmons et al. 2020; Green, Wilke, and Cooper, 2020).

Although these authorities and leaders are often characterised as socially conservative (Truong et al. 2020; Stiles-Ocran, 2021), a survey by Green, Wilke, and Cooper (2020) suggests village leaders and *Nabakyalas* (representatives of women in the village) are significantly more opposed to violence against women (VAW) than the general population. Melgar Alcantud et al. (2021) note that women tend to confide in family and friends rather than expose the violence they experience to the police, receiving various forms of support from their familial and religious networks, ranging from financial assistance to emotional encouragement (Stiles-Ocran, 2020). This communal support system fosters unity, care, and a sense of belonging among community members (Stiles-Ocran, 2021).

Current GBV interventions, including laws, focus on individuals, offering support to victims and punishing perpetrators. However, Kleven and Cox (2009) argue that effective interventions

must target entire communities, as various factors contribute to victimisation and perpetration. Communal institutions play a crucial role in addressing GBV, as individuals are shaped by their social environment. Exploring their role is essential, as they influence whether individuals become agents of violence or change. However, despite the recognition of the role of traditional institutions in addressing social issues, their effectiveness in addressing GBV remains understudied.

Therefore, there is a need to understand the role of communal institutions in resolving GBV. The study in Seke District Ward 8 aims to investigate their role, identify factors sustaining violence and assess existing interventions. Through the engagements with communal institutions, the study aimed to contribute to GBV prevention efforts, promoting community-based solutions to address violence

## **1.4 OVERALL AIM AND SPECIFIC OBJECTIVES**

The overall aim of the study was to investigate factors sustaining GBV and methods that communal institutions use to address it, and develop a participatory action intervention to mitigate GBV in Seke District, Ward 8. Its specific objectives are to:

1. Explore factors that sustain GBV in the community.
2. To investigate current efforts by these communal institutions to reduce GBV.
3. Using a participatory action research approach, develop an intervention aimed at reducing and ending GBV.
4. To evaluate the short-term outcomes of the intervention.

## **1.5 CONCEPTUAL FRAMEWORK**

This study utilised the ecological and conflict transformation theories (Heise, 1999; Lederach, 2003) to understand how communal institutions resolved GBV in Seke district, Ward 8 (see Chapter Two). The ecological theory highlights that there is an interplay of factors that are individual, relational, community, and societal that cause GBV. The literature on GBV in Zimbabwe has largely focused on the individual and relational factors of GBV, leaving out the communal factors. I addressed this gap by examining how communal institutions in Seke District, Ward 8, resolve GBV instances. The study examined the interaction of communal

institutions with individuals and GBV. I also used the conflict transformation theory, which emphasises the transformation of attitudes and behaviours in relationships to address conflicts, including GBV (Lederach, 2003). Through using the conflict transformation principles, the research sought to develop an intervention to prevent harmful behaviours and attitudes in communal institutions. In addition, my study aimed to create a participatory intervention to prevent GBV. The study was guided by the community-based peacebuilding approach in developing a community-based intervention to address GBV. This approach recognises the importance of community engagement in developing contextually relevant and sustainable solutions (de Coning, 2016) that This study collaborated with the communal institutions to develop the GBV Educational Programme by using the local knowledge and resources to mitigate against GBV.

## **1.6 RATIONALE OF THE STUDY**

Women in rural communities often struggle to access formal institutions to address GBV. According to Bengesai and Derera (2021) and Izugbara (2018), GBV is prevalent in most rural households. The occurrence of violence in rural communities is attributed to structural limitations, such as a lack of access to health and legal services, a lack economic resources to report case of violence and that rural communities are patriarchal strongholds thus making it difficult to report GBV (Bemgesai and Derera, 2021; Izugbara, 2018). Moreover, societal acceptance of GBV appears relatively high in rural areas, especially in cases when women are disobedient, suspected of adultery, or show disrespect to their husbands and in-laws (Chaudhuri and Morash, 2019). Considering this, it becomes evident that communal institutions have a role in addressing GBV in rural areas, as they are the immediate sources of help in their communities. There is also limited literature on the role of communal institutions in addressing GBV, despite evidence that they are involved in resolving GBV-associated cases within their spaces (SAFAIDS, 2015; Chadambuka and Warri, 2020). Therefore, I needed to investigate their role in addressing GBV and explore the interventions they use to mitigate the challenge.

While the study will add to the already existing literature on GBV, it will also formulate and test an intervention to end GBV in Zimbabwe. The rationale behind focusing on communal institutions is to take advantage of what they have to offer the victims or offenders. Communal institutions have a personal interface with people in the community; hence, they can be used

as drivers of social change in their localities. In a patriarchal society, the role of women is mostly confined to their roles at home and in community structures (Chitando and Zengele, 2013: 30–31; Chisale, 2020: 3). Patriarchy plays a key role in keeping women powerless and subservient to men. This study is intended to challenge the patriarchal system that communal institutions adhere to, which either intentionally or unintentionally affects how they address gendered violence.

Gender-based violence is shrouded in secrecy, and it is treated as a private matter that is usually resolved in private or makes use of familiar institutions that usually prioritise maintaining relationships. The literature reviewed in this study emphasised the need to use communal institutions to challenge structural and cultural beliefs that sustain GBV in communities. It is necessary to start interventions at the grassroots level for social change to be successful.

## **1.7 LITERATURE REVIEW OVERVIEW**

To comprehend the prevalence of GBV in Zimbabwe and how communal institutions resolve GBV, I reviewed literature on GBV in Zimbabwe and how it is addressed from scholars like Manyonganise (2017); Chadambuka and Warria (2020), Zerai (2015), Masshiri (2013), Morna and Chingamuka (2013), and Mukanangana et al. (2014) (see Chapter Three). These studies highlight that GBV is prevalent in Zimbabwe, and it manifests in various forms, including sexual threats, domestic violence, sexual violence, political violence against women, child marriages, and violence against men. The literature revealed that GBV is rooted in patriarchal and cultural norms and that GBV is conceptualised as domestic violence manifesting at the family level. Data from the Zimbabwe Ministry of Women Affairs (2023) and ZIMSTAT (2019) indicate high statistical rates of domestic violence. I also examined literature on the factors that cause GBV looking at the ecological factors: individual factors such as lack of education, alcohol and drug abuse (Yaya and Ghose, 2019; Sabri et al., 2023), while relational factors, such as infidelity and witnessing violence while growing up (Alangea et al., 2018; Adjah and Agbemafle, 2016). Communal factors such as patriarchal system, poor sanctions against GBV (Greene et al., 2017; Palermo et al., 2014), and societal factors such as employment status, socio-economic conditions and food security (Memiah et al., 2018; Sabri et al., 2023).

One of the objectives of the study was to develop an intervention to combat GBV. Thus, I examined findings from Zimbabwe and across Africa on community-based intervention (Chadambuka and Warria, 2020; SAFAIDS, 2015; UNFPA Zimbabwe, 2021; Forden and Carrillo, 2015; Ellsberg et al., 2015). Successful interventions such as the SHARE programme and SASA! Activist Kit in Uganda showed promising community-level results (Wagman et al., 2015; Abramsky et al., 2014), while Ghana's rural response system effectively addresses violence against women (Ogum Alangea et al., 2020). Despite the success of community mobilization, there is limited knowledge regarding the role of communal institutions in developing GBV interventions.

The methodologies employed in these interventions varied to suit community contexts and included drama, role plays, educational workshops, peer education, community outreach, group education, and campaigns. Drawing from these insights, the study laid the foundation for the Gender-Based Violence Educational Programme utilizing drama (Prentki, 2015; Young-Jahangeer, 2016).

## **1.8 SCOPE OF THE STUDY**

### **1.8.1 DELIMITATIONS**

The scope of the study is limited to Seke District, Ward 8 communities in Mashonaland East Province, Zimbabwe. Attention was given to the role of rural communal institutions (traditional, family, religious and Christian) institutions found in Ward 8 in resolving GBV. The results of this study cannot be generalised to the Zimbabwean population because the administration of communal institutions may be different from that of other communities. The result of the study was to encourage communal institutions to challenge their ingrained patriarchal norms, which are found in the interventions they use to address GBV, promote equality, and employ nonviolent methods in conflict resolution.

## **1.9 RESEARCH METHODOLOGY**

This study used an action research approach, investigating the role of communal institutions in resolving GBV and developing a collaborative intervention that will address GBV at the community level (see Chapter Six). The role of communal institutions and solutions is usually subjective and depends on who is telling the story; hence, I incorporated the exploratory

component. Action research is informed by a transformative worldview that holds that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever levels it occurs (Mertens, 2010). Thus, my research sought to find strategies to reduce and end GBV, implement the strategy, and evaluate the intervention to see if there were positive changes or not.

The study used a qualitative methodology. The research relied on the information provided by participants. This is supported by Creswell (2018), who points out that individuals develop subjective meanings from their experiences directed toward certain objects or things. GBV is a sensitive issue that the family and religious institutions do not discuss openly. Therefore, qualitative research enabled the researcher to get first-hand explanations of how the family deals with gender-based violence. The qualitative study utilised interviews with religious leaders, older family members, usually given the role of mediators in conflicts at home, and traditional leaders and BCFs to understand their role and how they resolved gendered conflict and GBV. I also used focus group discussions (FGDs) that provided an opportunity to contextualise data from the interviews and gather in-depth information. According to Billson (2008), FGDs have the following benefits: exploration triangulation, uncovering meaning, and pre-testing. As a result, I used FGDs to evaluate the effectiveness of communal institutions, triangulate data collected from interviews and uncover the meanings of certain unexplained behaviours. In addition, I observed court sessions at the Chief's Court to contextualise the already existing interventions at the traditional institution and used narratives to collect data from victims of GBV who had used some of the communal institutions under study. I also used narratives from victims of GBV, seeking solutions through communal institutions.

The research mandated the implementation and evaluation of an intervention to mitigate the challenge of GBV. Therefore, the implementation and evaluation of the programme to end GBV were based on the principles of action research, where participants were required to lead in the formulation of an intervention and how it would be carried out. The target group was community leaders and people who could influence change in the community. These people were from Seke District, Ward 8, and were 18 years and older. I purposefully selected them because I wanted to work with people who have knowledge and experience in addressing GBV in their institutions and conflict resolution in relationships. To select my participants for both phases (data collection and developing an intervention), I used purposive, convenience, and snowball sampling methods. Purposive sampling entails that the researcher identifies

what needs to be known and sets out to find people who can and are willing to provide information through knowledge and experience (Campbell et al. 2020). Convenient and snowball sampling were also used to target and recruit major players in resolving gender-based violence in the community of Seke District, Ward 8.

### **1.9.1 Research Sample and Population**

The study attempted to capture a representative sample of Seke District, Ward 8, comprising 30 distinct villages, with a total of 268 participants taking part (see Chapter Six). The research was divided into two sections: exploration and participatory intervention. In the exploration phase, a diverse cohort of 65 men and women, aged 20 to 75, contributed their perspectives. The objective was to examine how communal institutions resolved GBV within Seke District, Ward 8. I used fifteen in-depth interviews with people directly involved in resolving gendered conflicts, three FGDs involving 34, observation of five traditional court hearings involving five complainants, five defendants, the Chief, two secretaries, two advisors, and two life stories were examined. All these data collection methods were used to meet the main objective. Purposive and convenience sampling methods were used to select people with knowledge and insights. Additionally, snowball sampling was employed to recruit participants through the communal institutions' leadership.

In the second section focusing on the development of an educational programme to mitigate GBV, 202 participants, ranging in age from 18 to 70 years, engaged in the intervention. Among them, 25 individuals from the village, 40 from the church, 47 from the ward, and 50 (drawn from individuals who attended the GBV Educational Programme) took part in the intervention evaluation process, including the 11 actors who formed the action group and the 41 participants, who took part in the post-GBV education programme conflict resolution discussions which I was invited to observe. These participants contributed as developers, audience members, evaluators and actors to the educational intervention. These participants were selected through convenience sampling and snowball sampling, choosing those who were willing and available as well as those who might have been difficult to recruit without referrals.

## **1.9.2 Data Analysis**

The data collected during the first part and the development of the intervention were thematically analysed to identify emerging patterns and insights. I used NVivo data analysis software to code the data and group it into themes aligned to the study's objectives. I transcribed the audio and written recorded interviews, focus group discussions, observations, and narratives. Thematic analysis, as outlined by Braun and Clarke (2006), was employed to identify, analyse, organize, describe, and report themes within the data. Themes generated from the data collected were inductively analysed; however deductive analysis was also used to explore themes reported in similar studies and aligning with the theoretical framework.

## **1.10 CHALLENGES FACED DURING THE STUDY**

Initially, I had planned to work with community-based organisations (CBOs) fighting against GBV in Seke District, Ward 8 as part of communal institutions; however, when I approached them, they wanted to be paid for the interviews and, in some cases, did not respond to requests for meetings or interviews. This became a major challenge for the study as their contributions would have enriched the study and the developed intervention. However, despite the challenge, I learned of the presence of Behaviour Change Facilitators (BCFs) who serve as bridges between the communities and the CBOs in implementing and monitoring interventions initiated by the government and CBOs. Working with BCFs proved to be an advantage, firstly, they were members of the Ward, thus enabling them to provide valuable information. Secondly, their close ties with already existing interventions allowed for a candid discussion on their effectiveness. Thirdly, they were very instrumental in the development of the GBV Educational Programme intervention.

### **1.10.1 LIMITATIONS**

Since my study targeted a small area, there is a danger of generalisation.

## **1.11 AN OVERVIEW OF FINDINGS**

This study noted that domestic violence was the most prevalent form of GBV, manifesting through physical, sexual, emotional and economic violence. I also note the prevalence of child marriages in the community. The findings revealed that patriarchy is the major cause of GBV,

with other factors such as alcohol and drug abuse, infidelity, economic challenges and political differences or perspectives also contributing to GBV. Consequently, the findings revealed that the already existing interventions, such as mediation, negotiation, prayers, preaching, silence and compromise, traditional assemblies, referrals to the police, among other methods, had patriarchal biases. These biases tend to protect the perpetrator by prioritising relationships over justice. Thus, I collaborated with the communal institutions in developing the GBV Educational Programme aimed at addressing the biases within the already existing intervention and transforming attitudes and behaviours through the increase of knowledge on GBV and the use of nonviolent methods. The study noted that the GBV Educational Programme managed to transform behaviours and attitudes, and empowered communities with skills and knowledge on the use of nonviolent methods of conflict resolution.

## **1.12 STRUCTURE OF CHAPTERS**

This study is divided into eleven chapters, described below:

*Chapter 1: Introduction:* This is the study's introduction, outlining the problem statement, objectives, and the rationale behind the study. It also contains the structure of the chapters.

*Chapter 2: Theoretical Review.* This chapter reviews the ecological and conflict transformation theories as well as the community-based peacebuilding approach.

*Chapter 3: Literature review:* GBV in Zimbabwe. The chapter conceptualises the concepts of gender, sex, and GBV. It also reviews Galtung's understanding of violence, as well as the context and background of GBV in Zimbabwe.

*Chapter 4: Literature Review: Causes and Effects of GBV.* The chapter discussed the causes of GBV and the negative effects of the phenomenon.

*Chapter 5: Review of already existing interventions.* This chapter discussed existing interventions by different sectors in Zimbabwe towards addressing GBV. It achieved this by discussing efforts by the government, CSOs, and NGOs.

*Chapter 6: Research Methodology:* This chapter focused on the research design used, which is the action research design. It also discussed methods used for data collection, interviews,

FGDs, observations, and narratives, as well as the design and implementation of an intervention.

*Chapter 7: Findings and Discussions:* The chapter discusses and interprets data collected using interviews, FGDs, observations, and narratives and draws conclusions from the findings.

*Chapter 8: Findings and Discussions:* The chapter presents the findings and discusses the major themes that emerged from the data.

*Chapter 9: Planning, Design, Implementation, and Evaluation of the Intervention.* This chapter looks at gender-based violence educational interventions. It examines the background of the intervention and the rationale behind using it. It also illustrates the planning, designing, implementation, and evaluation of the intervention.

*Chapter 10: Reflections:* The chapter narrates the researcher's experience, challenges, and opportunities discovered during the action research.

*Chapter 11: Conclusion.* This chapter brought the central arguments in this study together. It discussed the conclusions drawn from chapters 7, 8, 10, and 10. It also contains recommendations for future studies, policymakers and peace studies practitioners.

## **1.13 CONCLUSION**

This chapter discussed the background of the study, the research problem, its objectives, theoretical framework, methodologies, delimitations, limitations, and an overview of findings. It also outlined how the research was going to unfold. The following chapter will discuss the theoretical framework of GBV and the contextualisation of GBV in Zimbabwe.

# CHAPTER TWO: THEORETICAL FRAMEWORK

## 2.0 INTRODUCTION

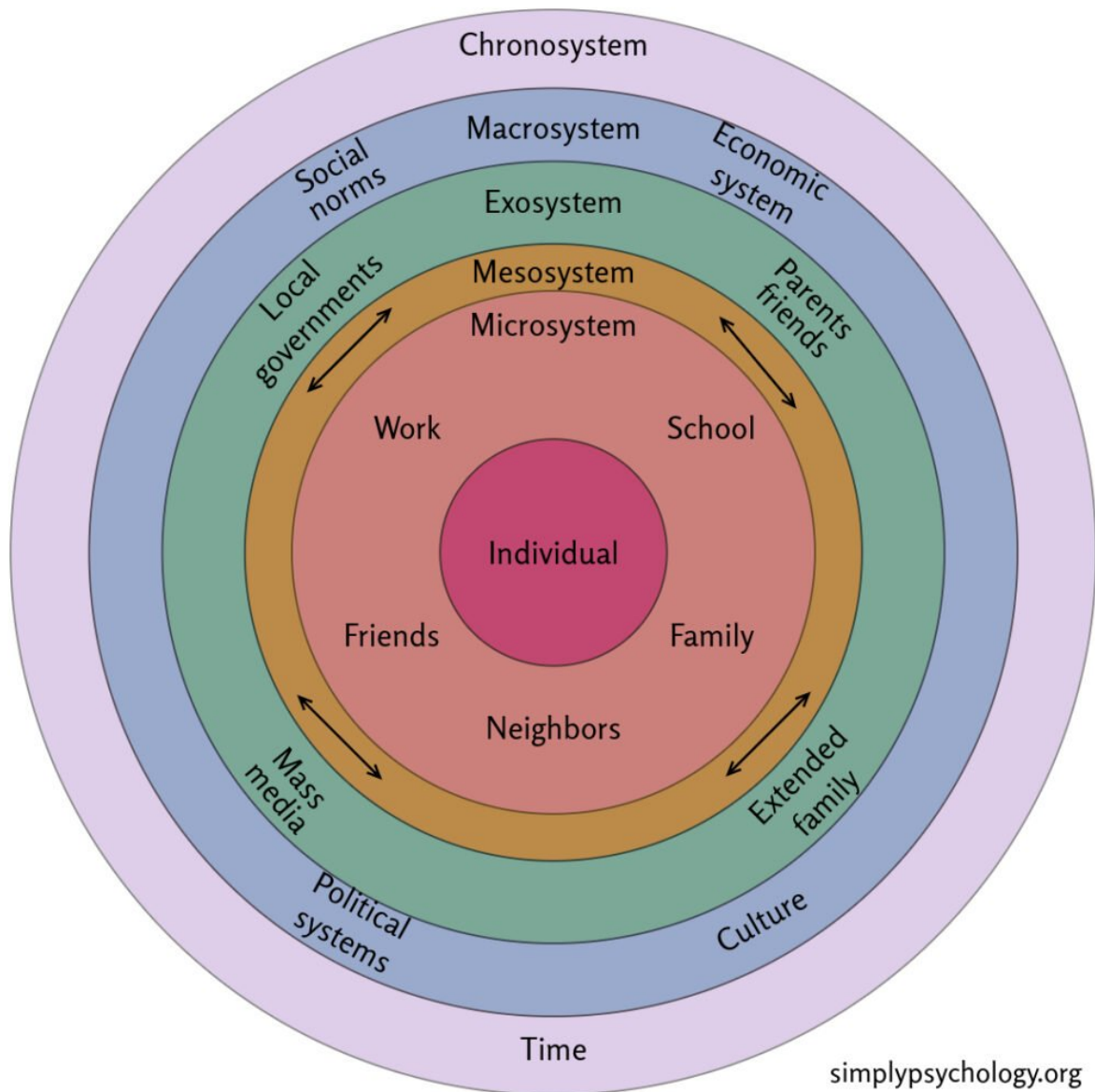
The previous chapter provided the introductory discussions and the structure of the thesis. This chapter will discuss the ecological and conflict transformation theories that guided and connected the study. It also discussed the community-based peace approach, which guided the intervention process in collaborating with the communal institutions to develop and implement the intervention to address gender-based violence (GBV). These theoretical frameworks and approaches serve as important tools to understand gender-based violence and conflict resolution to address it.

## 2.1 Ecological Systems Theory

My research used the ecological theory to move from individual explanations of the factors sustaining violence to examining communal influences. Bronfenbrenner's bioecological systems theory (1977), further developed by Heise (1998), provides a framework for understanding the interplay of various risk factors of GBV. This theoretical approach helped in meeting the first and second research objectives, which involved assessing the factors sustaining GBV and examining the already existing methods used to address GBV by communal institutions. Heise (1998), argues that factors in one's environment must be considered to fully understand GBV. Bronfenbrenner (1977; 1994) explained these various factors as:

- microsystems (nearest to an individual, such as a family);
- mesosystems (interactions between microsystems);
- exosystems (connections between social systems and microsystems),
- macrosystems (the cultural context one lives in), and
- chronosystems (time).

These factors interact with each other to cause GBV or to respond to it positively by addressing it. This research uses these lenses to understand gender-based violence in Ward 8. The diagram below explains Bronfenbrenner's (1977) understanding of factors contributing to human development.



**Figure 2. 1: Ecological Development: (Adapted from Simply Psychology, 2024)**

The diagram in Figure 2.1 points out the necessity of examining multiple environmental layers that may influence an individual to be a victim or perpetrator. Bronfenbrenner (1977) proposed

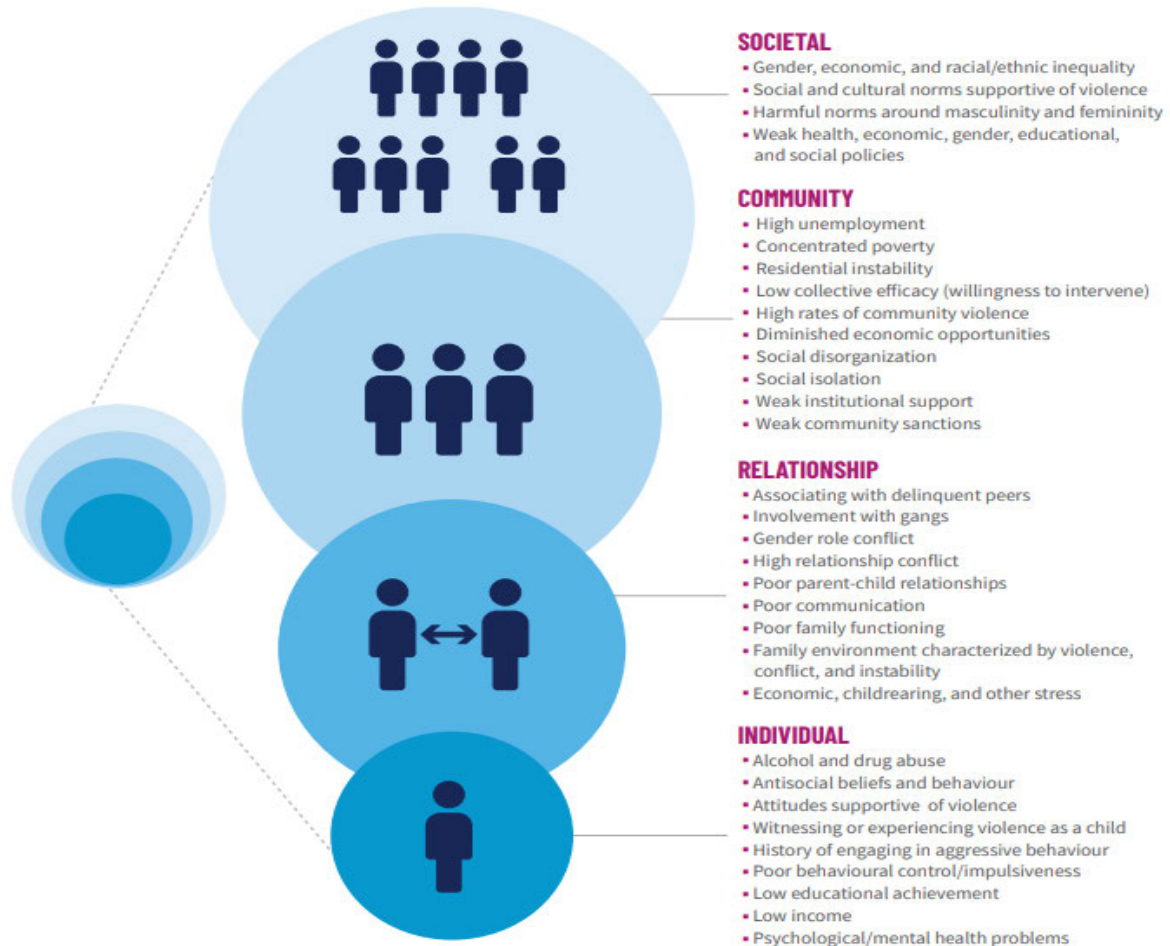
that a child's environment comprises nested structures, each encompassed within the next. The above diagram places time as a factor that has an impact on humans, and in the context of my study, time (the COVID-19 pandemic period) is a very important factor, as it saw a surge in GBV cases. I used the ecological theory focusing on the familial, community, and society (communal institutions) to reduce gender-based violence through the transformation of unequal relationships between men and women. The model offers a comprehensive framework for understanding factors that sustain GBV and their interplay, and may therefore be used as a guide for designing interventions in the fields of prevention and response (WHO, 2010).

Heise's ecological systems theory distinguishes risk factors at four levels: individual, relationship, community, and societal levels (Heise, 1998: 264, cited in WHO, 2005). These factors are associated with an increased likelihood that an individual will become either a victim or a perpetrator of violence. The theory demonstrates that each level is an open system that is interconnected, reliant on, and interacts with each other, as well as depending on each other. The individual level (microsystem) encompasses relationships where violence may occur in the immediate context, such as interpersonal violence, which often takes place in intimate and close relationships and families. The relationship level (mesosystem) refers to the social environment of men and women, where various factors may come into play. This system includes the connections between families in the community. The community level (macro-system) represents the social structures and social institutions where other systems, such as the world of gender, social expectations, cultural practices, and identity groups, are embedded (Heise, 1998). The ecological theory informed my research because: (1) the model illustrates the complexity and interconnectedness of different factors at different levels to explain gender-based violence; (2) the theory illustrates the role of various communal institutions in GBV, which is the focus of this research; and (3) the ecological theory takes into account the fact that to address gender-based violence, there is a need to look at all levels in the ecosystem as they are interconnected to produce one result, which is violence or reduce violence.

This model assumes that the interaction between individuals and their surrounding systems or environments is reciprocal, continuously influencing each other (Salihu et al. 2015). The following diagram, Figure 2.2, adapted from the World Health Organization (2022), best summarises the interplay of factors associated with GBV and illustrates how interconnected

these factors are. The continuous influence of violence by each factor often results in the normalisation of the use of violence as a conflict resolution tool.

### Social ecological model for understanding and preventing violence



**Figure 2. 2: Ecological Framework and GBV (Adapted from WHO Violence Prevention Unit, 2022)**

The ecological model, in Figure 2.2, notes that gender-based violence as a complex matter resulting from the interplay of various factors (Heise, 1998; WHO, 2012). At the individual level, factors such as employment, age, education, alcohol and drug abuse and a history of GBV have been noted as factors that can sustain GBV (Gibbs et al. 2018; CDC, 2016; Tu and Lou, 2017). Moving to the relational level, factors include the conflict between a woman and her partner, which can be due to economic stress, the number of wives in a household, the woman's position in the family, tension and struggles, marital instability (divorces and separations), dominance and control of the relationship by one partner over the other,

economic stress, and unhealthy family relationships and interactions (CDC, 2016; Djikanovic et al. 2010), and relationship dissatisfaction (Slep, Foran, and Snarr, 2010). Within the community and societal levels, factors that contribute to GBV risk include poverty and weak sanctions against perpetrators, traditional beliefs that rationalize violence against women, poverty, and associated factors, including overcrowding, low social capital, and a lack of institutions, relationships, and norms that shape a community's social interactions. Furthermore, there are weak community sanctions against intimate partner violence, such as the unwillingness of neighbours to intervene in situations where they witness violence (Heise, 1998; Tenkorang, 2018). At a societal level, traditional gender norms that dictate women to stay at home without entering the workforce and take the submissive role while men support the family and make family decisions are the main risk factors for intimate partner violence (CDC, 2016). These interconnected factors, operating at multiple levels, highlight the complex nature of GBV and the importance of a holistic approach to its understanding and prevention.

The interplay of factors may be understood as follows: A young boy who grew up in a violent home setting, witnessing violence by a close relative, such as his father, is most likely to repeat the same behaviour in his married life. In the life cycle of this boy, such behaviour is treated as normal (violence as a conflict resolution method) by the family and community. The community and society may not explicitly endorse violent behaviours, but they may implicitly promote them by either considering the behaviour normal or turning a blind eye to it. This, in turn, perpetuates the cycle, as community and society comprise people who share similar perceptions of violence. Thus, the manifestation of GBV in various social institutions has its origins at the individual level, which in turn permeates the network of the human ecology. On the other hand, a girl who grew up witnessing her mother being beaten or emotionally abused by her father is likely to become a victim at all levels because of society's perception of the status of women. She has no power to change the social, religious, or political beliefs of her environment. As Heise, Ellsberg, and Gottmoeller (1999) aptly argue, "In this model, violence against women results from the interaction of factors at different levels of the social environment".

Therefore, the ecological framework best illustrates the interconnectedness of the factors, demonstrating that no single factor of GBV is independent. Each level of the social environment in the model has its factors that interact with other levels (Heise, Ellsberg and Gottmoeller, 1999).

Ecological theory reveals that no single cause or driver can be attributed to GBV, as it is complex with multiple interconnected causes, hence, interventions should challenge violence at all levels. The theory shows that gender-based violence is a product of an individual's environment. I used the ecological theory, which seeks to understand the context of violence and how interconnected the causes are from the individual level to the societal level. It also seeks accountability at every level by demanding an intervention that reduces violence at every level. In patriarchal societies such as Zimbabwe, for example, especially among the Shona people in the more traditional rural areas, the wife "belongs" to the whole family, although the husband has exclusive sexual rights (Chitakure, 2016). As a result, the husband's mother, sisters, brothers, and so on, can force the wife to do domestic chores for them, and if she refuses, they have the "right" to scold her or report her to her husband, who is expected to show his power by disciplining her. If the husband fails to discipline her by beating or scolding her, he is labelled a weakling under a "*petticoat government*" (Chitakure, 2016; Siyawamwaya, 2016). Such rigid gender beliefs about the role of the wife in the home have made violence generally acceptable (Chitakure, 2016; Makahamadze et al. 2012). Accordingly, the above insert shows that the family and the community have a role in sustaining GBV when they continue to hold on to beliefs that view women as objects and subjects of men. Thus, direct violence can be traced back to micro and macro systems that have an impact on human development, resulting in GBV.

My study examined the role of communal institutions (family, traditional and religious institutions and the BCFs) in resolving gender-based violence in the Seke District, Ward 8. The ecological theory recognises that human beings are a product of their environment. My research utilised this theory to explain that communal institutions have a very important role in addressing GBV, as they are part of the factors that affect relationships between men and women. Bronfenbrenner's model places the individual at the centre of their ecology, affected by multiple factors and events throughout their lifespan (Bronfenbrenner, 1977; Heise, 1999). Individuals, relationships, communities, and societal factors all contribute to the causes of GBV, and there are also solutions available to end it. Therefore, norms, social structure, and gender roles within the community, which greatly influence women's vulnerability to GBV, are integral to understanding violence. This theory is summarised in Table 2.1 below, indicating the interrelated factors that contribute to GBV as well as showing examples of how the violence manifests.

**Table 2.1: Ecological Factors and GBV**

<b>Level</b>	<b>Includes</b>	<b>Examples</b>
Individual	The biological and personal history that includes witnessing marital violence, or experiencing abuse as a child, or engaging in substance abuse	Gender, age, attitudes and beliefs supportive of GBV.
Relationship	Factors that increase risk are relationships with peers, intimate partners, and family members.	Sexually aggressive peers; marital conflict; male control over family wealth and decision making (patriarchal values), education; disparities between spouses.
Community	Communities, such as schools, workplaces, and neighbourhoods, embed social relationships.	Norms tolerant of GBV; weak community sanctions for perpetrators; lack of support from police and courts, and women's isolation are all contributing factors.
Societal	Larger, macro-level factors that influence GBV such as gender inequality, belief systems, societal norms, and economic or social policies.	Norms supportive of GBV include male superiority, rigid gender roles and sexual entitlement, and acceptance of violence as a conflict resolution method.

*(Source: World Health Organization, 2010; Heise et al. 1999)*

Several studies have been conducted to ascertain social-ecological factors associated with GBV, varying from individual to societal and structural factors (USAID and UNICEF 2012; Abramsky et al. 2011; Nyamayemombe et al. 2010; Jewkes 2002). Jewkes (2002:1426) found that domestic violence is strongly associated with the “status of women in a society and the normative use of violence as part of the exercise of power”. Nyamayemombe et al. (2010) assessed the relationship between men and women in terms of age, education gap, cash earnings, and participation in household decisions as factors that are associated with GBV.

GBV is a complicated phenomenon that is influenced by various factors; hence, I used the ecological theory to fully understand the causes of violence, which is pertinent to crafting an intervention that may reduce gender-based violence, which was informed by the need for change in the way communal institutions addressed GBV. However, the ecological theory alone does not explain the need to change social norms or develop an intervention meant to combat GBV in Chapter Nine. Therefore, I also used the transformation theory to explain the need for change in these various interconnected systems that influence GBV.

## **2.2 Conflict Transformation Theory**

Conflicts are prevalent from an individual level, family, community, society, organisations, to state levels. Human beings, by their nature, have different interests and perspectives, which inevitably lead to social conflicts. Conflict is defined as a difference or clash between individuals or social groups that occurs because of divergent interests and efforts to achieve goals, often accompanied by threats or violence (Siregar, 2022). Violence is often used to maintain control over limited household resources or to dominate the behaviour of family members (Bulte and Lensink, 2019). Therefore, conflict is a common element of human interactions, situating GBV as part of conflicts, hence fitting in conflict and peacebuilding studies. As a result, nonviolent conflict resolution mechanisms must be cultivated to ensure peaceful resolutions from the individual to state levels, avoiding the use of violence as a method of settling conflicts. According to Lederach (2014: 9), conflict transformation theory is “the envisioning and response to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships.”

Lederach (2014: 2) further opines that conflict transformation theory involves being “engaged in constructive change efforts that include and go beyond the resolution of specific problems.” Mwansa and Simbila (2022) elaborate further that conflict transformation promotes the use of nonviolent methods to address the root causes of conflict and build a just and sustainable peace. This theory emphasizes that peace is rooted in justice, the establishment of the right relationships and social structures, radical respect for human rights, and non-violence as a way of life. Central to conflict transformation theory is the idea that conflict is transformed by reshaping the relationships between conflicting parties. Since human beings are relational, the dynamics of gender-based violence also have a relational factor between men and women.

Therefore, addressing GBV requires focusing on transforming negative relationships into positive ones, often through changes in behaviour exhibited by one or more of the conflict partners (Ty, 2011).

I argue that by framing GBV as a form of conflict, conflict transformation theory can be used to end GBV by transforming relationships and eliminating cultures that belittle women. The key to this transformation lies in the dialectical relationship between institutions and community members, including victims, perpetrators, and those working to effect positive change. Hence, there is a critical need to transform communal institutions to promote positive change within their communities. Conflict transformation views peace as centred and rooted in the quality of relationships (Lederach, 2003). The ecological theory, which depicts the individual's connection to various systems within his environment, provides an understanding of these relationships. These systems include individual, social, political, economic, and cultural relationships. Therefore, there is a need to effect change at the interpersonal, inter-group, and social structural levels. The transformational approach suggests that the key to understanding conflict and developing creative change processes lies in seeing the less visible aspects of the relationship (Lederach, 2003). Thus, to fully resolve the conflict and prevent a repeat, one should investigate the drivers causing a dispute in that relationship rather than focusing on the commission of violence.

The problem with gender-based violence in most patriarchal societies lies in the unequal relationship between men and women and their different roles. Thus, the argument I make is that it is impossible to end violence without transforming the mindset that unequal coexistence is ideal for both men and women. In addition, interventions must expose the subtle implications of patriarchy in society and communal institutions. Through conflict transformation, people become aware of social inequities; thus, their demand for change will intensify, as will the need for addressing and restoring equity (Lederach, 1997: 12). Conflict transformation theory informs my study, which sought to increase awareness and promote the use of nonviolent methods to resolve gendered conflicts.

The conceptual foundations of conflict transformation theory can also be found in Galtung's 1990 theory on violence and peacebuilding, where he opines that there are three basic components: (A) attitudes, which include both cognitive ideas and emotions; (B) behaviours, which includes both overt behaviour and the potential for aggressive or hostile actions; and

(C) contradiction, which is values and interests between parties or within one person that are incompatible. Galtung (1990) asserts that the real or underlying conflict will re-emerge unless one successfully addresses and transforms one's attitudes. Attitude and behaviour are often connected; they can contribute to conflict transformation or worsen violent conflicts. It then follows that to address GBV, a focus should be placed on changing attitudes, behaviours, and contradictions that emanate from patriarchal beliefs and norms. To reduce GBV, one must not only focus on the acts of GBV, or the physical manifestations of violence, but rather transform the beliefs that feed into GBV's normalisation and the culture of violence. Conflict Transformation Theory outlines specific steps and focal areas for achieving personal, relational, cultural, and structural change in conflict contexts. Conflicts affect situations and bring about changes through four central modes: personal, relational, structural, and cultural. Table 2.2 below shows the structure of the transformational change process as proposed by Lederach.

**Table 2.2: Transformational Change Process**

<b>Kind of Change</b>	<b>Targeted Area played out</b>
<ul style="list-style-type: none"> <li>• Personal Change</li> </ul>	Significant at the individual internal processes that requires; self-awareness of one's identity, inclination to and sources of power, skills development, attributes and knowledge, etc.
<ul style="list-style-type: none"> <li>• Relational Change</li> </ul>	Enhancing interaction and dialogue between people, parties, institutions.
<ul style="list-style-type: none"> <li>• Social &amp; Cultural change.</li> </ul>	Need for societal and cultural shift in values – moving away from domination and violence, and strengthening partnership, justice, equity, and nonviolence approaches.
<ul style="list-style-type: none"> <li>• Structural Change</li> </ul>	Emphasising institutional shift – moving away from harmful structures, institutions, laws and regimes.

*Source: adapted from, Lederach, 1997; Bloch & Schirch, 2018, p. 7.*

As indicated in Table 2.2 above, conflict transformation theory seeks to effect relational

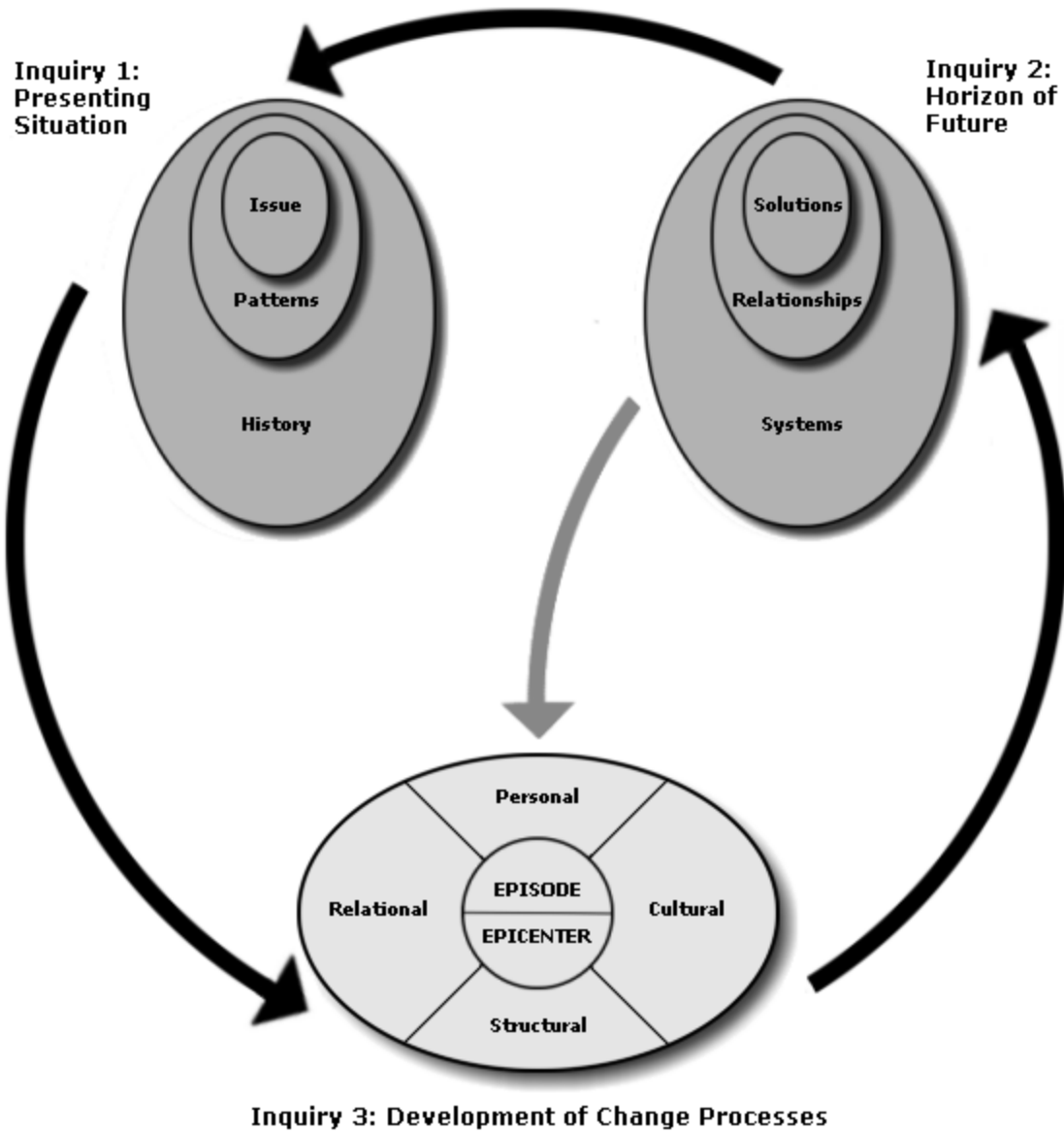
change at personal, relational, structural, and cultural levels. As explained by Lederach, it aims to minimize the destructive effects of social conflict while maximising the potential for personal growth on physical, emotional, and spiritual levels (personal). At the relational level, it aims to reduce ineffective communication and enhance mutual understanding. On the structural level, it seeks to understand and address the root causes of violent conflicts, promote nonviolent mechanisms, minimise violence, create structures that meet basic human needs, and enhance public participation. On the cultural level, it shows that the cultural patterns that contribute to the violent expressions of conflict, (Lederach, 2003). This approach underlines the importance of transforming both the relational and the structural and cultural contexts that sustain GBV, thereby contributing to a comprehensive and long-lasting solution. Therefore, conflict transformation theory creates adaptive and benevolent responses to human conflict using changing the processes that build up justice and abate violence, which is fundamental (Mwanasa and Simbila, 2022). This theory is particularly relevant for analysing the role of communal institutions in resolving GBV in Seke District, Ward 8, and guiding the interventions applied because of this study.

It is important to recognise that conflict transformation goes beyond problem-solving or managing a conflict. It not only seeks to offer immediate solutions to current problems but also seeks to offer an alternative to violence in the long term. Conflict transformation creates opportunities for creating constructive change processes that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships (Dick, 2017). As Reychler and Paffenholz notes:

'It addresses all the major components of the conflict, fixing the problems, which threatened the core interests of the parties: changing the strategic thinking; and changing the opportunity structure and the ways of interacting' (Reychler and Paffenholz, 2001: 12).

In the context of resolving gendered violence, conflict transformation theory goes beyond the acts of violence to the thinking of affected parties, changing the way they perceive each other, thereby resulting in a peaceful existence. The following diagram, Figure 2.3, illustrates the stages of developing an intervention using the theory, starting with an inquiry into the root causes of the conflict or problem, then exploring potential interventions or solutions and their relationship to the environment, and lastly developing the change process.

## The Big Picture of Conflict Resolution



**Figure 2. 3: Conflict Resolution Using Conflict Transformation Theory**

(Adapted from Lederach, J. (2003))

Lederach (2003) illustrates conflict resolution through the diagram above, emphasizing that the initial step towards working on conflict transformation is presenting the situation, which looks at both the content of the dispute and the relationship patterns within its context. Conflict transformation views the presenting issues as a reflection of the broader system of relationship

patterns, as it moves away from the physical manifestation of violence and focuses on the relational and historical patterns in which the conflict is rooted, providing a context in which the issues in a dispute rise toward the surface. In this study, I will be looking at the causes of GBV and the historical or cultural context of the problem. The second point of inquiry is the horizon of the future; the envisioned change, however, is not linear. Thus, the arrow points not only forward to the future, but also back toward the immediate situation and the range of change processes that may emerge. The final major inquiry is the design and support of an intervention that attends to the web of interconnected needs, relationships, and patterns. I borrowed from this model, where first I focused on the causes or sustainers of GBV, then moved to suggestions of intervention by those affected, and finally the design of the intervention was informed by the participants' suggestions. The rationale behind this is that transformational processes within communal institutions should be able to build platforms capable of promoting long-term social change.

People experiencing conflicts need trainable behaviours that change relationships and reduce conflict in the long term (Dick, 2017). Conflict transformation theory proposes the concept that conflict is not simply resolved by methods found in conflict resolution, but conflict is transformed through changing the relationships of the conflict partners, rather than relying solely on conflict resolution methods (Lederach, 2003). Effective conflict resolution methods are not prescriptive; there is a need for people to contextualise the conflict in each community and come up with a solution that will address the deep-rooted sources of conflicts and transform negative relationships into positive ones. Thus, my research draws inspiration from the concept that communities must develop conflict resolution mechanisms that are owned by their members and not imposed on them. In that way, proposed conflict resolutions are likely to be effective in transforming the society towards peaceful coexistence based on mutual respect and equality. Lederach's (2003) conflict transformation theory seeks to address problems/conflicts in human relationships. Thus, conflict transformation in GBV studies focuses on changing the thinking about women's roles and position within both the private and public spheres to that of equal players. Conflict transformation alters the dynamics between conflicting groups, resulting in conflicts being avoided and managed in a way that maintains the new positive relationship between the past hostile groups.

Conflict transformation seeks to change both negative individual behaviour and the larger social system. Lederach (1995: 17) described conflict transformation as a non-violent social

change that is focused on facilitating a particular community's movement through the phases of conflict while also achieving justice. Lederach (1995) postulates that education is centred on the concept of conscientisation, the process of building awareness in a context that produces individual growth and social change. As a result, to enable positive social change within a community, there is a need for awareness through education to transform certain behaviours and beliefs towards men and women. Through conflict transformation, I was able to elicit solutions from the community rather than imposing them. Conflict transformation theory's concept is that people should be taught how to address their challenges to transform relationships (Lederach, 1997). Borrowing from this understanding, my research elicited solutions from communal institutions on how they can be effective in reducing GBV, and they came up with a trainable solution to gender violence.

My research was informed by conflict transformation theory, which explores current conflict resolution methods for gender-based conflicts and proposes new ones. However, according to Paffenholz (2013), a core element of Lederach's focus on society's peacebuilding resources is his 'middle-out' approach that divides the conflict society into three tracks of actors:

- a) Track I: the top leadership; through mediation at the level of states;
- b) Track II: the middle-level leadership, through more resolution-oriented approaches, such as workshops and peace commissions; and
- c) Track III: the grassroots, representing the majority of the population and can be reached through local peace commissions, community dialogue and trauma healing.

Lederach's theory places more emphasis on Track II, which supports Track I policies and interventions, leaving out Track III, which has shown that it is capable of social change due to its proximity to the problems as compared to the other two tracks (Paffenholz, 2013). Therefore, my research focused on Track III, which is the role of communal institutions in resolving GBV. Therefore, the conflict transformation theory, with its emphasis on relationships, falls short in explaining the role of communal institutions as actors in the envisioned change.

I used a hybrid theory combining conflict transformation theory with the ecological systems theory to explore the potential that grassroots institutions have in challenging societal norms that reinforce GBV; hence, they will be able to change this thinking as well. Additionally, I

integrated the community-based approach in explaining the role of communal institutions in resolving GBV.

The ecological and conflict transformation theories served as the guiding framework for the community-based peacebuilding approach employed in my research. These theories share the fundamental tenet that participation plays an essential role in instigating change.

## **2.3 Community-Based Peacebuilding Approach**

Since the intervention was developed in collaboration with the communal institutions, I used the community-based peacebuilding approach to guide the development and implementation. Solutions to GBV are crucially community-proposed and owned because the causes are embedded within the social fabric. As de Coning (2016:167) asserts, “for a peace process to become sustainable, resilient social institutions need to emerge from within, i.e., from the local culture, history, and socio-economic context”. Community-based research seeks to challenge and provide an alternative to externally- and expert-driven research (Neufeldt and Janzen, 2021). The community-based peace-building approach actively engages affected populations as partners in developing strategies related to their protection. It also facilitates direct consultation and dialogue with community members. This approach is rooted in conflict transformation theory, which centres on the transformation of relationships (Lederach, 2003), and ecological theory, which seeks to explain the drivers and resolution of conflicts within one’s environment (Heise, 2002). The rationale for using a community-based approach is that each society has its unique way of addressing issues, and solutions are more lasting when they are community-owned. Consequently, community-based approaches (CBAs) typically embrace participation and action.

However, CBAs emphasise that research must be community-driven, prioritising community agendas over researcher agendas, ensuring that research is responsive to community context and practically relevant to those most affected by the research (Neufeldt and Janzen, 2021). One of the objectives of this research is “using a participatory action research approach, to develop an intervention aimed at reducing and ending GBV”. PAR aligns well with conflict resolution and peacebuilding; it is employed as part of what contributes to transforming conflict and adding to scholarly knowledge (Neufeldt and Janzen, 2021). In collaborating with the communal institutions, I aimed to develop a locally owned and empowering intervention.

Community-based interventions empower communities by giving them direct control over the planning, development, implementation and monitoring of the projects/interventions (Haider, 2009). Due to their proximity to the conflict and its causes, communal institutions are well-placed to identify their shared needs and the necessary actions to address them. CBA also fosters a sense of community ownership, contributing to the sustainability of interventions (Haider, 2009). Addressing GBV, a complex issue, requires the collaboration of all community stakeholders to develop inclusive solutions. Drawing from this understanding, the researcher collaborated with communal institutions to develop a GBV educational programme aimed at reducing and preventing GBV. Haider (2009) notes that community-based peacebuilding interventions often seek to transform relationships, involve a wide range of actors beyond the development community, including diplomatic actors and, in some cases, parties to the conflict, and link to broader peace strategies.

The community-based approach leverages representatives from communal institutions to serve as drivers of change. These institutions act as intermediaries between communities and local and national authorities, as well as between communities and external development agencies and implementing organisations, such as national or international non-governmental organisations (Haider, 2009). In this research, I focused on the Christian body as part of the religious institutions, traditional leaders (village heads, headmen and chiefs), family (uncles and aunts to the people experiencing gendered violence) and BCFs. These were the participants of the study as well as partners in developing and implementing the GBV Educational Programme intervention. The ecological theory enabled me to understand the causes and sustainers of GBV, highlighting the complex web of interconnected factors within an individual's environment. Conflict transformation theory provided insights on creating interventions that foster positive attitudes and behavioural changes. However, these theories alone were insufficient to justify the focus on the family, church, traditional leaders, and BCFs. Therefore, the community peacebuilding approach was employed to comprehensively address GBV through these communal institutions.

## **2.4 CONCLUSION**

The chapter focused on ecological and conflict transformation theories that guided the study and the community-based peacebuilding approach that informed the intervention at the grassroots level, meant to respond to GBV. The rationale behind using the ecological theory

is that it seeks to demonstrate that no single cause can explain violence, but rather a combination of factors that lead to violence. I also discuss Lederach's conflict transformation theory, suggesting that GBV is a form of conflict, and it should be resolved using the conflict transformation theory, which asserts that to avoid violence there is a need to transform relationships between affected communities or individuals. My research, therefore, seeks to highlight the drivers or sustainers of GBV on all levels of one's social environment by assessing the role of communal institutions in resolving GBV by combining the theory with the conflict transformation theory, which seeks to transform relationships in these four levels of an individual's ecological systems using the community peacebuilding approach. The following chapter will discuss the contextualisation of GBV in Zimbabwe.

# CHAPTER THREE: GENDER-BASED VIOLENCE IN ZIMBABWE

## 3.0 INTRODUCTION

This chapter aims to explore the current trends in gender-based violence (GBV) in Zimbabwe to understand its reality and dimensions. To achieve this, the chapter first defines the concept of GBV and what it means in different contexts. The chapter then describes the nature of violence, distinguishing between direct, indirect, structural, and cultural violence. The chapter also reviews Zimbabwe's legal framework that is designed to combat GBV, identifying gaps that support my argument that the law alone is not enough and that communal institutions should play a more significant role in resolving gender conflicts that result in GBV. This chapter serves as a mechanism to understand the phenomenon of GBV in Zimbabwe and Seke District, Ward 8, which is the focus of this study.

## 3.1 Violence, Gender, Sex and Gender-Based Violence

Scholars, such as Ayodapo (2013) and True (2015), have highlighted that there is a connection between violence, gender, sex and inequality. Thus, all forms of violence can be considered gendered due to their intertwining with various forms of structural inequality and cultural violence. Mcllwaine (2013) asserts that all violence is intrinsically gendered, although GBV is evident when the gender of the victim of violence is directly related to the motive for the violence. Therefore, all forms of violence can be considered gendered. GBV manifests in various forms of violence that is sexual violence, physical violence, intimate-partner violence, child abuse, bullying, child marriage, trafficking, and economic abuse. Violence is used to coerce people into doing or behaving a certain way, and it has become the most accepted form of conflict resolution method, meant to assert power over the victim.

### **a) Violence:**

It is important to understand violence to conceptualise GBV. To understand what gender-based violence is, one must understand what violence is and how it is connected to gender

relations. Violence can be understood in a narrow sense as physical harm to a person or property, but in a broader sense as the systematic violation of people’s rights and dignity as well as a limitation to one’s full potential (Hamb, 2017). Thus, violence is used to control and instill fear in others by those with power. In “*Typologies of Violence*,” Galtung (1988) argues that violence can also be defined in terms of the kind of harm it produces, in terms of what human needs it prevents. According to him, violence is manifested in direct, cultural and structural ways. In the context of GBV violence, be it direct, structural, or cultural, there is a manifestation of inequalities meant to exert control on the perceived weaker gender.

According to Galtung (1990), violence can be understood from three perspectives, that is, personal, structural and cultural violence. Personal violence is violence with a subject, structural violence is violence without a subject, and cultural violence serves as legitimization of both personal and structural violence through religion, ideology, language, and art, among others (Ibid. 1990). This understanding of violence is very important in understanding GBV, which is manifested in direct violence and is sustained by both cultural and structural structures in the family, community, and society. To illustrate the types of violence using Galtung’s understanding is Figure 3.1 below shows the triangle of violence and its interconnectedness.



**Figure 3.1: Violence Triangle (Source: Ziyadov 2006:32.)**

The diagram above illustrates that cultural, structural and direct violence are the three corners of the violence triangle, which is meant to clearly show that violence is interconnected and caused by various factors that often lead to direct violence. I borrowed from this triangle in exploring what is sustaining Gender-based violence in the Seke, Ward 8 community.

On one hand, cultural violence within the community is characterised by the prevalence of traditional beliefs, norms and gender roles that reinforce unequal power dynamics between men and women. Mbaru, Tabengwa and Vance (2021) stated that culture is generally

understood to mean the ways that societies conduct and express themselves in time and space. For instance, culture has shaped the notion that reproductive roles such as taking care of the family, fetching firewood, water, taking care of the aged, attending community engagements such as funerals, are women's activities (Mbaru, Tabengwa and Vance, 2021). Therefore, any deviation from these culturally prescribed roles is met with gendered violence. Most African societies accept violence against women as culturally permissible and violence against men by women as culturally acceptable. Women are unable to perceive their husbands' abusive behaviour as a violation; instead, they believe that he is exercising a right that serves their interest and that of the family (UNHCR, 2020). For example, in a survey carried out by Zimbabwe Human Demographics (2015), it is permissible for a man to beat their cheating wives, and it is normal for a husband to cheat. Confirming with this observation, Zondi (2012) postulated that women in her area of study unwaveringly admitted that there is no problem if it is a man who has several girlfriends, but that for a woman to do likewise is unacceptable and is punishable by a beating or divorce. Culture, in some instances, sanctions GBV in relationships. In addition, women in patriarchal societies, especially in rural areas, are economically dependent on male family members for support and access to resources such as land (Cnroy, 2014). This is culturally accepted, however, it fosters inequality and elevates women's vulnerability to violence. Research from various parts of the world, including the Arab world (Standish 2014), China (Thurston et al. 2016), India (Singh and Aggarwal, 2020), Nigeria (Oladepo, Yusuf and Arul, 2011), Pakistan (Sadiq, 2017), Rwanda (Brown, 2016), and Senegal (Falcão, 2018) supports the notion that GBV against women is culturally constructed, shaped and, in some cases, prevented. These studies highlight the importance of understanding the cultural context in which GBV occurs.

In Zimbabwe, in the Shona culture, patriarchal practices shape and perpetuate gender inequality and strip women of any form of control over their sexuality (Kambarami, 2006). To support this, Mbaru, Tabengwa and Vance (2021) opine that once a girl reaches puberty, all teachings are directed towards pleasing one's future husband as well as making a home. Furthermore, these cultural teachings foster a dependence syndrome, making them into housewives, provided for by the husband who is the "breadwinner". Consequently, cultural beliefs buttress the culture of economic inequality, which in most cases is also a source of GBV.

However, culture is not static, but it is influenced by current socioeconomic and political conditions hence, the culture of violence can be changed through learning new methods of conflict resolution. Merry's (2003) work discusses culture and its ability to change or hybridization, as history has proved that as cultures have been affected by processes such as globalization, colonization, capitalism, reform movements and militarization and have therefore been subject to change. Borrowing arguments from Merry's works and using PAR, my thesis explored the role that communal institutions have in transforming and socialising a new culture that recognizes that equality is not a negative endeavour, and it should be implemented and practiced from the family level on up.

Structural violence refers to the invisible manifestation of violence or any harm that is embedded into the political and economic organization of the society that forms and preserves inequalities within and between different social groups, genders, and ethnic-cultural groups (Rylko-Bauer and Farmer, 2016). Unlike physical violence, structural violence is invisible and may have an impact indirectly (Nandagiri and Strong, 2020). These are systems that deny human beings from enjoyment of their human rights, for example, unequal access to education, which translates into unequal opportunities in life. Unemployment, unequal access to goods and services and exploitation that affect a range of determinants of health are some of the examples that structural violence is expressed by (Montesanti and Thurston, 2015; Galtung, 1990).

In *Peace by Peaceful Means*, Galtung (1996) singles out patriarchy as one of the forms of structural violence, having identified gender as one of the "spaces" where violence can be found. My research borrows from Galtung's writings in *Human Rights in Another Key* (1994), where he emphasizes the need to remove structures that sustain violence rather than saying no to violence and not transforming the apparatus that supports violence as a conflict resolution method. He said that the human right of not being tortured is a "shallow" human right. "The deeper right would be the human right to live in a social and world structure that does not produce torture" (Galtung, 1994: 133). Direct violence is a result of other underlying factors that are hidden. Thus, formulating laws that prohibit GBV is not enough if structures that sustain GBV are still in place. Hayes (2016) argues that structural violence in Malawi is reflected in the country's proverbs "marriage is perseverance" and "men are like children," enjoining wives' perseverance in the face of husbands' infidelities. Thus, there is a need for a gender-conscious approach in GBV studies which allows for the exploration of hidden power

relations and reveals a way in which violence is conceivable at an individual to global level. Moreover, according to Rylko-Bauer and Farmer (2016), economic inequality is a form of structural violence that is sustaining GBV. Structures within a society intersect to oppress and suppress people, resulting in unequal opportunities and reinforcement of gender inequality (Tanyag, 2019). Drawing from this framework, GBV can be traced back to community perceptions of women, influenced by structural factors within the community.

### ***b) Gender and Sex:***

The concept of gender plays an important role as it helps in distinguishing violence in general and that which has a gender aspect. The UN Women (2014) defines gender as the socially constructed roles, relationships, attitudes, and values assigned to individuals based on their sex within a given society. Therefore, the social constructs shape what is deemed acceptable for each gender and any deviation is resisted using violence. Additionally, Tastsoglou, Petrinioti, and Karagiannopoulou (2021) point out that gender is not just a static identity, but a relational power concept preserved by both materialist conditions and discursive practices, which may include the use or threat of violence. According to them, gender is not a fixed condition, however, it is defined and shaped by one's environment. Gender serves as an analytic lens for comprehending the ordering of the social world and the power hierarchies within it (ibid. 2021). In Zimbabwe, 'gender' is understood and used interchangeably with sex and associated with women (Home Office, 2018).

In Zimbabwe, gender is intertwined with societal perceptions of gender roles and identities. Marongedze, Machanja, and Chinouriri (2019) observed that in Zimbabwe, the notion of gender is not distinctly recognised; instead, male-female relationships are perceived as appositional, characterised by complementary responsibilities and obligations as dictated by kinship codes. According to their findings, policymakers often approach gender through the lens of Western-derived constructs, particularly feminist perspectives, which may explain the prevalent association of gender with biological sex (male or female) in Zimbabwean discourse. This association of gender with biological sex highlights the influence of culturally defined understandings of gender, shaped by societal norms and power dynamics that often favour men (Anjali, 2022). This reflects a broader perception of gender within the Zimbabwean context, where gender roles and expectations are heavily influenced by cultural traditions, community norms, and prevailing power dynamics that perpetuate gender inequalities.

Sex is the physical biology that differentiates males and females. Sex socially defines roles, behaviours, activities, and opportunities that are shaped by societal norms and expectations (Tricco et al. 2021). Despite the distinction between sex and gender, these terms are often used interchangeably, particularly in medical platforms (Tschon et al. 2021). Although some scholars assert that sex is primarily determined by biological factors (Valcore et al. 2021; Zanghellini, 2020; Conaghan, 2018), others argue that sex encompasses a range of biological factors, including chromosomes, genitals, gonads, hormones, and secondary sex characteristics (Ainsworth, 2015) as well as representing political choice (Conaghan, 2018). Thus, the understanding of sex is socially derived as it is shaped by social and cultural factors; consequently, this understanding overlooks the interplay between biology, society, and individual identity. Sex and gender are important identifiers that shape people's experiences and interactions with society.

As postulated by the National Academies of Science, Engineering, and Medicine (2022), sex and gender serve as important demographic characteristics that help as axes through which personal and societal beliefs about sex (gender) differences manifest. These markers (gender/sex) serve as parameters where behaviours and attitudes are constructed, contributing to the continuation of gender-based inequality manifesting as segregation, discrimination, violence, sexism, homophobia, and transphobia. Thus, understanding the interplay between sex, gender, and societal dynamics is important for addressing and preventing gender-based violence.

According to Saguy, Reifen-Tagar, and Joel (2021), the understanding of gender differences through the lens of biological understanding reinforces inequality and gender stereotypes. According to the biological framework, men and women are perceived to be different due to their biological composition. These differences, according to Fine (2017), are attributed to genetic and hormonal variations between the sexes, which are believed to shape mental and behavioural differences between men and women. Consequently, these views have influenced societal perceptions of gender and sex. To support this argument, a study in the USA conducted among a sample of 4573 adults revealed that most respondents subscribed to the notion that men and women are different across various domains, including the expression of emotions, parenting styles, interests, and abilities (Parker, Horowitz, and Stepler, 2017). Notably, some respondents attributed these differences to biology, believing that biological factors account for differences in workplace strengths and parenting styles.

Therefore, by framing gender differences as biological, this perspective sustains gender inequality.

### **c) Gender-Based Violence:**

The discourse around gender and the meaning of gender-based violence is complex and can be seen from many perspectives: law, culture, biology, psychology, and structural violence. The definition has been extended to include different types of violence which are centred on the unequal distribution of power between men and women in socioeconomic and political aspects of society (Bukuluki et al. 2023; Javed and Chattu, 2020; Ott, 2017). Although studies reveal that both men and women suffer gender-based violence (Thobejane et al. 2018), women are disproportionately affected (Ali, 2018; Speed et al. 2020; Chadambuka and Warria, 2020; Chitando and Chirongoma, 2013). Women are the major victims of GBV, hence it is often understood in the context of violence against women. This is reflected in the many international documents such as the *Convention on the Elimination of all Forms of Discrimination Against Women* (CEDAW), which explains GBV against women as a violation of international law (OHCHR 2021). GBV refers to violent and harmful acts directed towards an individual based on their gender in a society or culture (UNHCR, 2021; Harvey, 2021). Examples of these violent acts include sexual-based harassment, physical violence, online violence, forced marriage, coercion and manipulation without the survivor's consent (Council of Europe Istanbul Conventions, 2011).

GBV can be understood from the human rights it violates. GBV has been noted to be a human rights violation against women and girls (UFP, 2017). This understanding results in prevention taking a legal perspective focusing on the implementation of laws and policies against GBV, while the discussion above on sex, gender and types of violence could also be used to understand how best GBV can be understood and addressed. Biological perspectives could explore genetic or physiological factors that may influence violent behaviour, whereas psychological perspectives delve into the mental and emotional dimensions of both perpetrators and victims. Structural violence perspectives, as articulated by Galtung (1990), examine how social structures and institutions systematically harm or disadvantage certain groups, thereby sustaining inequalities that lead to GBV. Understanding GBV through these diverse lenses provides a view of its causes and impacts, highlighting the importance of addressing the root causes of gender inequality to prevent GBV.

The United Nations (1993) definition of GBV has been instrumental in helping me to assist the community in understanding the different forms of GBV, as it is not only physical but also extends to psychological or threats and not only at the family level but also stretches to violence at workplaces and political space. The Declaration on the Elimination of Violence against Women, Proclaimed by General Assembly resolution 48/104 of 1993, Article 1 defines GBV as:

...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1993: 2).

Article 2 of DEVAW identifies three areas where violence against women occurs: the family (home), the community, and the state. Within the family, violence against women includes physical, sexual, and psychological violence, wife battering, and sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation. At the community level, violence can include rape, sexual abuse, sexual harassment and intimidation at work and education institutions, trafficking in women, and forced prostitution. State-level violence includes physical, sexual, and psychological violence perpetrated or condoned by the state and wherever it occurs (United Nations 1993). Whilst most cases of GBV in Zimbabwe occur within the family and the community domain, it is important to note that the state is also complicit in the perpetration of GBV, especially during election periods (Manyonganise, M. 2017). Zerai (2015) argues that the values promoted by the Zimbabwe military and police to maintain the Zimbabwe African National Union's Patriotic Front (ZANU PF) political dominance may be affecting male-female relationships in Zimbabwe. Thus, the state has entrenched a culture of violence as a conflict resolution mechanism within the country, making it difficult for it to address GBV. I borrowed from this definition, which points out the realms where GBV is most likely to occur. My topic focuses on communal institutions and the above definition locates GBV within these settings.

Zimbabwe is also a signatory to regional and continental conventions on GBV; thus, its laws and policies are formulated to mirror these conventions. The SADC Protocol on Gender and Development (2008) defines Gender Based Violence as follows:

“all acts perpetrated against women, men, girls, and boys based on their sex which cause or could cause them physical, sexual, psychological, emotional or economic harm, including the

threat to take such acts or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict.” (Article 1.2: 7).

While the working definitions on gender-based violence acknowledge that GBV is a complicated phenomenon that ranges from direct violence to subtle emotional or the threat of violence, they, however, limit the phenomenon to mean violence against women only and highlight that men are perpetrators of violence only. My research utilised the definition by the International Federation of Red Cross (2017), that GBV is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy based on their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse, this definition encompasses both men and women on the premise that they can all be victims of GBV, unlike the bulk of literature which defines GBV to mean violence against women and girls only.

### **3.2 Gender-Based Violence in Zimbabwe**

Gender-based violence in Zimbabwe, like in many countries across the globe, is one indication of entrenched structural gender disparities and of societal inequalities. Gender-based Violence remains a challenge in Zimbabwe despite the preventative and mitigatory interventions that have been proposed and implemented by various stakeholders, including the government. GBV continues to increase. Gender inequality rooted in the patriarchal system remains the major driver of GBV in the country (Magezi and Manzanga, 2019; Fidan and Bui, 2016). This power imbalance between men and women often results in GBV (Dahal et al. 2022). These power imbalances are highlighted in men having higher education compared to women (Lasong et al. 2020), as a result, they occupy better positions in society with decision making powers at home and work (Jena et al. 2023; Maviza and Carrasco, 2023). Such structural differences impact women’s decision-making power and sustain gender inequality. In addition, the cultural beliefs and the culture of silence also contribute to GBV in Zimbabwe, where silences sustain and normalise the use of violence, creating a cycle of violence (Dzinamarira et al. 2023; Chirongoma and Zvingowanisei, 2022

The culture of violence that legitimises direct violence as normal and that women should persevere is reflected in music and language. To demonstrate the legitimisation and normalisation of GBV in Zimbabwe, I used Feli Nandi's song *Ndakareva wani* (but I said it) (2022):

*Ndakareva wani* (but I said it).

*Mukati ndozvinoita dzimba* (you said that is marriage).

*Mukati munhukadzi chako kushinga* (you said a woman should endure).

*Ndakakuudzai wani* (but I said it).

*Zvakanzi munhurume haacheme* (they said a man should not cry).

*Mukati tonnyarira pai, mukati tofambira kupi* (you said we will be embarrassed, where will we go).

*Ndaremerwa, ndakakuudzai wani kuti ndaneta* (I'm tired, I told you that I am tired).  
*Ndakataura wani, Mutoro uri kurema Ndoudza ani* (I told you, this burden is heavy, who should I talk to about this pain).

*Mukati chako kushinga* (you said I should endure).

*Ingori mifananidzo chete pamhepo* (they are just pictures online).

*Kusekerera sezviri kuendeka, kuti zvinzi eheka hupenyu hwakatsetseka* (the smiles are just for people to say all is well).

*Asi kana ndaandega ndinonzwa kuti ndaneta, ndangariroro, kurwisana, kutandanisana dzega* (but when I'm alone, my thoughts are heavy on me, I feel that I'm tired), (Nandi, 2022).

The song illustrates how society has normalised violence as something that women should endure because it is part of marriages, and that men should not cry. The song further portrays the emotional turmoil experienced by women, who are often subjected to stress and depression because of the violence they are experiencing, yet family and society dictate that they stay in abusive marriages even when they feel the need to leave.

Literature from studies by Dnamarira et al. (2023), Emanuel et al (2022), Chadambuka and Warria (2020), and Mazhambe and Mushunje (2023) indicates that men are the perpetrators of violence against women. Although Mazhambe and Mushunje (2023) noted that three to four out of 100 cases reported at the ZRP were men victims, they noted that most of the cases involved women and girls as victims. Specifically, about 90% of GBV cases reported daily to the police are from women and girls who have experienced physical or sexual violence. These statistics underscore that GBV affects women to a greater extent. A 2017 study conducted by the United Nations Population Fund revealed that 38% of women in Zimbabwe have

experienced physical or sexual violence perpetrated by an intimate partner (Iman'ishimwe Mukamana et al. 2020). Further insights from the Zimbabwe Demographic and Health Survey (ZDHS) of 2015, cited in the Home Office report of 2018, underscore the pervasive nature of spousal violence across the nation, ranging from 20% in Matabeleland North to 45% in Mashonaland East. Additionally, the survey highlights that nearly 40% of women aged 15–49 who have encountered physical or sexual violence have sought assistance to address the abuse.

According to available statistics, 39.4% of women aged 15-49 had experienced violence since the age of 15, 11.6% had experienced sexual violence in their lifetime, and 33.7% of women aged 20–24 years were first married or in a union before they were 18 years old (United Nations Zimbabwe, 2020; ZIMSTAT, 2019), with the COVID-19 lockdown from 2020–mid 2022 exacerbating the situation. Studies in Zimbabwe have shown that men are perpetrators of violence against women. A survey was conducted with women aged 15-49 years and men aged 15-54 years on whether the husband has the right to beat his wife for various reasons. The results revealed affirmative responses as follows:

- 14.6% of men stated they would beat their women for going out without informing them, compared to 7.1% of women who supported the action.
- For neglecting children, 21.9% of men would beat their wives, whereas 12.3% of women supported this action.
- In the case of arguing with the husband, 23% of men believed that the wife must be beaten, while 13.9% of women supported this idea.
- 13.7% of men would resort to violence if their wives refused to have sex with them, and 4.8% of women agreed with this action.
- Additionally, 8.4% of men stated that they would beat their wives for burning food, and 3.5% of women supported the action.
- Lastly, 43% of men would beat their wives for infidelity, and 24.6% of women confirmed they should be beaten (ZIMSTAT, 2016: 59–62).

The above statistics emphasise that GBV is prevalent in Zimbabwe and that cultural beliefs and norms normalise violence against women. UN Women described the impact of COVID-19 on violence against women and girls as “the shadow pandemic” following a global increase in domestic violence (UN Women, 2020a). Studies on GBV in Zimbabwe revealed that domestic violence was a compelling issue for women during the lockdown (Office for the

Coordination of Humanitarian Affairs (OCHA, 2020). According to the Musasa Project, there was a surge in reported cases of GBV during the lockdown period,

- The overall increase was over 75% compared to the pre-lockdown trends.
- About 94% of the cases involved women.
- The most dominant forms were physical violence (38% of total cases) and psychological violence (38%), followed by economic violence (19%) and sexual violence (5%).
- About 90% of cases were IPV (OCHA, 2020; ZIMFACT, 2020; Sachiti, 2020; SAFE, 2020).

While COVID-19 has worsened GBV in the country, the increase in GBV in Zimbabwe is an indication that there is a need to investigate what is sustaining GBV, making it immune to statutory laws and intervention by the government and various stakeholders. I used the ecological theory in understanding and explaining the surge of GBV cases during the COVID-19 period, which states that time and history is one of the interconnected factors that influence an individual to be violent (Heise, 1998). The next section focused on domestic violence as the most prevalent form of GBV in Zimbabwe.

### **3.3 Domestic Violence**

Domestic violence is defined as “a form of gender-based violence, which is defined here as any act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, and men, including threats of such acts, coercion, or arbitrary deprivation of liberty” (ZIMSTAT and ICF International, 2016:315). Terms such as “women abuse,” “women battering,” “marital violence,” and “intimate partner violence (IPV)” are often used interchangeably to describe this harmful behaviour (Kabir and Khan, 2019). According to Magezi and Manzanga (2020), domestic violence stems from the notion that men are entitled to dictate their wives' behaviour and social interactions, imposing restrictions that are not reciprocated.

In Zimbabwe, GBV is viewed and understood as domestic violence, where spousal or partner abuse is the most common form of gender-based violence, and it is associated with women (Chireshe, Ncube and Kasu, 2019; Mazhambe and Mushunje, 2023; Chadambuka and Warria, 2020). Studies have noted that domestic violence is the most prevalent form of GBV

(Kabir and Khan, 2019; Tran et al., 2018; Wekwete et al., 2014). While domestic violence has been used interchangeably with GBV, it, however, limits the scope of GBV as it manifests beyond the home setting to include society and community.

The Zimbabwean Domestic Violence Act (2007) defines domestic violence as any act or omission that harms, injures, or endangers the health, safety, life, or well-being of an aggrieved person, whether mentally or physically. Within sub-Saharan Africa, violence within intimate relationships ranges from 42.3% in Nigeria to 67.7% in Ethiopia (Beyene et al. 2019). Women constitute 80% of domestic violence victims, regardless of income, age, or education level. Intimate partner violence remains the predominant form of violence experienced by women (Owusu Adjah and Agbemafle, 2016). Zimbabwe's domestic violence trends revealed an increase in the challenge; between 2005 and 2015, reported cases surged from 35.2% to 42.7% (Lasong et al. 2020). In addition, the Refugee UNHCR for Refworld (2015) noted that nearly a quarter of married women who experience domestic violence also endure sexual violence. Despite legal provisions against domestic violence, there persists a perception that it is a private matter confined to the home that can be addressed by family members, and traditional and religious leaders.

The patriarchal nature of the Zimbabwean community has contributed to how GBV is perceived. Culture and tradition in Zimbabwe sanction corporal punishment for children as a way of disciplining them or to affect good behaviour through the rod. This view is also supported by the Christian belief, which states that a child should be beaten so they behave based on the scripture from Proverbs 13.24: "Whoever spares the rod hates their children, but the one who loves their children is careful to discipline them". Therefore, it is not strange that the same communities believe that women should be beaten to discipline them. Thus, culture, tradition, and patriarchy have contributed to the normalisation of domestic violence as a social interaction tool for conflict resolution. Consequently, the community becomes another site of violence as it is responsible for shaping culture and tradition that continue to subject women to violence and perceive women's place in the home, with idioms like "musha mukadzi" (a woman makes a home).

The home is the most dangerous place for women in Zimbabwe (ZIMSTAT, 2019), with 85% of cases of sexual violence experienced by married women perpetrated by current or former husbands or partners, 41% of unmarried women being violated by former or current boyfriends

or family friends 12%. The Zimbabwean family set-up is predominantly patriarchal, which has a detrimental effect on the status and positioning of women (Kambarami, 2006; Maisiri, 2016). Thus, GBV is conceptualised as family violence or domestic violence found in the family domain. However, GBV is experienced in both the private and public spheres. To illustrate this further, I adopted Table 3.1 from Frederick (2001), Table 3.1 below.

**Table 3. 1Spheres where GBV manifests**

Family	<ul style="list-style-type: none"> <li>• Considered one of the key sites of GBV.</li> <li>• Prepares its members for social life and forms gender stereotypes and perceptions of division of labour between sexes.</li> <li>• This is where physical and psychological abuses occur (battering, confinement, forced marriage, murder, control of women without their consent, threats, insults, neglect, forced abortion or pregnancy, sexual abuse, <i>etc.</i>).</li> <li>• Because violence within the family and household takes place in the home, it is often regarded as private, and information about it is lacking, leading to under-reporting of GBV issues.</li> </ul>
Community/ Society	<ul style="list-style-type: none"> <li>• As a group sharing common social, cultural, religious, or ethnic belonging, it perpetuates existing family structure and power inequalities in both the family and society.</li> <li>• Justifies the behaviour of male abusers aimed at establishing control over women in the family and supports harmful traditional practices such as battering and corporal punishment.</li> <li>• The workplace can also be a site of violence. Either in governmental service or in a commercial company, women are vulnerable to sexual aggression (harassment, intimidation) and commercialised violence (trafficking for sexual exploitation).</li> </ul>
State	<ul style="list-style-type: none"> <li>• Legitimises power inequalities in family and society and perpetuates GBV through the enactment of discriminatory laws and policies or the discriminatory application of the law.</li> <li>• Is responsible for tolerance of gender violence on an unofficial level (i.e., in the family and the community).</li> <li>• To the extent that it is the state's recognised role to sanction certain norms that protect individual life and dignity and maintain collective</li> </ul>

	peace, the state should develop and implement measures that redress GBV
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Table 3.1 shows that GBV occurs in three settings, that is, the family, community and the state. The family setting is one of the key sites where direct violence manifests, the community perpetuates existing power inequalities in family and society and justifies patriarchal systems and the state setting where poor sanctions against violence manifest through legitimising structures that sustain GBV.

To highlight the prevalence of domestic violence in the home setting, the MIC (2019) survey, 46.6% of women reported that their husbands or partners feel jealous or angry if they talk to other men. Additionally, 21.6% of women were frequently accused of being unfaithful, 14.5% were not permitted to meet their female friends, and 39.2% were required to always inform their husbands of their whereabouts. Table 3.2 below illustrates how different forms of GBV manifest in the home setting.

**Table 3. 2: Forms of Spousal Violence**

Percentage of ever-married adolescent girls and women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their current or most recent husbands/partners, Zimbabwe MICS, 2019				
Type of violence experienced	Ever experienced	Experienced in the past 12 months <sup>1</sup>	Frequency in the past 12 months	
			Often	Sometimes
<b>Spousal violence committed by current or most recent husband/partner<sup>A</sup></b>				
<b>Physical violence<sup>B</sup></b>				
Any physical violence	37.1	16.3	3.9	15.1
Pushed her, shook her, or threw something at her	14.9	7.9	1.8	6.0
Slapped her	32.1	13.1	2.7	10.4
Twisted her arm or pulled her hair	8.2	3.7	0.6	3.1
Punched her with his fist or with something that could hurt her	13.5	6.0	1.2	4.8
Kicked her, dragged her, or beat her up	12.7	5.7	1.1	4.6
Tried to choke her or burn her on purpose	3.2	1.7	0.3	1.4
Threatened or attacked her with a knife, gun, or other weapon	3.1	1.6	0.3	1.3
<b>Sexual violence<sup>B</sup></b>				
Any sexual violence	9.9	6.0	2.0	4.4
Physically forced her to have sexual intercourse with him when she did not want to	8.9	5.3	1.8	3.5
Physically forced her to perform any other sexual acts she did not want to	2.8	1.8	0.6	1.3
Forced her with threats or in any other way to perform sexual acts she did not want to	2.5	1.3	0.4	0.8
<b>Emotional violence<sup>B</sup></b>				
Any emotional violence	34.2	22.0	7.3	17.4
Said or did something to humiliate her in front of others	14.6	9.0	3.1	6.0
Threatened to hurt or harm her or someone she cared about	10.7	5.8	1.8	4.1
Insulted her or made her feel bad about herself	29.6	19.3	5.9	13.4
Any form of physical or sexual violence	39.6	18.7	5.2	17.2
Any form of emotional or physical or sexual violence	49.4	28.3	9.4	25.9
<b>Spousal violence committed by any husband/partner</b>				
Physical violence	41.4	16.6	na	na
Sexual violence	11.9	6.1	na	na
Emotional violence	36.8	22.2	na	na
Any form of physical or sexual violence	44.0	19.0	na	na
Any form of emotional or physical or sexual violence	53.2	28.7	na	na
Number of ever-married women	7 782	7 782	7 782	7 782
<sup>1</sup> DV indicator DV.7 - Forms of spousal violence (emotional or physical or sexual violence), 12 months; SDG indicator 5.2.1				
na = Not available				
<sup>A</sup> Includes current husband/partner for currently married women and most recent husband/partner for divorced, separated or widowed women.				
<sup>B</sup> SDG Indicator 16.1.3				

Table Adapted from MICS, 2019.

These statistics in Table 3.2 underscore the various ways in which gender-based violence manifests as control within domestic settings. Such control is critical to the broader spectrum of GBV, reinforcing the dominance of men and the subordination of women. The data from

MICS (2019) highlights the pervasive nature of these controlling behaviours and their role in sustaining patriarchal power dynamics.

### **3.3.1 Direct Physical Violence**

Direct physical violence or abuse covers a wide range of intentional acts directed at the victim's body, resulting in bodily injury, pain, murder, or impairment. Specifically, physical violence is the intentional use of physical force that results in bodily injury, pain, or impairment. The severity of injuries ranges from minimal tissue damage and broken bones to permanent injury and death. Acts of physical violence include: slapping (with open or closed hand), shoving, pushing, punching, hitting, beating, scratching, hair pulling, strangling, biting, spitting, grabbing, shaking, kicking, burning, throwing, twisting of a body part, forcing the ingestion of an unwanted substance, restraining a woman to prevent her from seeking medical treatment or other help, and using household objects to hit or stab a woman, using weapons like knives or guns (Population Services International, 2015: 10).

Within the context of GBV, other forms falling under this category include sexual violence (such as rape, sexual assault and harassment in all private and public spheres), slavery, human trafficking, genital mutilation, murder of women, and forced marriages (European Institute for Gender Equality (EIGE), 2013). These acts collectively contribute to a cycle of violence, fear and suffering experienced by many individuals, particularly women, in various societies.

Direct GBV is easily identifiable and recognised due to its overt nature, in contrast to indirect violence. However, in many cases, women conceal the causes of their wounds, bruises and swelling from neighbours, nurses, pastors, and police. When asked about these injuries, some women in abusive relationships would rather lie, claiming that they “fell” or “bumped against a wall” to hide the truth (EIGE, 2015; Manyonganise, 2015; Ellsberg *et al.* 2015). The reason behind this concealment is rooted in the perception of domestic violence as a private matter within the family and community, as well as other fears such as avoiding more conflict with their abuser, worsening the situation and losing financial support.

Physical violence among married women or ever-partnered women is high in Zimbabwe. According to Wekwete *et al.* (2014), 25.7% of current married women have experienced sexual violence. A study by Katembo (2015) and Diki *et al.* (2022) in Mashonaland Central,

Zimbabwe, physical violence was the most common form of GBV. Among single women, it was noted that the perpetrators of direct violence are family members (Home Office, 2018; ZimStats, 2016). These findings reveal that direct violence is common in the home setting and the perpetrators are people known by the victim. Table 3.3 below shows statistics of women and girls who experienced physical violence, adapted from the MICs (2019).

**Table 3. 3: Physical Violence**

Percentage of adolescent girls and women age 15-49 who have experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey, according to background characteristics, Zimbabwe MICS, 2019					
	Percentage who have experienced physical violence since age 15 <sup>1,A</sup>	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes <sup>2,B</sup>	
<b>Total</b>	<b>39.4</b>	<b>3.1</b>	<b>2.2</b>	<b>5.5</b>	<b>10 121</b>
<b>Background characteristic</b>					
<b>Age</b>					
15-19	23.2	2.4	7.0	9.4	2 048
20-24	38.3	5.9	1.9	7.8	1 690
25-29	43.9	3.0	0.4	3.6	1 471
30-39	46.6	3.1	0.8	4.2	3 031
40-49	43.2	1.6	0.9	2.9	1 881
<b>Area</b>					
Urban	36.0	2.6	1.9	4.5	3 911
Rural	41.6	3.5	2.4	6.2	6 211
<b>Province</b>					
Bulawayo	36.5	1.0	3.4	4.4	575
Manicaland	43.1	4.4	2.8	7.7	1 442
Mashonaland Central	45.5	3.3	2.9	6.7	848
Mashonaland East	42.0	3.7	1.1	4.8	1 003
Mashonaland West	42.6	3.4	1.2	4.6	1 299
Matabeleland North	30.5	3.8	1.8	5.7	486
Matabeleland South	41.1	1.1	3.3	4.4	470
Midlands	40.3	3.9	2.6	6.8	1 037
Masvingo	41.8	2.3	4.1	6.6	1 097
Harare	31.2	2.6	0.9	3.6	1 866
<b>Marital status</b>					
Never married	19.0	0.6	6.1	6.7	2 339
Married or living together	42.6	3.8	0.9	4.9	6 351
Divorced/separated/widowed	58.8	4.5	1.6	6.3	1 431
<b>Number of living children</b>					
0	20.3	1.2	6.0	7.2	2 519
1-2	43.1	4.2	1.1	5.5	3 679
3-4	46.7	3.2	0.7	4.1	2 880
5+	52.7	3.7	1.0	5.6	1 043
<b>Education</b>					
No education	35.2	1.1	0.0	1.1	77
Primary	47.3	3.4	2.2	5.9	2 415
Secondary	37.9	3.5	2.6	6.2	6 524
Higher	31.8	0.7	0.4	1.1	1 105
<b>Wealth index quintile</b>					
Poorest	44.9	3.8	2.2	6.6	1 718
Second	42.9	4.0	2.4	6.4	1 768
Middle	42.5	3.7	2.9	6.6	1 775
Fourth	39.4	3.6	1.9	5.8	2 302
Richest	31.3	1.3	1.9	3.2	2 559
<sup>1</sup> DV indicator DV.1a - Experience of physical violence (Ever)					
<sup>2</sup> DV indicator DV.1b - Experience of physical violence (Past 12 months)					
<sup>A</sup> Includes violence in the past 12 months. For women who were married before age 15 and reported physical violence only by their husband/partner, the violence could have occurred before age 15.					
<sup>B</sup> Includes women who report physical violence in the past 12 months but for whom frequency is not known.					

(Table Adapted from 2019 MICs survey.)

Table 3.3 above indicates that 37.1% of women and girls experienced physical violence by an intimate partner, with 15.5% suffering bruises, cuts and aches, 4.7% suffering eye injuries, sprains, dislocations, and burns, and 2.9% enduring serious injuries such as broken bones, teeth and deep wounds. These findings indicate the physical harm that women and girls suffer due to GBV.

Table 3.4 below shows statistics on perpetrators of physical violence, indicating that they are known to the victim.

**Table 3. 4 Perpetrators of Physical Violence**

Among adolescent girls and women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence according to the respondent's current marital status, Zimbabwe MICS, 2019			
Person	Marital status		Total
	Ever-married	Never married	
Current husband/partner	71.6	na	62.4
Former husband/partner	21.2	na	18.5
Current boyfriend	0.1	0.9	0.2
Former boyfriend	2.7	6.0	3.1
Father/step-father	1.9	7.5	2.6
Mother/step-mother	2.9	20.2	5.1
Sister/brother	2.7	10.7	3.7
Daughter/son	0.0	0.5	0.1
Other relative	4.6	21.6	6.8
Mother-in-law	0.2	na	0.2
Father-in-law	0.0	na	0.0
Other in-law	0.9	na	0.8
Teacher	2.1	18.3	4.2
Employer/someone at work	0.4	0.7	0.4
Police/soldier	0.4	0.0	0.3
Other	5.7	23.9	8.1
Number of women who have experienced physical violence since age 15	3 547	445	3 992
na: not applicable			
Note: Women can report more than one person who committed the violence.			

Table Adapted from 2019 MICs survey.

Table 3.4 above indicates that men are perpetrators of GBV; however, a lesser percentage of women as perpetrators is revealed suggesting that GBV affects both men and women.

### 3.3.2 Sexual Violence

Sexual violence is rampant in domestic violence/IPV, and it comes in different forms. It constitutes sexual acts perpetrated against an individual in different circumstances and settings, such as rape in marriage or dating or non-romantic relationships. Sexual Violence refers to any act, attempt, or threat of a sexual nature that results or is likely to result in physical, psychosocial and emotional harm (Bagwell-Gray et al. 2015; Smith et al. 2018). According to Jewkes et al. (2017), men are perpetrators of sexual violence. Approximately 36.6% of women in Africa have experienced sexual violence. In Zimbabwe, data indicate that 11.6% of women aged 15–49 years have experienced sexual violence at least once in their lifetime, and 5.1% have experienced sexual violence in the past 12 months (Zimbabwe National Statistical Agency [ZIMSTAT], 2019). A study by Diki et al. (2022) in Mashonaland Central, Zimbabwe, found that men were the predominant perpetrators of sexual violence, with women being 4.6 times more likely to suffer from sexual abuse than men. According to Berlo and Ploem (2018) and Medie (2019), sexual violence is driven by various factors within social, cultural and economic contexts that grant men control over women's sexuality.

Despite the provisions of the law that protect men and women from sexual abuse, in Zimbabwe, the challenge persists unabated. According to Home Office (2018) whilst the law criminalises rape, including spousal rape, sexual violence remains widespread to an extent that almost a quarter of married women who had experienced domestic violence reported sexual violence. The International Federation of Red Cross and Red Crescent Societies (IFRC) report on 'Zimbabwe Country Case Study Effective law and policy on gender equality and protection', noted that:

'In Zimbabwe, SGBV [sexual and gender-based violence] arises from social, cultural and religious practices that subordinate women, and may also make it unacceptable for men or women, girls or boys, to step outside socially assigned gender roles (including people who identify as lesbian, gay, bisexual, transsexual or intersex). It thrives in communities where violence is acceptable as a form of conflict resolution. It is facilitated by patriarchal (male controlled) social hierarchies, by acceptance of violence as a mode of social interaction and political interface, and by socioeconomic inequality and a breakdown in norms and social structures' (IFRC, 2017: 13).

In addition, The Freedom House stated that sexual abuse in Zimbabwe is widespread, especially against girls (Freedom in the World, 2018). Moreover, ZimStats, (2016) noted that

22 women are raped every daily in Zimbabwe. Thus, the levels of sexual violence in Zimbabwe are alarming, making the environment unsafe for women.

According to the United States State Department (USSD) report of 2017, spousal rape receives less attention compared to physical violence against women. Although sexual offences are punishable by lengthy prison sentences, the sentences handed down were often inconsistent, indicating a lack of uniformity in addressing the severity of these crimes (USSD, 2017). One significant barrier to reporting marital rape is the prevailing societal belief that marital rape does not exist. Women fear losing economic support or facing reprisals if they report marital rape (USSD, 2017). Table 3.5 below indicates the prevalence of sexual violence according to an MICs, 2019 survey.

**Table 3.5: Victims of Sexual Violence.**

Percentage of adolescent girls and women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, according to background characteristics, Zimbabwe MICS, 2019			
Background characteristic	Percentage who have experienced sexual violence:		Number of women
	Ever <sup>1,A</sup>	Past 12 months <sup>2</sup>	
<b>Total</b>	<b>11.6</b>	<b>5.1</b>	<b>10 121</b>
<b>Age</b>			
15-19	4.7	2.6	2 048
20-24	12.5	6.1	1 690
25-29	10.5	5.7	1 469
30-39	13.8	6.1	3 046
40-49	14.8	4.9	1 866
<b>Area</b>			
Urban	11.3	3.6	3 911
Rural	11.8	6.1	6 211
<b>Province</b>			
Bulawayo	9.3	1.8	575
Manicaland	12.0	6.1	1 442
Mashonaland Central	12.5	8.0	848
Mashonaland East	14.5	6.8	1 003
Mashonaland West	11.1	4.7	1 299
Matabeleland North	5.2	2.5	486
Matabeleland South	6.9	2.7	470
Midlands	12.1	5.7	1 037
Masvingo	12.2	5.9	1 097
Harare	12.6	3.9	1 866
<b>Marital status</b>			
Never married	4.8	0.6	2 339
Married or living together	11.7	6.5	6 351
Divorced/separated/widowed	22.2	6.3	1 431
<b>Number of living children</b>			
0	5.8	1.8	2 519
1-2	12.0	5.3	3 679
3-4	14.3	6.6	2 880
5+	16.9	8.4	1 043
<b>Health insurance</b>			
Has coverage	9.7	2.7	974
Has no coverage	11.8	5.4	9 137
Missing/DK	(*)	(*)	10
<b>Functional difficulties (age 18-49 years)</b>			
Has functional difficulty	17.5	8.1	411
Has no functional difficulty	12.5	5.5	8 485
Missing/DK	(*)	(*)	4
<b>Education</b>			
No education	9.5	5.8	77
Primary	13.6	6.3	2 415
Secondary	10.8	5.0	6 524
More than secondary	12.4	3.3	1 105
<b>Religion of household head*</b>			
Roman Catholic	8.0	2.7	678
Protestant	11.3	4.8	1 689
Pentecostal	13.7	4.4	1 906
Apostolic sect	12.2	6.1	2 943
Zion	9.3	4.8	797
Other christian	11.3	1.4	240
Traditional	9.6	5.7	324
No religion	11.9	6.4	1 425
Other religion	6.7	3.1	117

(Table Adapted from MICS, 2019).

Table 3.5 above highlights the prevalence of sexual violence in Zimbabwe, with 11.6% of women and girls experiencing sexual violence. These findings underline the prevalence of GBV in the country and the need to formulate interventions to prevent the challenge.

Table 3.6 below places the perpetrators of sexual violence within the familial domain.

**Table 3.6: Perpetrators of Sexual Violence.**

Among adolescent girls and women age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status, Zimbabwe MICS, 2019			
Person	Marital status		Total
	Ever-married	Never married	
Current husband/partner	61.6	na	55.1
Former husband/partner	24.8	na	22.2
Current/former boyfriend	3.4	41.5	7.4
Father/step-father	0.6	4.0	0.9
Brother/step-brother	0.7	2.9	1.0
Other relative	4.4	6.6	4.7
In-law	0.7	na	0.7
Own friend/acquaintance	0.6	2.2	0.8
Family friend	0.7	12.5	1.9
Teacher	0.1	1.2	0.3
Employer/someone at work	0.3	0.4	0.3
Police/soldier	0.3	1.7	0.5
Priest/religious leader	0.9	2.1	1.0
Stranger	4.8	14.8	5.8
Other	1.5	9.6	2.3
Number of women who have experienced sexual violence	1 062	112	1 174
na: not applicable			
Note: Ever-married women can report up to three perpetrators: a current husband, former husband, or one other person who is not a current or former husband. Never married women can report only the one person who was the first to commit the violence			

(Adapted from 2019 MICs survey.)

The table above revealed that among married women, the perpetrators of violence were their current partner or husbands at 61.6%, and former partner or husband at 24.8%. These findings indicate that sexual violence occurs within the home setting.

### 3.3.3 Indirect, Emotional, or Psychological Violence

Indirect or emotional violence is defined as verbal aggression directed at an intimate partner with the intent to severely harm the target's social well-being or emotions (Allen and Anderson, 2017). According to Karakurt and Silver (2013), emotional violence involves nonphysical behaviours or attitudes designed to control, subdue, punish, or isolate another person through humiliation or fear. This category of GBV is elusive or subtle and some women may not be able to identify and name it as GBV. Often, victims find it difficult to call emotional abuse

violence because they associate violence with physical/direct violence. This perception may be the reason why this type of violence has received minimal attention from both the government and private stakeholders.

Emotional violence has become widespread in Zimbabwe in particular, particularly the constant denigration and humiliation of women, which cuts across all spheres of life, ranging from politics (Manyonganise, 2015) to marital relations (Chitakure, 2016). According to a violence against women (VAW) baseline survey in Zimbabwe, the results from this study revealed that in the “I story workshops,” emotional violence was the most recorded form of violence, with 70 per cent of women having experienced it. The study also indicated that women could experience more than one type of violence at a given time (Morna and Chingamuka 2013). In a study that was carried out by Wekwete et al (2014) in Zimbabwe to investigate the association between women’s empowerment and spousal GBV it indicated that women who have no control over their husbands’ cash earnings are more likely to suffer from emotional violence. Given that most women are dependent on their husbands’ earnings and that women are responsible for making sure that children have basic needs such as food, shelter, health care and education, among other needs. Therefore, failure to control their husbands’ earnings makes them vulnerable to emotional violence. Young women below the age of 35 are particularly vulnerable to emotional violence (Bengesai and Derera, 2021). They further note that 69% of women in Zimbabwe have experienced emotional violence, particularly those least empowered (ibid. 2021).

It has been suggested that younger women are likely to lack both social and economic power and conflict management skills, which may act as stressors in the relationship while limiting their ability to negotiate the power dynamics in a marital relationship (Eisikovits and Band-Winterstein, 2015). This form of violence is difficult to deal with since it is subtle, hence elusive to the proposed solutions. Therefore, I am guided by the Conflict Transformation Theory, which focuses on the transformation of relationships through a change of behaviour and attitudes meant to control women with those that promote equality and the use of nonviolent methods for conflict resolution. I argue that it is only through transformation that emotional violence can be reduced and not through laws which have failed to recognize it as compared to other forms of GBV.

### 3.3.4 Socio-Economic Violence

Socio-economic violence has been highlighted as one of the forms that is prevalent in Zimbabwe. Like emotional violence socio socio-economic violence is not direct but subtle (Postmus et al. 2020). Morna and Chingamuka (2013) assert that economic violence involves the orchestrated denial of education, income and occupation. Sedziafa et al. (2016) define economic abuse as denying women their most basic needs, such as food, clothing, shelter, to economic independence and inability to fully participate in household purchasing decisions. In most patriarchal societies, they subscribe to the belief that men should be the provider and the woman the home maker, hence, resources are channelled to the boy child in preparation for becoming the provider. Economic violence is intended to reinforce control. Economic control refers to activities aimed at monitoring and restricting a person's ability to use resources in their life (Stylianou, 2018). Thus, economic abuse extends beyond financial control to include control of basic resources, such as access to childcare, housing, electronics (e.g., telephone, internet), or a vehicle, as well as limitations on self-improvement, human capital development, and self-sufficiency (Cameron and Teds, 2021). Consequently, a woman's access to financial resources is restricted, monitored, or controlled completely by the abuser, which undermines her agency and independence and significantly limits her ability to exit the abusive context. As summarised by Sharp-Jeffs (2015), this can extend to being forced to have a salary paid directly to the abuser, handing over benefit money, or switching family-based benefits, such as child benefits, to be applied for in his name.

Moreover, Muzavazi et al (2022) noted the prevalence of poverty and low income in Zimbabwe (Muzavazi et al. 2022). The Zimbabwean communities, including Seke District, rely on crop production as their primary livelihood, but persistent droughts and economic crises have led to a decline in food production, exacerbating poverty rates, particularly in rural areas like Ward 8 (United Nations Children's Fund (UNICEF), 2015). These economic challenges, coupled with patriarchal and cultural norms, create an environment conducive to GBV. Socioeconomic insecurity is linked with GBV. According to Mazhambe and Mushunje (2023), economic instability is a contributor to increased conflicts and the use of violence in the home. This form of violence restricts women's access to economic opportunities, hinders their ability to make financial decisions, and denies them autonomy and independence. Such economic abuse perpetuates gender inequalities and reinforces traditional gender roles. Thus, understanding socio-economic violence as a facet of GBV provides a view of how economic control and

abuse are used to maintain power dynamics in patriarchal societies, thereby perpetuating gender inequalities and limiting women's opportunities for independence and self-sufficiency.

### **3.3.5 Child Marriages**

Child marriage is a practice that is prevalent in the global south (Avogo and Somefun, 2019; Bright et al. 2021). Child marriage refers to any formal or informal union between a child under the age of 18 and an adult or another child (UNICEF, 2018). Studies report that adolescent girls are at risk of being forced into early non-consensual marriages in predominantly rural communities (Bright et al. 2021; Abera et al. 2020). This practice remains prevalent in several African, Middle Eastern, and Southeast Asian countries where the rights of girls are often not recognised (Bright et al. 2015; Nayan, 2015; Steinhaus et al. 2019). Girls who marry before 18 are likely to experience other forms of violence, including sexual, physical, emotional, and economic violence. Thus, child marriage is often the result of entrenched gender inequality, disproportionately affecting girls.

Kurebwa and Kurebwa (2018) highlight that child marriage is one of the most sustained indicators of gender inequality, reflecting social, religious, and cultural norms that perpetuate gender inequality and discrimination. According to a study by Ngwenya and Muleya (2022), poor socioeconomic backgrounds and certain religious and cultural practices, such as "kuzvarira" (a practice where dowry is paid while the girl is still a baby and she is sent to her husband upon reaching puberty), contribute to early marriage. Their study noted that most indigenous apostolic faith sects in Zimbabwe marry their children when they reach puberty. These churches hold the belief that a woman's role is to marry, have children, and care for those children with their husbands. Thus, in rural communities, child marriages are often normalised due to entrenched patriarchal beliefs about a woman's place being in the home under male authority, and these instances are frequently underreported.

Despite the criminalisation of child marriages by the Constitution of Zimbabwe and the Marriages Act, the practice remains common. Section 78 of the Constitution (Marriage Rights) sets a minimum age for marriage at 18 and prohibits forced marriage, stating that "no person shall be compelled to marry against their will" (Zimbabwe 2013 Constitution). Additionally, on May 27, 2022, the President of Zimbabwe signed into law the Marriages Act, legally prohibiting the marriage of individuals younger than 18 and criminalising child marriages (Ministry of

Women Affairs, Community, Small and Medium Enterprises Development, 2023); however, the challenge persists.

Statistical data further illustrate the prevalence of child marriages in Zimbabwe. The 2015 DHS reported that 3.7% of females aged 20–24 years were married before age 15 years, while 32.4% were married before turning 18 years. The subsequent MICS (2019) reported these figures at 5.4% and 33.7%, respectively. In contrast, the proportion of males aged 20–24 years who married before 15 years remained low at 0.1% as reported by the 2015 DHS and 1.9% in the 2019 MICS. The 2022 National Population Census conducted by UNICEF reported lower figures, with 1% of women ages 20–24 having married before age 15 and 16.2% before age 18 (UNICEF, 2022). Studies by SAFAIDS (2015) and Nenguke and Chabata (2020) note the prevalence of child marriages in Seke District, Ward 8. My study explored the role of communal institutions in addressing GBV, which includes child marriages, given that the phenomenon is rooted in inequality. While studies by Nenguke and Chabata (2020) identified child marriage as a driver of GBV, this study identifies it as a form of GBV.

### **3.3.6 Political Violence**

Political violence is defined as random or organised acts intended to determine, delay, or influence political processes through destructive and broadly illegal behaviours resulting in material harm (Bardall, 2020). Perpetrators of political violence intentionally use coercive measures to shape political outcomes. Recognising that political violence manifests differently across genders, a gendered perspective incorporates forms of violence that affect both women and men, including physical (such as sexual violence), economic, and socio-psychological violence (Krook, 2017; Krook and Restrepo, 2016a, 2016b).

Violence against women in politics includes acts that delegitimise female politicians through gendered stereotypes, denying them competence in the political sphere (Krook and Restrepo, 2016a). These acts aim to erase or nullify women's presence in political office (Krook and Restrepo, 2016a). Understanding GBV in Zimbabwe requires an examination of the political environment in which women operate. True (2012) supports this perspective, contending that a comprehensive understanding of the occurrence and nature of violence against women necessitates a consideration of the prevailing political and economic structures.

In Zimbabwean politics, women are respected as long as they adhere to their political party's demands but are derogatorily labelled as "whores" when they refuse to conform to the patriarchal dictates of feminine visibility and morality (Ncube, 2020). Women in Zimbabwe have been victims of various forms of political violence, including rape, verbal abuse, imprisonment, and human trafficking. Thomas, Masinjila, and Bere (2013) note that rape was used as a tool to punish and intimidate both women and men during the Gukurahundi era for allegedly hiding dissidents and, in 2008, for supporting the opposition party Movement for Democratic Change (MDC). During election periods, women supporting different political parties were targeted, assaulted, tortured, and their homes destroyed (Mashiri and Mawire, 2013). It is crucial to consider the intersection of gender and political violence in Zimbabwe to effectively address GBV, acknowledging the unique targeting methods of women and the broader socio-political context that enables such violence. In addition to escaping the economic struggles in Zimbabwe, women have been drawn into trafficking schemes. According to the Home Office (2018: 36), in 2015 and 2016, more than 150 women from Zimbabwe were trafficked to Kuwait.

### **3.4 Sources of Help for GBV Victims**

Sources of help or support play a crucial role in mitigating the effects of GBV and other forms of violence, as well as in improving the coping processes for many survivors (Ogbe et al. 2020). Ogbe et al. (2021) demonstrated a significant relationship between social support and the incidence of GBV, showing that the likelihood of being abused diminishes by more than half when social support is present. Sources of help for survivors of GBV include the relationships in the individual and social circle, such as family, friends, and community leaders (Uchino et al. 2018; Hatcher et al. 2018). Survivors often turn to family and friends for help before approaching formal institutions such as police and hospitals (Hatcher et al. 2018) because of sociocultural beliefs around reporting GBV and that the formal institutions may not provide the needed support (Ogbe et al. 2021). Consequently, survivors are more likely to discuss their experiences with close friends and family.

Victims of domestic violence often view reporting incidents to public institutions as the first step toward separation or divorce, which prevents them from seeking formal justice and encourages them to remain silent or seek resolutions that preserve their relationships (Chireshe, 2015). Therefore, victims tend to report gender conflicts to family members and

traditional leaders (SAFAIDS, 2015), who employ mediation and restorative justice approaches for conflict resolution (Murambadoro, Wielenga and Batley, 2020). Chigwata (2016) argues that traditional leaders, being closely connected to their communities, can engage with individuals on a personal level. Studies in Zimbabwe have shown that family, religious and traditional leaders are sources of help for survivors of GBV (Simmons et al. 2020; Chadambuka and Warria, 2020; Oddero et al. 2014). However, studies elsewhere indicate that friends and family are not always helpful (Jaclyn et al. 2021), hence the need to explore the informal institutions in Ward 8 on how they resolve GBV and whether their methods are helpful or not. Table 3.7 below shows the sources of help in Zimbabwe according to the MICs (2019).

**Table 3. 7: Sources of Help for GBV Survivors.**

Percentage of adolescent girls and women age 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, according to the type of violence that women reported, Zimbabwe MICS, 2019				
Source	Type of violence experienced			Total
	Physical only	Sexual only	Physical and sexual	
Own family	50.7	59.1	51.2	51.4
Husband's/Partner's family	44.9	18.9	43.1	42.8
Current/Former husband/partner	1.7	2.6	2.1	1.9
Current/Former boyfriend	0.1	0.0	0.0	0.1
Friend	8.2	19.4	11.9	9.8
Neighbor	7.6	6.3	6.9	7.3
Religious leader	6.1	4.8	9.1	6.8
Doctor/Medical personnel	2.7	13.6	6.0	4.2
Police	24.2	28.1	37.6	28.0
Lawyer	0.5	0.5	0.4	0.5
Social service organization	2.0	8.5	6.0	3.4
Other	6.9	2.6	2.7	5.5
Number of women who have ever experienced any physical or sexual violence	1 094	98	432	1 624

Note: Women can report more than once source from which they sought help

(Adapted from the 2019 MICS.)

The table above, by MICS (2019) research, revealed that among females who experienced GBV (both sexual and physical), only 37.7% sought help to stop the violence, while 62.2% did not seek any help. Of those who did not seek help, 27% confided in someone about the GBV, whereas 35.2% never told anyone. The table highlights that GBV is not commonly reported to formal institutions and that the primary source of help is the family institutions, revealing the

significance of the study in exploring the communal institutions as they are actively addressing GBV.

### **3.4.1 Religious Institutions**

The religious institutions are a source of help for survivors of GBV. The government of Zimbabwe recognises the influence and potential of religious institutions in preventing GBV. Religious institutions in Zimbabwe are part of the Anti-Domestic Violence Council (ADVC) which was established by the Domestic Violence Act (Chapter 5: 6) of 2007. According to the Home Office (2018), the role of religious institutions under the ADVC includes raising awareness about GBV and offering counselling services to GBV survivors. Thus, indicating their vital role in the fight against GBV. A study by Hawkes et al. (2020) and Pertek (2022) indicated that religion was a key resource for resilience and support among refugee and migrant women, using prayer as a coping mechanism. Studies also show that forced migrants employ a range of coping resources, including personal qualities (e.g., courage, positivity, patience, and personal strength), social support from family, friends, and ethnic communities, and broader social contexts.

Religion and faith are often ranked as foundational elements of resilience for many displaced individuals (Hawkes et al. 2020). A successful initiative highlighting this potential is the Islamic Relief Ethiopia (IRE) project, 'Combating Gender-based Violence of Women and Girls in the Dekasuftu Woreda of Liben Zone' within the Somali regional state of Ethiopia (Pertek, 2020). The project aimed to increase the safety of women and girls, decrease community tolerance of SGBV, and promote adequate access to health services for SGBV survivors by integrating a health component into the project (Surti and Pertek, 2018). IRE adopted a 'community conversation' approach to SGBV prevention, embedding its activities within communities and building on their capacities and knowledge (Pertek, 2020b).

Literature has shown that religious institutions have the power and resources to mobilise their followers and shape their attitudes and behaviours (Pertek, 2020, 2022). Religious leaders, with their legitimacy, credibility, and capacity to influence, can tip the balance in the "ambivalence of the sacred" (Appleby, 2003). Religious institutions have authority and impact in various communities, for religion can influence behaviour, facilitate societal change, and provide societal solidarity and cohesion (Roux, 2014). The church in Zimbabwe is making

some strides to respond to and curb GBV. There is now a call for Christian leaders and congregants to be acutely sensitive to GBV and respond correctly (Clark, 2016). The religious institutions in Zimbabwe are implementing the 'Transforming Masculinity' to combat GBV. The programme seeks to challenge traditional norms of masculinity within the church, it also encourages men to examine scriptures such as Judges 19: 1-30 and Genesis 34: 1-34 to create an environment to promote gender equality and prevent GBV (Chitando and Njoroge, 2013). In addition, there have been efforts by some churches to address GBV in Manicaland province, Zimbabwe, through the Tamar programme that educated the church leaders on interpreting scriptures positively (Magezi and Manzanga 2019).

The Anglican Diocese of Manicaland launched a TAMAR Campaign to address GBV. The TAMAR Campaign aims at re-interpreting some scripture texts that seem to promote GBV and opening dialogue between women and men on GBV issues. In addition, male headship is being redressed in some churches and appropriating passages like Ephesians 5:23 in marriages. It encourages a contextual Bible study with an application of biblical texts related to GBV as the Bible study focuses on passages like Genesis 34:1-34; 2 Samuel 13:1-22; 2 Samuel 11:1-27; Judges 19:1-30; Mark 5:21-43; Luke 18:1-8; *et cetera* (Tamar Campaign, 2007: 3-4). The nature of the Bible study follows the following pattern to ensure that the reader sees the violence and discerns what God is communicating through the text. The intervention helps churches to move away from invalid interpretations of Scripture resulting in a distorted view of God towards women (Tamar Campaign, 2007. 11). The method used in the Bible study ensures the transformation of lives through the analysis of cultural background of the text, context of the text and life experience (Tamar Campaign, 2007. 5). While the above efforts by and through the church are commendable, the church still needs to combine its efforts with other communal institutions because there are some individuals who are not Christians hence, they are left out.

In support of the argument that religious institutions have the power to effect peaceful co-existence, an example from Indonesia illustrates this point. In July 2008, the Indonesian village of Bok experienced violent demonstrations that threatened to escalate into massive communal violence. Local religious leaders personally visited people involved in the demonstrations and reminded them of their religious obligations to refrain from violence (Alexander et al., 2015). Local religious leaders used their positions and moral authority to bring warring parties to negotiations without involving the formal police intervention (De Jaun et al. 2015). This is an

example of the role that religion can play in conflict resolution. While my study is focusing on GBV and not warring groups, this is an illustration of the potential that religious institutions have in transforming relationships, which my study will borrow from.

I used the ecological theory, to argue that religious institutions hold influence over individuals, potentially shaping them to become either perpetrators or victims. Therefore, it is important to investigate the role of religious institutions in addressing the underlying factors that sustain GBV within the community. Moosa et al. (2013) echo Galtung's sentiment that 'religious institutions can be vital allies in shifting norms around violence, but equally can be responsible for defending violations of women and girls' rights.

However, it is important to note that while religious institutions can be sources of help, they can also sustain GBV. Roux (2014) posits that churches in the Democratic Republic of Congo, Rwanda and Liberia failed to address sexual violence against women because they, too, are patriarchal institutions that marginalise women. The Human Rights Watch (2015) indicates that religious institutions, for example, some indigenous Apostolic Churches in Zimbabwe, practised child marriages and virginity testing. The churches discriminate against girls who would be found not virgins, and their husbands were allowed to marry another wife as compensation for the lost virginity (ibid. 2015). Thus, religious institutions can be agents of GBV by their beliefs and traditions, which continue to socialize women as inferior to men. Therefore, there is a need to explore the religious institutions in Seke District, Ward 8 on how they are responding to GBV.

Literature has shown that religious institutions have the power and resources to mobilize their followers and shape their attitudes and behaviours (Fox 2013). Religious leaders have legitimacy, credibility, and capacity to influence many people (ibid. 2013) and can tip the balance in the "ambivalence of the sacred" (Appleby 2000). They can either advocate against violence or perpetuate it by not condemning it. In my research, I was specifically interested in examining how local religious institutions in Seke district Ward 8, which maintain direct contact with their believers, were resolving GBV and to collaborate in coming up with an intervention to mitigate against GBV. I focused on local churches rather than broader religious umbrella organisations, as the former possess more legitimacy within their respective communities and can better connect with and understand the unique challenges faced by their followers.

### 3.4.2 The Family Institution

The family institution plays a significant role as a source of support to GBV victims, perpetuating GBV and reinforcing patriarchal norms in African societies. The family is often involved in resolving gendered conflicts and violence. The absence of these family structures can increase a woman's vulnerability to violence. This is illustrated by Nordby (2018), who found that GBV vulnerability is heightened due to the collapse of cohesive family and community structures and a lack of access to sexual and reproductive health services. To illustrate the importance of the family institution in gendered conflict, Wild et al. (2022) noted that in rural communities, family and friends, community leaders, and community leaders are used to resolve GBV and gender related conflicts. A study in Nigeria by Ojo et al (2023) highlighted that families should create platforms that enable the reporting of abuse and teach children to respect different genders. A supportive environment can encourage victims to access services (Fleming, Lynch, Hakas, and Belanger, 2018). When the family and friends of victims are well-informed and receive the support they need, they can better support the victim by not blaming them, avoiding secondary victimisation, and by encouraging the victim to report the crime and seek help (Melgar Alcantud et al. 2021). Thus, underlining the importance of family in addressing GBV.

The family institution typically employs negotiation and mediation as primary methods for resolving family conflicts. Negotiation involves the parties in conflict expressing their grievances, positions, and reasons (Owen and Totterdill, 2008). Mediation, on the other hand, is a process where a neutral third party helps the disputing parties reach a mutually acceptable agreement (Folger and Bush, 2005). However, this ideal scenario often does not materialise in cases involving the role of "aunties" (the sisters to the couple's fathers) in marital conflicts, as they frequently side with the men and fail to condemn violence (Chireshe, 2015). Instead, they often promote silence and secrecy around the issue. Abigail et al. (2020) indicate that mediation can be ineffective in addressing GBV, as it is not neutral, and women are often pressured to forgive the perpetrator. Thus, while it may seemingly achieve reconciliation the process is forced and does not favour women, hence failing to transform the root causes of the conflict. Consequently, the issue may remain unresolved or resurface in the future, perpetuating a cycle of violence. The effectiveness of family-mediated negotiation is contingent on the willingness of the parties involved to resolve their differences. This dependency can render the family institution somewhat ineffective in addressing GB.

Muuo et al. (2020) posit that while the family is a support system helping survivors of GBV, they often encourage women to forgive and reunite with their abusers, hence sustaining GBV. Therefore, it is important to include the family institutions in interventions and projects meant to combat GBV. Within the Zimbabwean family institution, men are expected to take charge of their family and failure to do so is frowned upon and it devalues the men in the community. This involves the man overseeing finances (breadwinner) and disciplining his wife and children. Fatherhood is associated with being tough: this is what society has taught men. Concisely, the Zimbabwean family structure is patriarchal in nature (Musodza *et al.*, 2015). A woman's place in the home, church, community, and state is influenced by the family structure.

The family institution has contributed to disempowering women through violent behavioural tendencies during primary socialization (Hamilton and Marsh, 2016; Glass et al. 2018). This acculturated behaviour has serious consequences on the marriage institution as the behaviour is repeated and becomes like the norm and is couched in 'a veil of silence' as it takes place in the private sphere (Matope et al. 2013; Mackie et al. 2015). Chabata's study (2012) discusses the role of aunties representing the family institution in conflict resolution in marriages, It is said that the aunties are very instrumental in protecting the marriage at all costs, even if sometimes means sacrificing the rights of the woman. Where lobola has been paid it is difficult to divorce as the aunties from the woman's side will always encourage the woman to endure because the family cannot do a refund like any other purchased goods. The literature available on the role of family in sustaining a marriage is that of enduring GBV.

The private domain is protected culturally from outside intervention in both Christianity and Shona society. Reporting to the police is often shunned. The desire to maintain family secrets hinders participants from reporting the abuse (Chireshe, 2015). Thus, maintaining the secrecy of GBV, thereby protecting the image of the family, however, ensures the continuity of violence as a conflict resolution method within the family institution. The advice given shows that family interests take precedence over those of individuals, a common feature of most African societies where the needs of the community take precedence over those of the individual (Chireshe, 2015).

My research highlights the role of family institutions in addressing GBV by examining their current methods for resolving gender conflicts. Utilising conflict transformation theory, I

investigated the family's strategic advantage in influencing attitudes and beliefs in relationships as a solution or enabler to GBV.

### **3.4.3 Traditional Institutions**

Traditional institutions play a central role in the governance of rural communities in Africa. Tshitangoni and Francis (2016) and Matshabaphala (2017) support and acknowledge that these institutions have long served African traditional and cultural interests, particularly for those living in rural areas. The Traditional Leaders Act (Chapter 29:17) regulates the activities of traditional institutions (Government of Zimbabwe 2001). According to the 2013 Constitution, traditional institutions have the power and responsibility to promote and uphold the cultural values and sound family values of their communities, preserve their culture, traditions, and history, and resolve disputes among their people according to customary law (section 282(1) Constitution of Zimbabwe. 2013). Given their role in promoting family values and resolving disputes, there is, however, limited information on their role in combating GBV. Traditional institutions are structures that play a central role in the governance of communities in Zimbabwe. They consist of traditional leaders such as chiefs, headmen, and village heads (Musekiwa, 2012). The Traditional Leaders Act (Chapter 29:17) regulates the activities of traditional institutions (Government of Zimbabwe 2001). According to the 2013 Constitution, traditional institutions have the power and responsibility to promote and uphold the cultural values and sound family values of their communities, preserve their culture, traditions, and history, and resolve disputes among their people according to customary law (section 282(1) Constitution of Zimbabwe. 2013). Due to the limited presence of police stations in rural areas, traditional institutions become platforms used to address GBV (Chadambuka and Warria, 2020).

Evidence indicates that, like many African states, Ghana's cultural gatekeepers—chiefs, traditional leaders, and religious leaders—play significant roles in providing first-line support and advice on how potential or real cases of IPV should be resolved without disrupting normative gender and family arrangements (Dery, Akurugu, and Baataar, 2022). A study in Northern Ghana (ibid. 2022), traditional leaders known as Tengdaaba are responsible for addressing GBV-related issues in the communities. In Tanzania, traditional leaders provide help with resolutions on IPV-related cases within their communities (Simmons et al. 2020). However, while they are sources of help, studies have highlighted that they reinforce

patriarchal and traditional gender norms due to the fear of recommending divorce as a solution to some GBV instances (Drey, Akurugu and Baatar, 2022).

To underscore the importance of traditional institutions, Mavhura (2016) examines how traditional institutions use the *Zunde raMambo* concept, a form of collective work, to help save lives and alleviate food insecurity caused by flood or drought disasters. This suggests that traditional institutions can address community-based challenges, including GBV. Traditional leaders are perceived as crucial figures in helping to settle couples' differences and foster healthy relationships by offering restorative justice, as opposed to police intervention, where the perpetrator may be fined or imprisoned. In most communities in Zimbabwe, reporting GBV to the police is perceived as a move towards dissolution of relationships (Chadambuka and Warria, 2020), hence, women resort to reporting to traditional leaders who offer restorative resolutions (Murambadoro, Wielenga and Batley, 2020).

In pre-colonial African societies, indigenous cultural traditions held sway in the administration of justice. Traditional institutions often employ mediation through traditional assemblies for conflict resolution. According to Ajayi and Buhari (2014), traditional methods such as mediation, reconciliation, arbitration, and negation form foundations for harmonious and peaceful coexistence among African people. The potential of the traditional institution was revealed in Mahikeng, in South Africa. Through their use of mediation, they were able to address conflicts, including GBV-related conflicts (Mboh, 2022). The conflict resolution involves the entire community (Bukari, 2013), indicating that conflict resolution is community owned. This conflict resolution process often takes place during village assemblies, where conflict issues are discussed and resolved. The process involves listening and giving a solution, thus aligning with Banyard's (2019) concept of social support of providing emotional support through listening, advise and solutions.

African perspectives of justice prioritise the restoration of relationships and the preservation of peace, in contrast to the Roman Dutch system, which emphasises individual accountability and the relationship between the state and an individual. However, the jurisdiction of traditional courts is limited to civil cases, as chiefs and headmen lack the authority and power to address complex matters such as rape and abuse relating to physical injuries. These cases are supposed to be reported to the Zimbabwe Republic Police (Chireshe, 2015). However, where

police stations maybe limited, traditional institutions become the first platform to respond to GBV cases.

It is important to note that traditional institutions are also influenced by patriarchal beliefs and norms that govern them (Chadambuka and Warri, 2020). On one hand, their authority and potential for influencing social norms can be leveraged to promote gender equality and discourage violence, whilst on the other hand, patriarchal attitudes may hinder their ability to effectively address GBV. This duality poses a challenge in addressing GBV within the traditional institutions. While my study highlighted how the institution is sustaining GBV, I, however, outlined how the institution is responding to GBV.

#### **3.4.4 Behaviour Change Facilitators**

Behaviour change facilitators play an important role as service providers, offering shelter, referrals to clinics, legal services, counselling, and other support to GBV survivors. They act as behaviour change facilitators and peer educators in the community, increasing awareness of GBV and negative gender norms. Behaviour change facilitators play a very important role in promoting transformation and change, relying on behaviour change communication as an intervention method. In the Democratic Republic of Congo, the International Medical Corps (2012) implemented a behaviour change communication programme to address GBV, targeting not only survivors but also families and communities, to prevent future violence. They used music, youth events, community theatre, radio shows and public service announcements.

Behaviour change involves working with targeted communities to understand the root causes of violence and working with community members to collaboratively develop programmes to mitigate against GBV (Michie et al. 2014). They achieve this through various means, including awareness campaigns and providing funding for entrepreneurship projects, particularly aimed at empowering women. Ahmad et al. (2014) explore the relationship between community empowerment, sense of community and sustainability of community-driven projects. Behaviour change facilitators serve as crucial actors in fostering individual and collective efforts to transform and promote positive change within communities

In Zimbabwe, the behaviour changes facilitators have made significant contributions to new HIV infections (Gregson, 2012). Behaviour Change Facilitators employ Behaviour Change

communication (BCC) techniques in their campaigns against GBV. Behaviour Change Communication relies on environmental factors to develop interventions that target behaviour and attitude change (Ngigi and Bisolo, 2018). The initiative has been used in Zimbabwe in addressing GBV and new HIV infections (UNFPA Zimbabwe, 2021). The Spotlight Initiative, in collaboration with the Zimbabwe Community Health Intervention Research (ZICHIRE) and BCFs in Hopley implemented the BCC to provide support, GBV referrals to the police and hospitals as well as GBV surveillance (monitoring whether the survivor received help at the police or hospital), (UNFPA Zimbabwe, 2021). Using interpersonal communication techniques during home visits, behaviour change facilitators' objective is to establish rapport with the families, educating and informing them on HIV/AIDS and GBV (Gregson, 2012). While BCFs have been used in Hopley, Zimbabwe there is no evidence on BCFs combating GBV in Seke District, Ward 8 community. My study examined filled this gap by examining how Behaviour change facilitators resolved GBV in the Ward 8 community.

### **3.5 Legal Preventative Measures in Zimbabwe**

Zimbabwe has shown its commitment to the fight against gender-based violence. Zimbabwe is a signatory to various regional and international gender instruments that demonstrate the government's commitment to eliminating all forms of violence against women and gender equity. These instruments include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, the African Union (AU) Heads of States Solemn Declaration on Gender Equality in Africa, and the Optional Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Red Cross Zimbabwe. 2017).

The country has implemented various mitigatory strategies ranging from policies, laws to interventions by non-government organizations (NGOs), Civil Society Organisations (CSOs) and Faith-based Organisations (FBOs) to effectively respond to the problem (Chipanga, Mundagowa, and Chikanya, 2021). The Zimbabwe National Gender Based Violence Strategy (ZNGBVS) 2012-2015 is a strategy adopted by the government to eradicate gendered violence at all levels (family, community and state). The Zimbabwe National Gender Policy (ZNGP) 2013-2017 indicates that it sought to replace the ZNGP 2004 and address its shortcomings, which of not including other stakeholders such as Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and Civil Society Organisations

(CSOs). The ZNGP 2013-2017 identified GBV as one of its eight priority areas. It is founded on, i) 2005 Beijing Global Review, ii) 2008 SADC Protocol on Gender and Development, which provides targets for achieving gender equality by 2015, iii) CEDAW Report, and iv) the 2011 Broad Based Women's Economic Empowerment (BBWEEF), a tool for women's economic empowerment across all levels of society (ZNGP.2017). The policy recognises that one of the biggest obstacles to women's empowerment and their participation in social activities is GBV. Despite these efforts by the country GBV remains a pandemic. The Constitution of Zimbabwe has provisions for the protection of women. Amendment (No.20) (Constitution, 2013) states that the State and all its institutions consider gender equality in laws and policy, to implement measures that provide care and assistance to mothers, and to grant women opportunities to work. The State must also prevent domestic violence, ensure marriages are consensual, and ensure equality in marriages. However, despite the presence of these provisions, GBV is prevalent in the country. In addition, there is reluctance among survivors of GBV to seek help for these provisions to be implemented. This was highlighted by the National Development Strategy 2021-2025 that victims do not seek legal help due to a lack of or limited awareness of the constitutional provisions. Thus, underscoring the need for more interventions to increase awareness.

The Domestic Violence Act notes that it is intended to “make provision for the protection and relief of victims of domestic violence and to provide for matters connected with, or incidental to, the foregoing” (Domestic Violence Act, 2006: i). The Domestic Violence Act has several violations listed that also include harassment, stalking, malicious injury to property, customary practices and property destruction (Domestic Violence Act, 2006: 3-4). Domestic violence is illegal and punishable by a fine and a maximum prison sentence of 10 years, however, the authorities generally consider it to be a private matter, and prosecutions have been rare (Home Office, 2018). However, the Domestic Violence Act does not criminalise emotional, verbal, psychological and economic abuse. The law recognizes these as acts of domestic violence, but it does not define them as offences that can be prosecuted using the same law. According to the Domestic Violence Act (Section 18), they are matters that can be heard by customary (traditional institution) and local courts to issue protection orders only (Red Cross Zimbabwe, 2017).

Furthermore, marital rape is also a criminal offense according to the Sexual Offences Act 2002, now part of the Criminal Law (Codification and Reform) Act of 2006. The definition of

rape according to the Zimbabwe Criminal Code is however limited to rape by men of women and girls (Criminal Law (Codification and Reform) Act [Chapter 9:23], 2006). Thus, the law in the country does not criminalise rape of men by women which points out to patriarchal beliefs that silence men who are abused by women as they are ridiculed should they report the abuse. The Department for Australian Trade (DFAT) Country Information Report Zimbabwe, (DFAT report 2016) noted although the Criminal Law Codification and Reform Act (CLCRA) and the Domestic Violence Act criminalise rape and domestic violence, societal discrimination and domestic violence persist, and sexual abuse is widespread in Zimbabwe.

Thus, various policies in Zimbabwe indicate that GBV is complex and should be approached using multiple interventions, including employing the community peacebuilding approach, which places the community at the centre of finding a solution using the bottom-up approach. The existence of laws alone cannot end the problem. GBV is sustained and perpetuated by cultural norms, values and beliefs that are fed by patriarchy. To illustrate this gap, in a statement on the fatal shooting of Samantha Dzapata by her ex-partner Tafadzwa Murengwa on the 29<sup>th</sup> of July 2022, Katswe Sistahood stated that despite Samantha taking legal steps to protect herself from partner violence including reporting to the police and getting a protection order against the partner, she still faced a tragic end (Katswe Sistahood. 2022). The Katswe Sistahood acknowledges that despite the provisions to combat GBV offered by the constitution and the Domestic Violence Act, it is not enough, as violence is still thriving in Zimbabwe (Osirim, 2021). To ensure effective responses, interventions should target the various social levels that feed patriarchy, that is, communal institutions. However, communal institutions have not been studied as a solution to GBV, hence, my research sought to address the gap by providing evidence on how communal institutions respond to GBV and developing a grassroots intervention to combat GBV in Seke District, Ward 8.

The Zimbabwe Ministry of Women Affairs, Community, Small and Medium Enterprises (2023) highlighted that despite the available protections offered by the law, GBV continues due to limited implementation of the law because of patriarchal attitudes and behaviours among the stakeholders. Inadequate resources, limited funds to access legal help, and corruption were also noted as challenges contributing to laws failing to prevent GBV. the *International Federation of Red Cross and Red Crescent Societies, 2017* (IFRC quoted in Home Office, 2018:2-22) stated that, respondents reported that the police also had an attitude that did not encourage them to follow through their cases, for example, being told that they provoked the

perpetrator. Therefore, the patriarchal beliefs even in the police discourage women from following through with the cases.

The implementation of laws and legal rights is not enough to transform societies on gendered power systems as they do not eliminate the dominant gender regime or over male dominance, even if they soften some effects (Brown, 2000). Drawing from Karl Max, the provision of laws and rights can amount to pure rhetoric, as they do not alter the relations of production or the underlying structural forces (Choo, 2013). According to Berry (2015), women may have access to rights such as medical care, education, a home free of violence, a workplace free from sexual harassment and so on, if they are granted permission to do so by husbands, fathers and community members. Therefore, laws and rights offered by the government do not dismantle the structural and cultural reasons that led to the unequal relations between men and women, resulting in GBV. Thus, I used the conflict transformation theory to argue that there is a need for transformation of the relationship between men and women from below (communal institutions), taking advantage of their proximity to people to be able to effect change as compared to laws and the state (above). I argue that although Zimbabwe has an impressive top-down legal framework that protects women from gendered violence, there are still structural and cultural barriers that still manage to render the provision of the law ineffective and if not resolved at communal institutions, gender-based violence will persist.

### **3.6 CONCLUSION**

This chapter examined the types and prevalence of GBV in Zimbabwe, as well as the legal framework that exists to address it. It also examined the legal framework in Zimbabwe that is in place to address the violence as well as highlighting the gaps in the law, which can be filled by the communal institutions. The review on GBV in Zimbabwe indicates that the challenge is prevalent in the home setting, manifesting as physical, sexual, emotional, economic, political violence and child marriages. The chapter also noted that GBV is understood as domestic violence across the country. This chapter also examined the conceptualisation of gender, sex, and violence and how these interact to cause GBV. Furthermore, the chapter examined communal institutions under study as a source of help for victims of GBV, highlighting the relevance of the institutions in addressing GBV. While there is available literature on the potential of communal institutions, the review also exposed the institutions as sustainers of

GBV due to their patriarchal orientation. The following chapter will examine the causes and effects of GBV.

# **CHAPTER FOUR: CAUSES AND CONSEQUENCES OF GENDER-BASED VIOLENCE**

## **4.0 INTRODUCTION**

Several interconnected causes, as highlighted in the previous chapter, contribute to gender-based violence. Violence is a multifaceted phenomenon that is based on the interaction of an individual and their environment (family, community, and society). This chapter outlines the causes of gender-based violence (GBV). An array of causes of violence will be reviewed, placing more emphasis on societal causes (macro level) and individual causes (micro level) in an attempt to explain the factors contributing to violence. The chapter also focuses on the negative effects of GBV on an individual and the community at large.

## **4.1 CAUSES OF GBV**

Discussions in Chapter Two indicate that there is no sole cause of GBV. There are multiple factors interconnected with the individual, relational, communal and societal that interact to cause GBV. According to Galtung's (1990) understanding of violence and how it interacts with gender to cause GBV underlines the complex nature of the causes of GBV. GBV can manifest as direct, cultural, or structural violence, indicating that there is no single explanation to the causes of each type of violence. Through this study, I sought to examine how communal institutions interacted with individuals to sustain violence or to prevent it. I utilised the ecological framework as an exploratory tool, this review examined the associated factors of GBV at various levels.

### **4.1.1 Individual GBV Risk Factors**

The individual factors that cause GBV include biological and personal history that includes witnessing marital violence, low education, low income, experiencing abuse as a child, or engaging in substance abuse (Heise, 1998). Traditionally, men are expected to occupy the public sphere (Kambarami, 2006), engaging in paid work to support their families, while women are assigned roles in the private sphere, responsible for unpaid care work. However,

the persistent economic crisis in Zimbabwe has disrupted this conventional narrative, stripping men of their ability to fulfil the role of primary provider. This economic disempowerment induces feelings of “inferiority, insignificance, and insecurity as the authority figure of the household” (Maisiri, 2016). At the core of this phenomenon is the erosion of men’s power to control and dictate the affairs of their families.

Tlou’s qualitative research (2014) underscores the impact of economic challenges in Zimbabwe, revealing that a substantial proportion of men in his community are no longer formally employed, primarily due to widespread retrenchment. As a result, the economy has become more informal with women as major beneficiaries of the shift, enabling them to become providers. However, while the environment has empowered them, the shift in roles has elevated their risk to violence from men who want to retain control. According to Glanz and Schwartz (2008), gender role discrepancy is usually resolved through men engaging in other behaviours to affirm their masculinity, for example, using violence and cheating. Consequently, a complex web of abuses emerges, with many men resorting to indirect and abusive means to assert authority over their wives as a response to the perceived loss of control.

Additionally, low levels of education have a negative effect on women as it places them at a disadvantaged level as compared to their male counterparts (Yaya and Ghose, 2019; Gebrezgi et al. 2017). Similarly, the educational level of a woman’s partner is a significant factor; higher educational levels in both partners are associated with a reduced likelihood of GBV (Stöckl, Watts, and Mbwambo, 2020; Fidan and Bui, 2016; Abate, Wossen, and Degfie, 2016).

Alcohol consumption by either the woman or her partner is another significant risk factor for GBV. The incidence of GBV is linked to alcohol and drug abuse. Studies indicate that substance abuse contributes to 40% to 60% of domestic violence incidents (Crossroads Recovery Centres, 2020; Jewkes et al. 2019; Clark et al. 2018). The consumption of alcohol and substances often leads to frequent conflicts related to financial matters and household responsibilities, as both money and time are diverted toward substance use (Gibbs et al, 2019; Heise, 2011). Moreover, drug abuse is a significant contributing factor to GBV (International Society for Substance Use Professionals, 2019). According to Mazhambe and Mushunje (2023), and Benyera (2017), there is a link between GBV and drug and alcohol abuse in

Zimbabwe. However, drug and alcohol factors alone cannot explain GBV as there are perpetrators who do not consume alcohol or drugs, hence the ecological theory argument that many factors cause GBV.

Age is another individual risk factor that causes GBV. Studies indicate that women who marry early or before the age of 18 are likely to experience GBV (Sabri et al. 2023; Fidan and Bui, 2016). These findings are also reflected in Zimbabwe, where young women are more likely to experience violence than older women (Ima'ishimwe Mukamana, Machakanja, and Adjei, 2020; Wekwete et al. 2014; Lasong et al. 2020). These factors on the individual level contribute to one being on the receiving end of violence or being the perpetrator.

#### **4.1.2 Relational Risk Factors of GBV**

Relational factors that cause violence include relationships with peers, intimate partners, and family members, infidelity, male control over family wealth and decision making (Heise, 1998). Relationships with multiple partners contribute to gendered conflicts, which may result in the use of violence (Pengpid and Peltzer, 2016). For instance, in Zimbabwe, suspicions of infidelity, whether discovered through phone messages or other means, frequently result in physical violence (Mazhambe and Mushunje, 2023). Violence against women who cheat on their partner is accepted in society due to the prevailing belief that women should not engage in such behaviours. Conversely, society views violence against men who cheat as the standard, frequently perceiving it as a manifestation of a woman defending her relationship and expressing her love. In addition, there is a positive link between polygamous relationships and violence (Care, 2015; Richardson et al. 2021; Thobejane et al. 2016; Wekwete et al. 2014). Moreover, according to Adjah and Agbemfle (2016) and Alangea et al (2018), a history of parental violence also influences individuals to be perpetrators of violence or victims. A violent environment has a bearing on child development and socialisation of behaviours and attitudes. Studies have examined how the family setup within the relational level can contribute to causing GBV (Alangea et al. 2018), however, there is little evidence on how the institution has responded to GBV. Thus, my study examined the methods used by the family in resolving GBV.

### 4.1.3 Community-Level Risk Factors of GBV

Communal risk factors are those that sustain norms tolerant to GBV, weak community sanctions against GBV, lack of support from police or courts (Heise, 1998). This manifests in communities where an individual interacts with these factors to be either a victim or a perpetrator. The community's attitudes and views towards GBV are significant risk factors. A study revealed that women were four times more likely to experience IPV in communities where violence was accepted (Reese et al. 2021). Communities that tolerate or even endorse violence are positively associated with higher levels of GBV, while communities that oppose violence and support gender equity see lower incidences of GBV (Sabri et, 2023). Weak community sanctions against GBV are influenced by patriarchal norms, which do not foster equality or the need for it. Over the years, Gender Links has conducted research using the Gender Progress Score (GPS), which highlights the persistence of deep-seated patriarchal and sexist attitudes in the Southern African region (SADC Gender Protocol Barometer, 2020). These attitudes are influenced by gender beliefs and are often shaped by one's upbringing and experiences. They significantly influence behaviour and social norms, which, when patriarchal, promote gender inequality and subsequently increase violence (Cherry, 2020).

Zimbabwe's legal system, with both customary and general laws, presents a paradoxical situation in addressing GBV. The customary law, with its patriarchal roots, often contradicts the general law, creating challenges in dealing with GBV cases. These legal intricacies can perpetuate GBV. Thus, the coexistence of constitutional and customary laws highlights the prevalence of weak sanctions against GBV within the communal level factors, as these two sources of the law impact how people respond to GBV. Sibanda (2011:7) highlights the challenges of the law where Zimbabwe follows customary and modern laws, which are often contradictory; the Customary Law does not give guidance on marriageable ages of young girls, even though the constitution identifies girls below the age of 16 as minors. Kethusegile *et al*, (2000:160) note that many men in African contexts perceive girls of 12 to 17 years as sexually mature by citing the example of Zimbabwe where, if a girl is raped, their families seek to make this injustice right by marrying them off to the rapist. Culture/customs in Zimbabwe continue to negatively infringe on the rights and personal safety of women (Home Office, 2018), as they often lead to GBV. The power and control of men over women are the basis of the customary law in Zimbabwe. Customary law is viewed as "...predominantly patriarchal in its modes of perceiving reality and constructing meanings" (Jackson, 2012:46). Such

perceptions and constructions tend to elevate men over women in Zimbabwean families. Ndulo (2011:87) further advances that,

'Customary law has a great impact in the area of personal law regarding matters such as marriage, inheritance, and traditional authority, and because it developed in an era dominated by patriarchy, some of its norms conflict with human rights norms guaranteeing equality between men and women'.

This suggests that customary law which is an offshoot of patriarchy guides the interactions in the Zimbabwean community entrenching gender inequality. My study examined how communal institutions that exist within the framework of dual laws resolve GBV.

#### **4.1.4 Societal-Level Risk Factors**

According to Heise (1998), societal factors such as gender inequality, belief systems, economic and social policies contribute to GBV. There is a positive link between food insecurity and GBV (Sabari et al. 2023). According to Mazhambe and Mushunje (2023), the lack of basic commodities and financial stability results in conflicts and domestic violence. The economic environment in Zimbabwe, where there are high levels of inflation and unemployment, has been noted to be a cause of GBV (Mashiri, 2013; African Economic Outlook, 2021). Masiyiwa (2017) highlights the economic downturn as a key driver of abuse. In many African contexts, societal norms socialise men to be the primary breadwinners. Hoss and Blokland (2018) argue that a patriarchal understanding of men's roles necessitates their providing for women.

Additionally, harmful religious and cultural beliefs and practices cause GBV. For instance, the payment of bride price or lobola, a cultural practice, has continued to reinforce the view that women are regarded as the property of men, both within families and society. This practice, prevalent in many parts of Sub-Saharan Africa, involves the groom and his family providing money or livestock to the bride's family in exchange for their daughter (Neuendorf 2020; Human Rights Watch 2015; Alfred 2016). While traditionally seen as a means of cementing family relations, bride price has problematic implications for GBV (Eves 2019). It sustains the belief that women are commodities to be owned. In the traditional context of Zimbabwe, people's wealth is traditionally composed of livestock, and children, particularly their daughters, for whom they expect a bride price (Rugwiji and Masoga, 2017). This perception has led to the commercialisation of the lobola concept, sustaining the notion that women are

commodities meant to please men. This economic dimension is used to justify violence against women. Married women are vulnerable to abuse, often grounded in the belief that a bride price was paid. According to Rugwiji and Masoga (2017) and Henry and Vávrová (2020), when the abuse heightens, married women are advised by parents or relatives against moving out of the “crisis-torn” marriage because the man had paid money and cattle in *lobola*. However, with or without lobola, GBV is still prevalent in other communities where lobola is not a requirement to attain a wife, hence causes of GBV may vary with different communities according to their culture.

In addition, the culture of wife or widow inheritance is still being practised in Zimbabwe according to the Zimbabwean Ministry of Women's Affairs, Community, Medium and Small Enterprises (203). This cultural practise postulates that after the death of their husband, they can be inherited by their husband's younger brother. Furthermore, the cultural practice of 'chiramu' is when an older brother-in-law playfully fondles the younger sister-in-law (Siziba, 2022). These cultural norms often result in the abuse of women. This shows that there is a positive link between harmful cultural practices and GBV.

Religion is another driver of GBV (Home Office, 2018). Chisale (2020) contends that the church serves as a fertile ground for GBV. The weak sanctions against GBV within the church further contribute to an environment where such violence can thrive. Notably, in Zimbabwe, certain religious sects, like the Johanne Marange Apostolic sect, have used religious justifications for child marriages. This influence of religion on individuals shapes them both as victims and perpetrators, perpetuating socialised inequality as an inherent divine order that remains resistant to change. Clark (2016) emphasises the intricate relationship between violence within families of faith, the cultures they inhabit, and their religious identities. Cultural mores, influencing religious behaviour, transfer patriarchal patterns evident in Christian teachings, thereby promoting GBV and controlling the status of women in Zimbabwe (Kambarami, 2006). Passages such as Genesis 2:18 are interpreted as foundational in extending patriarchal norms from culture to religion (the creation of Eve as second and as a “helper for him”), while Ephesians 5:22-24 is understood as reinforcing patriarchal norms (Stephens and Walker, 2015). The convergence of culture, patriarchy, and religion becomes evident in defining the positions of men and women, rooted in the control of power by men.

In the Zimbabwean marriage context, the concept of a 'good wife' (mukadzi chaiye) entails submission to her husband, with deviation from cultural and societal norms resulting in stigmatization (Manyonganise, 2015). Manyonganise (2015) asserts that patriarchy is ingrained in gender ideology, placing men at the apex and women as subordinates across various social positions and patterns of expectations. Consequently, the power struggle becomes legitimised by religion, culture, and patriarchy, fostering an environment where men abuse women to maintain their powerful positions in both the domestic and societal realms. Clark (2015) further argues that some religious women, bound by their faith, feel compelled to endure abuse within marriages, viewing it as their cross to bear, and perpetually forgiving their husbands due to religious expectations. The lack of alternative means to endure, exacerbated by religious teachings, leaves these women trapped.

GBV is also rooted in gender inequality and power relations (UNHRC 2021, Heidari and Moreno, 2016; Svec and Andic, 2018; Onditi and Odera, 2018). The underlying causes of GBV are closely tied to gender inequality. Gender inequality cannot fully account for what perpetuates GBV, as studies show that empowered women are sometimes subjected to abuse precisely because they challenge existing norms and there are still cases of violence in countries where they have reached gender parity levels. For instance, a study conducted by Tshifhumulo et al. (2018) in South Africa revealed that female breadwinners, despite their economic independence, experience abuse and do not easily leave abusive marriages. This finding challenges the assumption that achieving women's empowerment and gender equality would automatically lead to a reduction in violence against women. In South Africa, statistics from the Thohoyandou Victim Empowerment Programme (TVEP) in 2015 further supported this notion, indicating that female breadwinners continued to endure abuse within their marriages (Thobejane, 2019).

Given the factor that contribute to GBV there cannot be one cause but rather there are multiple interconnected factors that contributes to GBV either by influencing an individual to be a victim or perpetrator. My study locates the communal institutions within the communal factors examining how they resolve GBV in Ward 8.

#### **4.1.5 Time Risk Factors**

According to Bronfenbrenner (1997), time is also a factor in the ecological systems contributing to influencing individuals to be violent or not. The time factors include war, natural disasters and pandemics. The risk of violence during periods of crises is more pronounced (Care International Mozambique, 2017; IFRC, 2015; Mason, Rezwana and Rain, 2023). Violence against women during COVID-19 increased across the globe. In Zimbabwe, there was an increase in domestic violence, child marriages (SAFE, 2020). Finding help from formal institutions became very difficult due to movement restrictions (UNFPA Zimbabwe, 2020), leaving the family, religious, and traditional institutions as the primary sources of help, especially in rural communities like Seke District, Ward 8.

However, there is no evidence on how communal institutions in rural areas resolve GBV, yet in times of crisis, they remain the closest and available sources of help. There is limited evidence on the sources of help for GBV victims in Ward 8, Seke District, during this period in Zimbabwe, yet they are the closest and available sources of help during a crisis. Thus, I explored the role of communal institutions in resolving GBV as well as collaborated with the institutions in developing and implementing the GBV Educational Programme meant to prevent GBV and empower the institutions.

## **4.2 EFFECTS OF GBV**

Gender-based violence has detrimental effects on the well-being of women, and its impact extends beyond the individual to encompass their families, children, communities, and even the nation. Moreover, GBV exerts both direct and indirect influences on children raised in environments marked by gendered violence, affecting them emotionally and physically and perpetuating the distressing cycle of violence. Consequently, the normalisation of GBV will affect future generations.

### **4.2.1 HEALTH EFFECTS**

GBV is recognised as a public health issue due to its negative health effects. GBV has significant and long-lasting impacts on physical and mental health, including injury, unintended pregnancy and pregnancy complications, sexually transmitted infections, HIV, depression, post-traumatic stress disorder, and even death (WHO, 2021). According to WHO (2016),

injuries resulting from gendered violence were reported among 42% of women, who were subjected to intimate partner violence. Other than death and injuries, some of the adverse health outcomes of physical violence may include bruises, broken bones, traumatic brain injury, back and pelvic pain as a direct result of physical violence, and cardiovascular and circulatory conditions, central nervous system and gastrointestinal disorders, endocrine and immune system conditions that affect women through chronic stress and other mechanisms (Black, 2011).

In addition, GBV has negative effects on women's reproductive health as it causes delayed prenatal care, sexual dysfunction (CDC, 2016), unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. Women who experience violence during pregnancy are also more likely to have miscarriage, pre-term delivery, stillbirth and low birth weight babies (WHO, 2021). A WHO (2013) study revealed that women who experience GBV were 16% more likely to suffer a miscarriage and 41% more likely to have a preterm birth.

Furthermore, there are psychological health problems which may result from violence which including depression, post-traumatic stress (PTSD) and other anxiety disorders, difficulties related to sleep, eating disorders, and suicide attempts (ibid. 2016). A WHO (2013) study noted that women who have experienced GBV were twice as likely to experience depression as those without the experience. Moreover, victims of sexual violence may misuse drugs and alcohol and have multiple sexual partners. According to WHO (2013), sexual violence during childhood can result in increased smoking, substance use, and risky sexual behaviour. It is also associated with influencing perpetration of violence or becoming a victim of violence.

Other health consequences may include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility, and poor overall health (WHO, 2016). A survey in South Africa showed that women who were sexually abused by their partners were 48% more likely to be infected with HIV than those who were not (Jewkes et al. 2010). In addition, it has been noted that globally, 61% of people living with HIV are in sub-Saharan Africa and the majority (54%) of those infected are women (UNAIDS, 2010). It was further posited that Botswana, Lesotho, Swaziland and South Africa carry the bulk of women in the reproductive age group who are HIV and AIDS positive (Ibid. 2010). GBV is a risk factor for HIV. Women who experience sexual violence without the use of condom to rape are vulnerable to HIV

infection (Artz, Klazinga and Muller, 2020). A study by Hassen and Deyassa (2013) in South Wollo Zone, Ethiopia, found a relationship between sexual abuse and HIV infection.

GBV's effects cascade down to children. That is children who are exposed to violence are negatively affected as they may experience a range of behavioural and emotional disturbances (WHO, 2021). Using the ecological theory to understand the phenomenon of GBV, I established that violence is embedded into children throughout their lives in their infancy environment. Environmental strife with violence may lead to the perpetuation or experience of violence in later stages of their life. Studies reported that women who experienced domestic violence in childhood are more likely to encounter domestic violence from their husbands or partners (Abramsky et al. 2011). The health effects of GBV show that the challenge has negative effects on the well-being of the victims as well as those within their circle.

#### **4.2.2 DEVELOPMENTAL EFFECTS**

GBV significantly impedes a country's economic, human, and social development. Persistent GBV not only reduces productivity and income but also perpetuates generational cycles of violence, hinders the promotion of gender equality, and obstructs efforts to lift people out of poverty (Fulu, 2016). GBV is a major obstacle to women and girls' development and to the welfare and development of their communities and societies, but also negatively impacts on the socio-economic development of the country (UN 2013; Oxford Inter-national 2012).

The experience of GBV increases women's risk of poverty due to the direct costs of violence, such as out-of-pocket health expenditure, and indirect costs, such as reduced earnings productivity (World Bank, 2023; WHO, 2016). Thus, GBV's negative effects extend beyond the individual to the states. According to the World Bank (2019), violence against women is estimated to cost countries up to 3.7% of their GDP, which is more than what most governments spend on education. In 2020, Nicaragua, due to domestic violence, lost cost of wages was estimated at USD 2.42 billion in Chile and \$45.8 million (World Bank, 2023).

GBV through child marriages has negative effects on the life and development of girls, dropping out of school, earning less over their lifetimes, and living in poverty compared to their peers who marry later (Wodon et al. 2018). Low education or lack of it is a risk factor for GBV and development. Increased or continuous experience of GBV results in girls dropping out of

school, which has a ripple effect on development as it suggests limited opportunities in the future and untapped potential for community development.

### **4.2.3 HUMAN RIGHTS VIOLATION**

Violence against women is one of the most rampant human rights violations (Oxford International, 2012). Violence against women is a violation of the right to life, liberty, and personal safety; of the right not to be subjected to torture or cruel, inhuman, or degrading treatment or punishment; of the right to a fair trial; of the right to freedom of movement; and to the right of freedom of assembly and association (EIGE, 2015). GBV is rooted in the unequal power relations between men and women; thus, at the heart of gendered violence, there is the perception that men and women cannot be equals because one is the better group. GBV violates the right to life as, in some instances, it results in homicides (WHO, 2016). It also stems from discrimination against women (United Nations, General Assembly, 2006). Thus, GBV violates human rights.

### **4.3 CONCLUSION**

This chapter examined the causes and effects of GBV. The study suggested that GBV is more common in home and community settings. The chapter proceeded to investigate the impact of gender-based violence on health and development. Various health outcomes were examined and including the association with various forms of GBV such as intimate partner violence (IPV). These included HIV and STIs, unwanted pregnancies, induced abortion, low birth weight and premature birth, alcohol abuse, depression and suicide, injuries, and deaths from homicide. In exploring the link between gender-based violence and development, the chapter explained how GBV had negative impacts on a household's well-being, community development, and national development. The socio-economic costs of GBV were also indicative of how GBV affects the human development of victims and national development. In summary, the chapter examined the causes and consequences of gender-based violence. The next chapter will discuss the interventions that have been used to address GBV.

# **CHAPTER FIVE: EXISTING MODELS OF GENDER-BASED VIOLENCE INTERVENTION**

## **5.0 INTRODUCTION**

This chapter provides an overview of the literature that focuses on violence prevention, particularly the prevention of gender-based violence. The chapter focuses on literature related to the prevention of gender-based violence, which often emphasises the importance of communal institutions and their strategic role in transforming the community into one free of gender-based violence. This chapter aims to discuss the responses and efforts made through various interventions to address GBV. The chapter sets out to achieve this by discussing the following responses and efforts as detected from the national policy on GBV: government policies, awareness campaigns, and community-based interventions. It provides a review of what is known about prevention strategies and responses to gender-based violence to facilitate the development of an appropriate intervention in this current research.

## **5.1 VIOLENCE PREVENTION**

Violence prevention involves a range of strategies and actions aimed at reducing or eliminating various forms of interpersonal violence. From a public health perspective, it is a multi-sectoral endeavour requiring collaborations across the private and public sectors, including health, education, criminal justice, social services, businesses, and civil society organisations (Butchart and Mikton, 2014). According to Krug (2002), the process involves defining the problem, examining the causes, planning, developing and implementing programmes, and evaluating the effectiveness of the programme. The WHO and UN Women established a framework for preventing violence against women called RESPECT which: Relationship skills strengthening; Empowerment of women; Services ensured; Poverty reduced; Enabling environments (schools, workplaces, public spaces) created; Child and adolescent abuse prevented; and Transformed attitudes, beliefs and norms (WHO, 2024). RESPECT highlights that prevention should focus on challenging unequal gender power relationships, be participatory and address multiple risk factors.

Over the past decades, there has been steady progress and innovation in programming that effectively addresses the inequitable gender norms and practices underlying violence against women (Michau and Namy, 2021). Despite the high prevalence of violence against women, a myriad of efforts are underway to combat this challenge. Successful violence prevention programmes share a common characteristic: a focus on transforming power imbalances between women and men to foster more equitable and respectful relationships within families and communities, thereby rejecting men's use of violence (Ellsberg et al. 2015; Michau, Horn, Bank, Dutt, and Zimmerman, 2015).

There is growing evidence that prevention efforts should target transforming negative gender norms that sustain GBV despite the presence of laws and policies (Flood, 2019; Casey et al. 2018). Violence prevention should address underlying causes by targeting behaviours and attitudes that lead to the perpetration of violence (Didi et al. 2016). Tharp et al. (2012) identified risk factors for gender-based violence at different ecological levels. At the individual level, these include multiple sexual partners, psychological and antisocial disorders, substance abuse, acceptance of violence, and adherence to traditional gender roles, power, and control. Relationship-level factors involve family relationships, parental conflicts, and negative attitudes and behaviours (Tharp et al. 2013). Furthermore, communal and societal factors include weak sanctions/laws against GBV, harmful and discriminatory beliefs, socioeconomic challenges and gender inequality (Heise, 1998). Therefore, ending violence means reducing all these risk factors and encouraging resilience.

Effective GBV prevention and care require multifaceted approaches that engage all genders, transform community norms that support the perpetration of violence (including inequitable gender norms), reduce the stigma of GBV, equip individuals with skills to safely and appropriately interrupt violence as active bystanders, and provide physical and mental support to survivors (Abrahams et al. 2021; Miller, 2018). Intervention should be participatory and context specific (What Works, 2016) because factors that influence or cause GBV in one area may not necessarily be so in another area.

In the same vein, using the conflict transformation framework, which emphasises the use of resiliency factors, is also important in generating sustainable solutions to violence. GBV manifests in socially constructed contradictions, attitudes, and behaviours that normalise the use of violence. Conflict transformation facilitates an understanding of how to effect change

and develop and assess interventions to address GBV. I employed the conflict transformation and participatory tenets in collaboratively developing an intervention meant to transform behaviours and norms within the communal institution and prevent GBV in the Ward 8 community.

## **5.2 GOVERNMENT PROGRAMMES**

Like other nations across the globe, Zimbabwe has formulated policies and programmes that are meant to mitigate GBV. Policies play a crucial role in violence prevention by raising awareness from the community level to the national level and acting as deterrent measures. Many people do not know their rights, what GBV is, and how they can be helped; hence, they continue to suffer in silence or have normalised GBV. They end up accepting GBV because family and societal norms seem to endorse the abusive practices. Thus, policies to reduce or end GBV are important in providing survivors with legal recourse when they have experienced GBV. Currently, the policies in place have enabled most women to understand GBV. However, GBV remains deeply entrenched as a socialised phenomenon, conditioning people to accept it as a normal element of social interactions. This perpetuation endures despite the existence of laws that explicitly prohibit GBV.

### **5.2.1. The National Gender Policy on Gender-Based Violence (NGP)**

The government of Zimbabwe continues to formulate and implement policies meant to combat GBV. It has implemented the National Gender Policy 2004 (discussed in Chapter Three); however, it fell short of reducing GBV due to its failure to address the root causes of gender inequality, which are entrenched in patriarchy. Recognizing these shortcomings, the revised NGP (2013–2017) acknowledged ongoing gender imbalances in education, employment, politics, and rising GBV cases (NGP, 2013–2017). The policy emphasises fully investigating all instances of violence, enforcing stiff penalties for perpetrators, developing comprehensive prevention programmes addressing root causes of GBV, and improving the quality of programmes by adopting and maintaining appropriate GBV data disaggregated by age, type of violence, and relationship between victim and perpetrator (NGP, 2023–2030; MWACCSME, 2023).

Additionally, the NGP focuses on eradicating child marriages, eliminating GBV in the workplace, and ending human trafficking. In October 2021, Zimbabwe launched the High-

Level Political Compact (HLPC) on Ending Gender-Based Violence and Harmful Practices (2021–2030). According to the Ministry of Women Affairs, Community, Small and Medium Enterprises (2023), the HLPC aims to accelerate the enactment, alignment, and implementation of legislation and policies on gender equality, women's rights, and GBV; decentralise victim-friendly courts and the Legal Aid Directorate to ensure access to justice and speedy resolution of cases; and strengthen accountability mechanisms for implementing the legal and policy framework for gender equality and GBV.

Moreover, the government also set up the Zimbabwe Gender Commission (ZGC hereafter), implementing its provisions from Section 245 of the new constitution in September 2015 (Home Office 2018: 15). The role of the ZGC is to ensure that the implementation of all gender equality and equity issues is provided for in the country's constitution. To ensure gender equality and equity in its operation the ZGC stipulated the following functions.

- To monitor issues concerning gender equality to ensure gender equality as provided in this Constitution.
- To investigate possible violations of rights relating to gender.
- To receive and consider complaints from the public and to take such action regarding the complaints as it considers appropriate.
- To conduct research into issues relating to gender and social justice, and to recommend changes to laws and practices that lead to discrimination based on gender.
- To advise public and private institutions on steps to be taken to ensure gender equality.
- To recommend affirmative action programmes to achieve gender equality.
- To recommend prosecution for criminal violations of rights relating to gender.
- To secure appropriate redress where rights relating to gender have been violated; and
- To do everything necessary to promote gender equality (Home Office 2018: 15-16).

Although the above preventative policies by the government to end GBV are commendable, GBV remains a threat and elusive to the proposed solutions. The continuous formulation of policies suggest that policies and laws are not able prevent GBV without community engagements that targets to transformation behaviours and norms that sustains GBV.

### **5.2.2. Victim Friendly Unit**

The government of Zimbabwe established the Victim Friendly Unit (VFU) to ensure that GBV survivors have access to justice. The VFU is a unit that falls under the ZRP. It was established in 1995 and “is concerned about cases of violence against women and children, sexual and domestic violence offences...the ZRP reports that every police station in the country has VFU” (Home Office, 2018: 25). The Judicial Service Commission (2012) outlined some guidelines for the smooth running of the VFU. According to the IFRC (2017:2), “some of the guidelines include maintaining privacy, confidentiality, and safety of the victim at all times, and treating each case of domestic violence or abuse as a priority”. The VFU exists to ensure that the environment for victims is supportive, private, and friendly (ZRP, n.d). The VFU also works with CBOs, CSOs, NGOs, and FBOs to assist survivors of GBV. The ZRP VFU advances that “the VFU is a source of hope for vulnerable victims who for decades have been prohibited by social attitudes, insensitivity and lack of professional handling on the part of the police” (ZRP, n.d). Thus, the VFU acknowledges that there are societal norms that impede women from reporting GBV cases. To ensure effectiveness, the VFU uses ZRP personnel to investigate and arrest offenders.

The programme has also proven to be very important in dealing with cases of abuse and ensuring justice for victims (Home Office, 2018). However, cases that are reported to the VFU are fewer than those not reported due to a lack of confidence in the unit and the culture of secrecy around gendered violence. According to the IFRC (2017), also cited in Home Office (2018), a key informant revealed that a victim and a perpetrator are sometimes interviewed together in the VFU programme. This has led to some victims being afraid of further abuse and they therefore refrain from speaking freely (Home Office, 2018:26). A concern was also cited that the process of VFU could start very well, but when the case goes to court some dockets are reported to be lost or cases simply withdrawn (IFRC, 2017). Further interviews conducted by the IFRC in Muzarabani, through focus group discussions (FGDs), highlighted these issues. Interviewees noted several shortcomings within the VFU, including:

- There is a lack of will by the police to fully implement laws relating to violence against women.
- The police choose instead to administer mediatory efforts, which at times lead to worse outcomes..., saying cases should be settled within family circles.
- The police sometimes have an attitude that does not encourage victims to follow through with their cases. For instance, they may inform the victim that s/he provoked the perpetrator (IFRC, 2017:21; Home Office, 2018).

The weaknesses and concerns raised regarding the Victim Friendly Unit (VFU) intervention underscore significant gaps in its ability to effectively address the problem of GBV. It also points out a general belief by the police that GBV is a private matter and, as such, does not receive the much-anticipated attention. In addition, most sectors in Zimbabwe are male dominated, and this means that GBV is addressed through patriarchal lenses. As a result, until GBV and social norms that sustain it are understood at the individual, relationship, communal, and society levels through the transformation of relations between men and women, it remains difficult to achieve better results. The existence of the VFU is commendable, however, it is usually not within the reach of everyone across the country, as police stations in rural areas are not in reach of many people. Consequently, individuals in these regions frequently turn to communal institutions for assistance. Therefore, it is imperative to explore the role of communal institutions in addressing GBV. These institutions, due to their proximity and cultural relevance, may offer more immediate and culturally appropriate support for GBV victims. Understanding and enhancing the role of communal institutions could provide a more comprehensive and effective approach to combating GBV in Zimbabwe, especially in areas where formal mechanisms fall short.

### **5.3 AWARENESS CAMPAIGNS**

The government of Zimbabwe is also involved in carrying out awareness campaigns in collaboration with Non-Governmental Organisations, Civil Society Organisations, and community engagements aimed at conscientising people about gender-based violence, its causes, and laws against it. These campaigns have been noted to be effective in changing behaviours and attitudes (Fulu, Kerr-Wilson, and Land, 2014). Globally, awareness campaigns have been used to increase information on GBV using themes provided by the UN Women and other international organisations working on preventing GBV. However, these awareness campaigns have not managed to curb GBV because they have not been able to

educate everyone in the country. Morna and Chingamuka (2013) argue that GBV awareness campaigns do not reach most of the population and further revealed that, in a 2012 study conducted in Zimbabwe, *Violence Against Women (VAW) Baseline Study*, only 10 per cent of the 6,600 women and men interviewed in the VAW baseline study were aware of GBV campaigns going on around them. The following are part of awareness campaigns that have been carried out in the country by both the government and the private sector to end GBV.

### **5.3.1 Sixteen Days of Activism Against Gender-Based Violence**

Awareness campaigns, employing strategies that target the entire population and address the underlying causes, are a common approach to the primary prevention of gender-based violence. The period from 25 November to 10 December is internationally recognised as 16 Days of Activism against Gender-Based Violence, a time to impel action to end violence against women and girls worldwide (UN, 2014). The 16 days of activism are recognised and celebrated globally, with countries customising gender-based violence messages and campaigns to the context. Various social media platforms are also utilised to enhance awareness and public engagement during the campaigns (UN Women, 2014). Both private and government stakeholders are involved, creating an interlinking of sectors that ensures effective awareness and wide coverage. During the 2019 16 Days of Activism against GBV in Zimbabwe, *The Herald* (7 November 2019) highlighted that the multi-sectoral approach, which is survivor-centred, has led to increased responsiveness from many stakeholders to the situation faced by women and girls. This interlinking of sectors allows for effective awareness and ensures a wide coverage. Most cases of GBV are not reported due to a lack of confidence in the judiciary system, fear of victimization by family members and society, compounded by societal norms that normalize violence and treat GBV as a private matter. Thus, the 16 Days of Activism against GBV has been instrumental in challenging these societal norms that normalize violence.

The 2019 16 Days of Activism against GBV's theme, "Orange the World: Generation Equality Stands against Rape!" (United Nations Country Team (UNCT), 2019) indicates the prevalence of sexual abuse. According to the MICs (2019) report, sexual violence manifests in familial setting, placing it in the private sphere (home). The home is considered the breeder of a culture that continues to sustain gender inequality, resulting in GBV. This also concurs with the ecological theory on GBV, which states that an individual is influenced by his/her environment

(family, community, and society) to be either a victim or a perpetrator. Thus, transformation in the home/community environment leads to transformed public attitudes towards women. The 16 Days of Activism against GBV each year acknowledges that GBV remains a threat and elusive to proposed interventions. Hence, there are calls for a unified stand against GBV (UNCT, 2019). While the 16 Days of Activism against GBV by all stakeholders has had positive results in increasing awareness, the campaigns and force of the message are only for 16 days, and then there is silence until the next campaign. Therefore, there is a gap in this intervention as it is only for a short while, whereas GBV is an everyday horror.

### **5.3.2 Let's Talk GBV**

The "Let's Talk GBV" radio programme was introduced by the Spotlight Initiative during the COVID-19 pandemic across Zimbabwe to address the increasing rates of GBV, exacerbated by the pandemic. The programme aired on Capital 100.4 FM. According to Spotlight Initiative Zimbabwe (2020), Capital 100.4FM reaches out audience of 4.2 million people, and it has a strong online presence with over 71,000 followers on Facebook, Twitter, and Instagram, also reaching regional and international audiences through streaming services. The *Let's Talk GBV* station was launched in June 2020. However, not all households have radios, which would mean that much of the 4.2 million audience are "the have" in urban areas or townships. The Multiple Indicator Cluster Survey (MICS) report (2020) revealed that 40% of households in Zimbabwe have a radio set and 35.7% have a TV set. Consequently, the impact of this awareness campaign was somewhat limited, as it could not effectively reach everyone in the country.

### **5.3.3 "Shaking Off GBV"**

In 2020, Zimbabwe's 16-member Civil Society Reference Group (CSRG) launched the "Shaking Off GBV" advocacy initiative during the 16 Days of Activism against GBV. This initiative leveraged the modality of physical exercise, specifically Zumba, to create a platform for women from all walks of life, especially those in affluent communities experiencing violence, to dialogue about GBV (Spotlight Initiative, 2020). The programme was live-streamed on social media to an audience of 135,507 on Facebook, generating enthusiasm in the public to use similar and other innovative platforms, such as music concerts and dance, in the fight against gender-based violence.

Several awareness campaigns were initiated in various regions to combat GBV. In Matabeleland South, a grassroots campaign called the *#HeForShe Campaign* was launched at the ward level, while in Harare, the *#SheMatters* campaign took centre stage. Manicaland Province saw the introduction of the *#PeaceBeginsatHome* campaign, which introduced the innovative Peace Hut Model. This model encouraged communities to come together and develop their solutions to end GBV and harmful practices (ibid. 2020). In Chipinge, one of the districts under the Spotlight Initiative, this model (Peace Hut Model) was used in 18 family disputes. Additionally, Spotlight Initiative trained 46 active community-based organizations (CBOs) and 300 GBV Community-Based Activists (220 females and 80 males) on the application of this model (Spotlight Initiative Zimbabwe, 2020). The 5 campaigns;

**#HeForShe;**  
**#CatchThemYoung;**  
**#PeaceBeginsatHome;**  
**#SheMatters and**  
**#TakingAStandAgainstGBV,**

collectively reached 10,000 people (men, women, boys, and girls), on various aspects of GBV. These interventions were carried out during the COVID-19 crisis where they relied on virtual modalities. Therefore, people without internet access could not benefit from the programme. To highlight the limitation of the intervention, according to the International Telecommunication Union (2020), only 27.055% of the Zimbabwean population has access to internet services. This suggests that intervention should be context specific, considering all the limitations and its potential in excluding others.

#### **5.3.4. The Plan 18+ campaign**

The Plan 18+ campaign is an intervention strategy that is aimed at advocating against child marriages and ending early child marriages in Zimbabwe. Child marriages are widespread in the country. According to the Plan 18+ campaign (Plan International 2009:1), "...child marriage is regarded as a form of forced marriage given that one or both parties have not expressed their full, free and informed consent." The initiatives of the Plan 18+ campaign are outlined in its policy brief as follows:

- International frameworks that address child marriage and treaty body reporting are crucial.

- The legal and policy initiatives focus on gender equality and child rights; and
- Coordination and leadership, including campaigns to end child marriage supported by traditional leaders (PI, 2009:2).

The intervention also aims at “strengthening the existing structures and organisations to handle the issues, including women's and men's development groups, community policing groups, women's associations, and faith-based organisations” (PI, 2019:26).

The aim is to increase advocacy and awareness of gendered issues such as GBV, and gender equality through community mobilisation and coordination mechanisms at the district and community level (Home Office, 2018:30). The Plan 18+ campaign exemplifies a multifaceted approach to addressing child marriage in Zimbabwe involving and strengthening community structures, and community organisations.

## **5.4 COMMUNITY BASED INTERVENTIONS**

According to prevailing social norms, the community significantly influences individual behaviours, either perpetuating or mitigating GBV. Communities serve as critical institutions that require “social structures, processes, and relations which give rise to women's disadvantaged position need to be transformed” (Miles, 2014: 3). Drawing from ecological theory (discussed in Chapter Two) and its interpretations (Heise, 2012), a community consists of various family groups forming different social organisations like churches and CBOs, which together constitute communal institutions. These institutions play a vital role in addressing and resolving GBV in Seke District, Ward 8, as part of community-based interventions.

Community-based interventions through community mobilisation have proven to be effective in preventing various forms of abuse, encompassing physical, sexual, and emotional aggression, and controlling behaviours in intimate partner relationships (Abramsky et al, 2016). Positioned as a proactive strategy, this intervention seeks to address the root causes of GBV. Importantly, community-based not only curtails the initiation of violence but also prevent its perpetuation. Given the intrinsic connection between GBV and societal perception of gender and violence against women, prevention programmes necessitate strategies that actively challenge the underlying value systems, norms, and social environments normalising violence (Jewkes, 2002).

By training community-based activists to lead and facilitate conversations on power relations, HIV/AIDS, and violence against women, SASA! has demonstrated the potential of community mobilisation in reshaping societal attitudes (Abramsky et al. 2014). SASA! Uses four phases: S (Start) is the "Pre-contemplation Phase" when people identify women's issues that need to be addressed at the community level. A (Awareness) is the "Contemplation Phase" when activists gather information on the issue. S (Support) is the "Preparation for Action Phase" when activists prepare to take action by examining the support system for women within the community. An (Action) is the "Action and Maintenance Phase" when the individuals change their behaviour and attitude, and maintain those changes. (COVAW. 2017). The SASA! approach draws on two theoretical frameworks: the Ecological Model of violence by Heise (1998) and the Stages of Change Theory as set out by Prochaska et al (1992). The Ecological Model acknowledges the intricate interplay of factors across different levels, individual, relationship, community, and societal, that contribute to the risk of gendered violence. The combination of these theories enabled SASA! Effect transformational change in the community and individuals. This was achieved through the support of the community, guiding them through a phased process of change. SASA! Used four strategic pillars; local activism, media and advocacy, communication materials, and training (Minkas et al, 2020). These strategies are not rigid but instead adapt to the evolving priorities and characteristics of the community. The SASA! programme has been adapted and implemented in at least 15 countries by more than 75 organisations worldwide to foster community-level change (International Initiative for Impact Evaluation, 2015). According to Gwarisa (2022), the SASA! The project is being implemented by the Zimbabwe Association of Church-related Hospitals (ZACH) and has successfully engaged chiefs and other traditional leaders as allies in ending sexual and gender-based violence (SGBV) in eight districts, including Chimanimani, Mguza, Kwekwe, and Umzingwane. Therefore, exploring the role of communal institutions in resolving GBV is essential since individuals' environments influence them to become agents of violence or change. Engaging key community stakeholders and organisations is best practice in the prevention of gender-based violence (Forden and Carrillo, 2015)

#### **5.4.1 SHARE**

The objectives of SHARE are to reduce levels of physical IPV, reduce levels of sexual IPV, increase the proportion of community members who agree that IPV is not justifiable under any circumstances, raise awareness about women's rights, reduce HIV incidence, and reduce

sexual risk behaviours (Wagman et al. 2015). SHARE was modelled after a community mobilisation approach for preventing IPV based on the transtheoretical model (TTM) of behaviour change, which aims to influence an individual's attitudes and decisions over time (ibid 2015). SHARE used five violence prevention strategies to target individuals, their friends and family, local institutions, opinion leaders, and government officials: advocacy, capacity building, community activism, learning materials, and special events (Wagman et al. 2016).

According to Ogum Alengea et al. (2020), SHARE reported a significant decrease in IPV experienced by women at the community level. Table 10 below shows the components of the SHARE intervention using the Resource Guide for Mobilising Communities to Prevent Domestic Violence.

**Table 5.1: SHARE Programme Violence Prevention**

STRATEGY	ACTIVITIES	TARGET POPULATION
Advocacy	<ul style="list-style-type: none"> <li>• Workplace dialogues</li> <li>• Targeted local group seminars</li> <li>• Focused dialogues with opinion and local leaders</li> <li>• Professional network for service providers</li> </ul>	Leaders, officials, and policymakers were informed about IPV and women's rights and allowed to discuss and make decisions in light of what they learned.
Capacity building	<ul style="list-style-type: none"> <li>• Staff development workshops</li> <li>• Training of resource persons and volunteers</li> <li>• Seminars</li> <li>• Targeted workshops and trainings on IPV, human and women's rights</li> </ul>	Police, social welfare officers, health-care providers, teachers, local and religious leaders, SHARE staff, and volunteers completed the Community Activism Course (CAC) on IPV prevention.
Community activism	<ul style="list-style-type: none"> <li>• 40 community volunteers were appointed and trained as SHARE ambassadors</li> <li>• Public booklet clubs</li> <li>• IPV prevention action groups</li> <li>• Door-to-door awareness activities</li> </ul>	Women and men, youth and children within the community.
Learning materials	Development, adaptation, and distribution of <ul style="list-style-type: none"> <li>• Booklets and</li> </ul>	General public, community members, local organisations,

	brochures• Posters• Story cards• Other educational materials	health care providers, and social service officers.
Special events	• Local fairs• Public marches• Public campaigns• Open poster exhibitions• Community drama shows• Outdoor films and music events	Community members, leaders, the public, and local institutions.

(Adapted from Wagman et al. 2015)

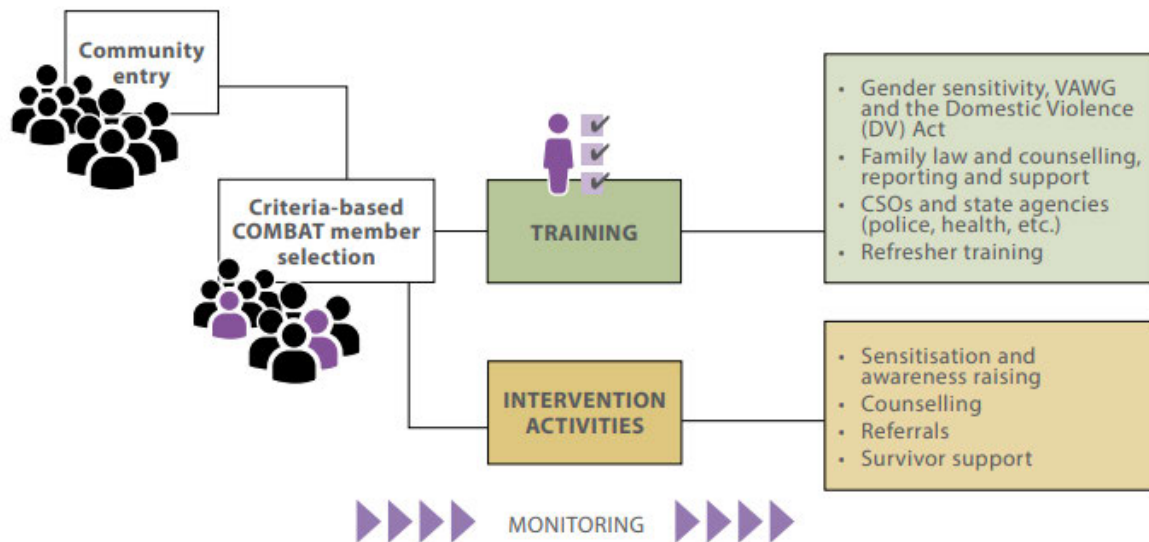
The above Table 5.1 outlines the SHARE approach to preventing IPV through a variety of strategies and activities targeting different segments of the population. The strategies outlined above form a multi-faceted approach to IPV prevention, targeting various levels of society, from policymakers to community members.

#### 5.4.2 Rural Response System (RRS)

Another community-based intervention with positive results in preventing GBV is the Rural Response System (RRS) in Ghana (Ogum Alengea et al. 2020). Given the complex interplay of societal and institutional factors in GBV operating at individual, interpersonal, community, and societal levels, the RRS engaged a broad range of stakeholders within the community to achieve effective change (Ogum Alengea et al. 2020). The overall aim of the intervention was to reduce the incidence of all forms of violence experienced by women and violence perpetrated by men, while protecting women’s human rights through state and community-based structures. The objectives of the RRS were: to increase knowledge on VAW; change individuals’ and communities’ attitudes towards gender equality and violence; positively change social and gender norms and behaviours that perpetuate gender inequality and VAW going; provide counselling and support to couples affected by IPV and other types of VAW; assist victims seeking redress from state institutions; develop a referral system between community-based response systems and state agencies to encourage a consistent and coordinated response; and strengthen appropriate traditional systems for resolving VAW (Ogum Alengea et al. 2020).

According to Addo-Lartey et al. (2019), these objectives were achieved through the institution of Community-Based Action Teams (COMBATs) within the communities. COMBAT members were respected male and female community members, nominated by the community to play

key roles in realising the intervention's goals. They discussed topics such as wives' property rights after bereavement, the importance of wills, equitable distribution of household work, non-violent marriages, and arguments against child neglect. They also provided counselling to couples known to be experiencing violence. Figure 5.1 below describes the stages in the RRS intervention.



**Figure 5. 1: Rural Response System Intervention (What Works, 2019).**

Diagram 5.1 indicates the steps taken to implement the RRS intervention. These steps include community entry, problem identification, recruitment and training of participants, training, intervention development and implementation, awareness raising and monitoring and evaluation of the programme's success and limitations. The programme framework indicates the importance of community engagement and participatory interventions in combating GBV. Additionally, training was provided for other CBOs, and regular meetings were held with community traditional and religious leaders and other stakeholders regarding their roles, responsibilities, and messaging about VAW (Ogum Alengea et al. 2020). The primary outcomes of the RRS, according to Ogum Alengea et al. (2020), showed a statistically significant reduction in sexual violence reported by women. Among women, there was a notable decrease in partner-control behaviour and reported depression. The intervention also resulted in fewer instances of perpetration of emotional and economic intimate partner violence (IPV).

### **5.4.3 Women Empowerment Initiatives**

GBV has long been linked to the unequal distribution of power (Huis et al. 2020). Consequently, the United Nations (2012) women's empowerment has frequently been highlighted as a crucial approach to addressing IPV. The rationale behind interventions that combine economic and social empowerment lies in their ability to challenge inequitable gender attitudes and norms, build women's confidence, and foster communication and conflict resolution skills (Abramsky et al. 2023). The IMAGE intervention in South Africa, which combined microfinance with group-based gender training sessions for women, was the first such intervention shown to reduce women's experience of physical and sexual IPV in a cluster randomised trial (Pronyk et al. 2006). A similar intervention has been implemented elsewhere with positive results in reducing GBV. For instance, the MAISHA programme in Tanzania indicated that among women who received microfinance IPV was reduced (Abramsky et al, 2023). The findings are corroborated by a study in Zimbabwe by Bengesai and Derera (2021), which showed that women's empowerment has a positive link with the reduction of domestic violence. However, there is a need to combine empowerment and transformational programmes meant to empower and transform attitudes and behaviours that reinforce GBV. This is because empowerment alone does not prevent GBV, as there is evidence that even empowered women are abused (Thobejane, 2019). Some studies indicate that empowerment and transformational programmes are linked to GBV (Buller et al. 2018; Gibbs, Jacobsen, and Wilson, 2017).

#### ***Village Savings and Loan Associations (VSLA)***

In the rural communities of Zimbabwe, women have proactively used Village Savings and Loan Associations (VSLA) schemes as a strategic response to poverty and financial vulnerabilities. These schemes are known as 'mukando' or 'maround' in Zimbabwe. The term Mukando, derived from the Shona language, implies the accumulation of funds and distributing them among others, underlining the dual purpose of enabling savings and providing soft loans to meet immediate needs (Chivasa, 2018). These VSLAs or Mukando consist of approximately 10–30 members (Maganga, 2021). Mukando enables participants to mobilise funds for small businesses and household essentials, thereby enhancing their economic independence (Maganga, 2021). Mukando/VSLAs have been used by women to address poverty, and economic hardships, as well as to bridge the gap in power dynamics where men were the

breadwinners and women housemakers. Similar programmes have been implemented in Malawi, Haiti, and Ethiopia with positive effects in increasing confidence and empowerment in women (United Nations Capital Development Fund (UNCDF), 2004; Wosene, 2014). The studies further highlight the improvement in the participants' community status due to their association with VSLAs.

Although this initiative has a positive impact and suggests the understanding of creating local intervention, this programme is limited as it does not include the transformation of behaviours and attitudes that sustain GBV. My study contributes to the knowledge by providing an intervention that aims to transform behaviours and attitudes within communal institutions that sustain GBV.

## **5.5 CONCLUSION**

The chapter looked at the available interventions used to address GBV, with a bias towards community participatory methods. It also explored intervention from above (the laws and policies). The state has tried to revise and update its constitutional framework for gender sections. The chapter identified gaps in the government's efforts to curb GBV implementation. Thus, the fight against GBV has no one-size-fits-all solution, but the laws and policies should be complemented by other activities, including community participatory-based interventions. The chapter also explored awareness campaigns, and community-based interventions such as SASA! SHARE, RRS and women empowerment programmes. The chapter highlighted the need to integrate GBV prevention methods with transformational programmes to transform attitudes and behaviours that reinforce GBV to facilitate transformation at the individual and societal levels. The following chapter will discuss the research methods used in this study.

# **CHAPTER SIX: RESEARCH DESIGN AND METHODOLOGY**

## **6.0 INTRODUCTION**

This chapter will discuss the research design and methodology used in this research. This study adopted a research design and methodology based on action research, which suited the nature of the inquiry. The choice of action research and a qualitative approach was justified by the purpose and objectives of the study. The major aim of the study was to examine communal institutions that resolve GBV in Seke District with the agenda of collaborating with the institutions in developing an intervention to combat GBV. The specific objectives were:

1. Explore factors sustaining GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.
3. Using a participatory action research approach, to develop an intervention aimed at reducing and ending GBV.
4. To evaluate the short-term outcomes of the intervention

The chapter then provides a detailed description of the research design, data collection methods, data analysis, and presentation techniques used, ensuring the validity and reliability of the findings. Ethical considerations in conducting this study are also thoroughly addressed to ensure the respect of participants' rights and the ethical conduct of research.

## **6.1 RESEARCH DESIGN**

According to Asenahabi (2019), research design serves as the plan for linking conceptual research problems to pertinent and achievable empirical research. It provides specific direction for procedures in a research study (Creswell, 2014). This step-by-step procedure, adopted by researchers before the data collection and analysis process commences, ensures the achievement of research objectives validly. This process includes the selection of methodologies, participants, and interventions that will meet the research's objectives. Research design guides strategies of inquiry (Creswell and Creswell, 2018). In the context of

this study, the research design is Participatory Action Research (PAR *hereafter*), which attempts to address challenges identified in areas of study (Gough et al. 2012). The design aligns with my study's objectives of formulating and implementing an intervention to address GBV in Ward 8 based on the research findings. According to Kemmis, McTaggart, and Nixon (2015), PAR brings together scholars and community members to co-create knowledge while effecting social change.

Thus, in collaboration with the communal institutions of Seke District, Ward 8, a case study, knowledge about GBV was generated. According to Gustafsson (2017), a case study can be defined as a study about a person, a group of people, or a unit, which is aimed at generalising over several units. This community-based study explored how the communal institutions in Ward 8 addressed GBV and sought to build on their methods and experience to develop an intervention to mitigate against GBV. As Yin (2003) explains, case studies examine complex phenomena in the natural setting to increase understanding of them. Given the complexity of GBV and informal methods used to address it, a case study was appropriate to understand the dynamics. A case study ensured that the targeted community actively participated in developing an intervention tailored to their specific challenges. PAR is a collaborative, iterative, and often open-ended endeavour that prioritises the expertise of those experiencing a social issue, using systematic research methodologies to generate new insights (Cornish et al. 2023). This aligns with my study, which prioritised the experience of communal institutions in addressing GBV while looking for other methods that they could use to combat GBV. According to Díaz-Arévalo (2022), PAR prioritises the active participation of individuals in the process of knowledge production rather than positioning local populations as mere subjects of externally imposed research practices. Therefore, this study engaged and collaborated with communal institutions.

According to Cornish et al. (2023), PAR employs qualitative methods including storytelling, ethnography, interviews, participatory theatre, and videos. I also utilised qualitative research methodologies such as focus group discussions, interviews, narratives, and observations. These methods helped me to respond to the study's objectives. In the second phase of the study, I collaborated with the Gender-Based Violence Champion Committee to develop an intervention based on the suggestions gathered during the study.

Qualitative methodology is informed by the constructivist worldview, which believes that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences, meanings directed toward certain objects or things (Creswell and Creswell, 2017). The research relied on the information provided by participants through various qualitative data collection methods, such as interviews, FGDs, observations, and narratives. Qualitative research is primarily concerned with gaining direct experience in a setting, and intrinsically an exploratory endeavour (Mann, 2003). Gender, let alone GBV, is a sensitive issue that the family and religious institutions do not openly discuss. Therefore, qualitative research enabled the researcher to get first-hand explanations of how the family, religious and traditional institutions dealt with gender-based violence—information that is difficult to delve deeper into using quantitative methods. The research design helped me to meet the study’s objectives and guided the development of the GBV Educational Programme, meant to mitigate against GBV.

## **6.2 ACTION RESEARCH WORLD VIEW**

The use of a Participatory Action research was guided by the research’s objectives, which indicate that the study aimed to engage the communal institutions in developing and intervention, implement and evaluating the intervention. The study’s adoption of a PAR design was rooted in the ontological perspective that action should be value-laden and morally committed (McNiff and Whitehead, 2005). Considering the focus of my study on transformation and social change through the involvement of affected populations in developing interventions and activities that drive transformation, PAR emerged as the most suitable research design for this study. According to Creswell (2014), ontologies and epistemologies are philosophical views about the world and the importance of research. Christ (2014) opines that at times ontologies and epistemologies can be referred to as a unified foundational set of philosophical and methodological premises that constitute a framework that guides the practices of a particular discipline.

Thus, the research was informed by a transformative worldview that holds that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever levels it occurs (Mertens, 2010). Mertens (2010) and Creswell (2014) suggest that reality is shaped by the social, political, cultural, and economic principles of different groups of people. GBV is rooted in inequalities resulting in unbalanced power

relations between men and women. It is the politics behind GBV that needs to be addressed, hence the use of the Action Research design to guide the research. The transformative worldview allows for the use of participatory and action-inclined research that makes it possible for the researcher to directly engage targeted communities in conversations meant to gain deeper and authentic discussions toward effective social transformation. This current study is shaped by the need for social change, which may change the lives of the participating community in ending or reducing GBV using communal institutions. According to Creswell and Creswell (2018), transformative research provides a voice for these participants, raising their consciousness or advancing an agenda for change to improve their lives.

### **6.3 ACTION RESEARCH**

Action Research methodology enables affected communities to take part in the outcomes of the research. It is the combination of research with action and participation, enabling affected communities and researchers to not only generate knowledge but set change in motion (Gunbayi, 2020). Thus, action research integrates research, practice, and action. Researchers in action research serve as facilitators, while the ownership of the research is collective. In action research, participants are not passive subjects but active collaborators who discuss their mutual challenges in this context, GBV and develop strategies to address these issues. Researchers and community stakeholders work together to co-generate knowledge through ongoing communicative processes and the joint implementation of findings (Mackenzie et al. 2012). This study is informed by conflict transformation theory, which emphasises the need for changing relationships between men and women to end gendered conflicts and violence. Thus, action research is used to apply theoretical insights to practical actions. The concept of action research originates from German psychologist Kurt Lewin (1890–1947), who argued that efforts for change should focus on groups that challenge existing norms and processes (Burnes, 2021).

In this study, action research evolved from the challenges that the community faces regarding GBV, and the research aimed to find solutions to this problem. In action research, participants are not passive participants; they are active in discussing their mutual challenge (GBV) and coming up with a way forward that will address the problem. Researchers and community stakeholders work together to co-generate knowledge through ongoing communicative processes and joint implementation of findings (Mackenzie et al. 2012). This study is informed

by the Conflict Transformation theory which stresses the need for effecting a change in the relationship between men and women to end gendered conflicts and violence. Thus, I used action research to apply theory to action/practice.

GBV is a global challenge, including in Zimbabwe, where it has been characterised as a pandemic and a national disaster (MWACSM, 2023). In my study, I sought to locate and understand the challenge of GBV in Seke District, Ward 8, by exploring the factors that sustain GBV and examining the methods used by communal institutions to address it. This process is supported by Burnes (2021) that for social change to be affected, researchers must engage as partners, facilitating reflection and fostering a collaborative environment. I mirrored this concept in my research by engaging with communal institutions as a partner, ensuring that knowledge is shared, facilitating reflections and creating a collaborative environment as the group comprised of different people with differing perspectives about GBV. Together we developed, implemented and evaluated a GBV Educational Programme.

According to Galleta and Tore (2019), PAR generates knowledge that is meant to solve problems within the community it has been applied and ultimately contribute to a just society. It assumes that awareness/knowledge of the challenges at hand creates power and that is central to social change. In this way, it promotes a collective process of inquiry, as opposed to the individualistic nature of classical research methodology (Stinger, 1996). PAR has the following characteristics drawn from Macdonald (2012) and Galleta and Tore (2019):

- The democratization of knowledge production
- ethical fairness in the benefits of the knowledge generation process
- an ecological stance toward society and nature
- Appreciation of the capacity of humans to reflect, learn, and change.
- A commitment to non-violent social change

The motivation behind the research was to generate locally based knowledge that can be used to resolve gendered violence without resorting to violence. I used the ecological systems theory to explain that there is no one cause for GBV, the environment contributes to an individual being violent or not, hence the solutions lie in the same environment. Thus, PAR can be guided by the ecological systems theory in involving the affected environment with its

interconnected systems in coming up with a solution that will be locally owned. Thus, ensuring that affected communities are at the forefront of effecting social change in their communities.

## 6.4 THE PROCESS OF ACTION RESEARCH

In Action Research there are procedures which are followed to ensure results are obtained from the study and action (Rampon, Neto, and Barcellos, 2023). Action research is guided by a cycle of four phases that are planning, acting, observing, and reflecting (Zuber-Skerrit, 1991). Action research is guided by these phases to ensure that social change is affected. Coghlan and Brannick (2003) propose a three-phase cycle:

1. **Pre-step:** This initial phase entails understanding the context and purpose of the research. It sets the foundation by establishing the background, identifying the problem, and clarifying the objectives.
2. Main steps
  - **Diagnosing:** Involves identifying and defining the problem or issue that needs to be addressed
  - **Planning action:** Developing a strategic plan to address the identified problem, including the design of specific interventions,
  - **Acting:** Implementing the planned interventions
  - **Evaluating action:** Assessing the effectiveness of the interventions, gathering feedback, and analysing the outcomes.
3. Monitoring: It involves evaluating the entire process of action to adjust accordingly and inform the next stage

Accordingly, my research sought to find strategies that will end and reduce GBV and how the communal institutions can use them in resolving GBV as well as evaluate the intervention and assess whether they are possible solutions or not. The first step in this process is understanding the context and background of the challenge through examining factors sustaining GBV and identifying and examining the methods used by communal institutions to respond to GBV. In the second stage, I collaborated with communal institutions and analysed the challenge of GBV, their interventions that they use to address GBV, with the aim of

planning, developing an intervention meant to effect social change. Thirdly, we took action by implementing the GBV Educational Intervention that was designed in the third stage. Finally, we evaluated the intervention investigating whether the programme had positive effects or not in transforming behaviours and attitudes. Change in this context, however, is not anticipated to be on a big scale, but small, focusing on the increase in knowledge about GBV. Following these stages ensured that the study was interactive, informative, and well-suited for Ward 8.

## **6.5 QUALITATIVE METHODS**

This study adopted a qualitative methodology to investigate the role of communal institutions in resolving GBV and developing a participatory action intervention to mitigate GBV in Seke District, Ward 8. According to Patten and Newhart (2018: 22), “the strengths of qualitative research are in its ability to provide insights on interpretation, context, and meaning of events, phenomena, or identities for those who experience them”. Creswell (2014:32) defines qualitative research as “an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem”, distinguishing it from quantitative research, which aims to generalise findings.

Du Plooy-Cilliers and Cronje (2014) emphasise that qualitative research prioritises words over numbers. In this research project, the value of qualitative methodology lies in its ability to allow the researcher to probe through questions that elicit thick descriptions (Ritchie and Lewis, 2003) and interpretations, thus gaining an understanding of a phenomenon from the participants' perspectives (Patten and Newhart, 2018). GBV, which affects the personal and private spaces of women, renders them vulnerable and necessitates the use of qualitative methods. This approach is particularly effective in understanding subjective experiences and ideas regarding interventions by communal institutions in addressing the abuse of women.

According to Jayachandran, Hill, and Walmsley (2021), qualitative research facilitates the synthesis of theories about unknown subjects by allowing unstructured investigations to take place. For example, an interview with open-ended questions can reveal multiple themes from the responses. I chose the qualitative methodology to interpret the experiences of the participants and gain a deeper understanding of the problem under investigation. Wuest (1995: 30) opines that “there is no single, objective reality, there are multiple realities based on subjective experience and circumstance”. Thus, questions about GBV elicited different

realities, hence, qualitative methodology provides a platform to record and collect these subjective experiences.

In the current study, qualitative research served the following purposes: to solicit answers as to what is sustaining GBV, investigate current efforts by communal institutions in reducing GBV, and provide information that will guide the development of the educational programme on GBV. Thus, a qualitative study aims to enable a deeper understanding of the phenomenon (Mohajan, 2018).

To achieve this, I employed in-depth interviews with 14 key informants, three FGDs, seven interventions evaluating FGDs, two narratives, and observations of five traditional court hearings. These qualitative methods were used to analyse the methods employed to resolve GBV, the factors sustaining GBV, and ideas for developing an intervention to reduce GBV in Seke District, Ward 8. Such approaches focus on the lives of individuals as told through their own stories (Lohr, Weinhardt, and Seiber, 2020). This process resulted in the development of an educational programme using drama to combat GBV. The rationale behind using drama was to address the subjective interventions that seem to sustain GBV in these institutions, and because drama captivates people's minds better than presenting a lecture.

### **6.5.1 POPULATION AND SAMPLING**

Miles and Huberman (1994) assert that a target population is the set of individuals or entities to which findings are to be generalised, emphasising that the population must be well-defined before a sample is taken. In the Seke District, specifically in Ward 8, my study involved a diverse cohort of 227 men and women ranging in age from 18 to 75. While Ward 8 has a large population of 45,398 individuals from 11,037 households (Zim Stats, 2022), I opted to engage with a limited number of participants from each institution. This decision was based on the understanding that these participants would represent and carry the views of their respective groups.

To select and recruit participants, I used purposive and convenience sampling methods to select individuals who had relevant knowledge and insights. Purposive sampling is an intentional selection of people who are considered appropriate for the study (Wilson, 2006). This sampling method allows the researcher to select participants who will provide useful information. Convenient sampling is the selection of participants based on their accessibility,

availability at a given time, and willingness to participate in the study (Dornyei, 2007). I employed this method in observations of court hearings and the implementation of the intervention. Furthermore, I also used snowball sampling, which is a method that relies on referrals to recruit participants (Sedgwick, 2013). I used this sampling method to recruit and identify participants using already established contacts with institutional leaders. This method was used to recruit mothers, fathers and youth advisors, Sunday school teachers, and members who participated in the drama action group. This process was meant to come up with a sample that represents the broader community. According to Kothari (2004), this technique should result in a truly representative sample, control systematic bias, minimise sampling error, and be feasible within the context of available funds. The following section is a breakdown of the study population, and the sampling methods used.

**a) *Traditional Institution:***

The study interviewed two village heads and one chief out of the 30 village heads in Ward 8, to get a glimpse of the leadership views. During the study introductory meeting held at Ward 8 centre in March 2022, attended by village heads or their representatives, I arranged appointments with them to discuss the study in more detail. I reached out to 20 village heads, but only two agreed to participate, while eight referred the researcher to the Chief, five suggested I work with BCFs who deal with GBV associated issues, and five declined. Although the chief and village heads were purposively selected that was not the case with the two headmen (chief's advisors), and two chief secretary and 10 participants who came with their cases at the chief's court. These were conveniently selected based on their availability and willingness to participate in the study.

**b) *Religious Institutions:***

I interviewed five religious leaders from ZAOGA, the United Methodist Church in Zimbabwe (UMCZ), Seventh Day Adventist (SDA), the United Methodist Church (UMC) and the Johanne Marange Apostolic sect. These key informants were purposively selected. These churches represent the three main church groups under the religious institutions that is the Pentecostal, mainline and the indigenous apostolic sect. The study focused on the Christian religious institutions hence the sample selection. I also used snowballing to recruit mother and father advisors (ana chipangamazano) who belong to these institutions.

**c) *Family Institution:***

I used snowballing method to reach out and recruit three participants representing the family institution. I was guided by the village heads and pastors to five potential participants, however only three agreed to take part in the study. I did not reach out to many participants under these institutions as members of the other three institutions also represented their families.

**d) *Behaviour Change Facilitators:***

My study used purpose sampling to recruit Behaviour Change Facilitators in Ward 8. There were four facilitators in Ward 8, although I approached all of them only two agreed to work with me.

**e) *Zimbabwe Republic Police Victim Friendly Unit***

I also conveniently selected two members of the Zimbabwe Republic Police Victim Friendly Unit (ZRP VFU) at Dema station. The selection was based on who was in the office (VFU) and willing to participate hence it was convenient sampling. Although, the ZRP was not part of the institutions there were part of the institution's method of resolving GBV, thus, I engaged them.

**f) *Action Team***

I also conveniently and snowballed the selection of the 16 members of the action team for the planning, developing and implementation of the GBV Educational Programme. The four members of the GBV Champion Committee was conveniently selected based on their willingness and availability to participate. During in-depth interviews, I invited participants to join a team to discuss, develop, and implement the intervention. While all 15 expressed interest, only four ultimately committed, hence convenience sampling based on their availability and willingness to participate. The fifth member of the committee was recruited through the existing contact (village head). Additionally, the committee then recruited the 11 members of the drama action team using snowballing and convenient sampling based on their capacity, willingness, and availability to participate.

**g) *Audience for GBV Educational Drama:***

The GBV educational drama intervention engaged a total of 113 participants as audiences. I used both convenient and purposive sampling to invite members of communal institutions

however participation was based on their willingness. However, the intervention was implemented by those who were available and willing.

- At the village level 25 participants,
- At the church level 40 participants, and
- At ward level 47 participants.

#### ***h) Intervention Evaluation Team***

I used simple random sampling to select participants for the GBV Educational Programme evaluation process. According to Acharya (2013.330), “In this method, every individual has an equal chance of being selected in the sample from the population”. Simple random sampling makes sure that every person in a population has an equal probability of being chosen as a response (Thomas, 2020). Therefore, following the implementation of the programme I asked participants to volunteer for the subjective evaluation. A total of 65 expressed their interest, however only 50 showed up for the evaluation discussion.

## **6.6 DATA COLLECTION METHODS**

I sought to understand how communal institutes resolve GBV. This data was gathered from participants in Seke District, Ward 8 using Interviews, Focus Group Discussions (FGDs), narratives, and observation.

### **6.6.1 Interviews**

Interviews were utilized in the process of research. An interview has been defined by Smith and Sparkes, (2016) as a conversation between two people, an interviewer, and an interviewee. In-depth and unstructured interviews were utilized in the study. The former refers to the qualitative method of inquiry, which proceeds as a confidential and secure conversation between an interviewer and a respondent (ibid. 2016). Pietkiewicz and Smith, (2014) argues that research interviews enable the interviewer to interact easily with people in a variety of settings and be able to generate rapid insights, formulate questions quickly, and guard against asking questions that impose interpretations on the situation. In qualitative interviews, the researcher conducts face-to-face interviews with participants, telephone interviews, or engages in focus group interviews with six to eight interviewees in each group. These

interviews involve unstructured and generally open-ended questions that are few and intended to elicit views and opinions from the participants (Creswell and Creswell, 2017). In-depth interviews with key informants were used to meet the following objectives:

1. Explore factors sustaining GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.

Interviews are a method used in PAR that "enable participants to describe their situation" (Pietkiewicz, and Smith, 2014). Interviews enabled me to engage the participants in exploring their experiences and understanding of GBV. Thus, interviews were the most ideal because most of the participants are likely to face challenges in answering and reading a questionnaire.

I conducted 14 in-depth interviews with 15 participants (one of the interviews with ZRP VFU had two participants) from the traditional, religious, family institutions, BCFs and ZRP VFU. The data collected was used to form the background of the intervention and to identify the problem in ending GBV.

#### **6.6.2 Focus Group Discussions (FGDs)**

Focus groups enable the collection of rich and in-depth data (Krueger and Casey (2015); Lohr, Weinhardt, and Seiber, 2020). Focus group discussions allowed me to collect information in an environment that promotes discussion. In PAR, all participant viewpoints are recognised and valued, providing everyone the opportunity to communicate. Data on the role of communal institutions in resolving GBV in Seke Ward 8 was collected using FGDs to explore relevant topics for the educational programme on GBV.

FGDs have been used by researchers to obtain insights, perceptions, problems, beliefs, and reasons for certain practices. Therefore, FGDs were used to gain insights into the following research objectives:

1. Explore factors sustaining GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.
3. Using a participatory AR approach to develop strategies aimed at reducing and ending GBV.

4. To evaluate the short-term outcomes of the intervention

Three FGDs involving 34 participants (men and women) provided information on factors sustaining GBV, methods used to address GBV by communal institution. In addition, the planning and designing of the intervention followed the FGDs tenets. A total of 16 people participated in meeting objective three. Furthermore, I used FGDs to evaluate the GBV Educational Programme with 50 people participating to meet objective four. FGD participants engaged in a social process where they heard, developed, and challenged ideas by interacting with other group members (Hennessy et al. 2016).

Researchers take on the role of moderators, stimulating flexible and exploratory discussions that encourage lively interaction between participants rather than just dialogues between interviewer and interviewee (Linhorst, 2002). I was the moderator in all the FGD sessions. FGDs are particularly valuable for they allow researchers to assess consensus or divergence of ideas or perceptions within groups (Lohr, Weinhardt, and Seiber, 2020). Thus, I was able to assess the effect of GBV from their varying experiences and I was able to attest the reliability of the information through the divergence or similarities.

The following questions guided the subjective evaluation focus group discussions.

1. To what extent did the program contribute to enhancing your knowledge and understanding of GBV?
2. What did you like about the programme?
3. Was the programme effective?
4. How can the programme be improved?

These discussions were important in meeting the aims and objectives of the study.

### **6.6.3 Narratives**

A narrative study is when the researcher allows the participants to tell their stories and express thoughts, motivations, and emotions, among others (Nelson and Fivush, 2004). Bamberg (2012) described narratives as providing a portal into two realms that: the realm of experience where speakers lay out how, they as, individuals experience certain events and confer their

subjective meaning onto this experience, and the realm of narratives that are used to make sense. People often feel a need to tell the stories of their GBV ordeal, and these narratives can be used to explore their experiences and how the communal institutions resolved their cases. Conflict is experienced by people and gender-based violence conflicts are experienced differently by men and women. Narrative inquiry is a well-suited methodology with its possibilities to gather rich data from personal experiences (Haydon, Browne, and van der Riet, 2018) to explore the role of communal institutions in resolving GBV. I sought to understand the context of the conflict, the speakers' responses to it, and the role of the environment in addressing GBV. A snowballing sampling technique was used for the narratives. Thus, after purposively approaching the leaders of religious groups, BCFs, and the Chief for interviews, they ended up referring me to women with cases they thought would help explain the complexities of GBV. The Chief referred me to a participant who shared her life story and experience with GBV, as well as how the traditional court and formal courts addressed her case. In addition, one of the KIs from the family institutions referred me to another participant who shared her life story with me. These life stories answered the following objectives:

1. Explore factors sustaining GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.

After introducing myself and indicating the purpose of the study, the life stories were gathered using a single question prompt: "Tell me your life story where you experienced gendered violence".

#### **6.6.4 OBSERVATION**

I used observations to observe the five traditional court hearings related to GBV at the chief's court in Seke district. Through observation the researcher attains first-hand knowledge of social behaviour as it unfolds over time in the social situation (Gillis and Jackson, 2002). As a result, the researcher obtains a broader view of what is occurring and can detail implicit and explicit communication within the situation (Polit and Beck, 2017). Observation enabled me to answer the following objectives:

1. Explore the factors that sustain GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.

I attended five traditional court hearings on gender conflicts where victims narrated their experiences, and the Chief would pass a judgement after hearing both sides. This was when I used participant observation, where I observed and recorded the proceedings of the Chief's Court. I became part of the people in the court hence, I was expected to observe certain social etiquette; for example, participant observation such as reciting the Chief's totem and salutations. These court hearings were conveniently selected. I wanted to observe and understand how traditional institutions address gender conflicts and violence in their natural setting. Participant observation enables the researcher to access research subjects in a social situation and capture the context of the social setting in which individuals' function by recording subjective and objective human behaviour (Gillis and Jackson, 2002).

During an interview with the Chief, I asked for permission to attend GBV related cases to observe and record for research purpose. When I attended the court sessions, I was introduced to the participants in the court proceedings and asked them for permission on my behalf to record the proceedings for academic purposes.

Below is the Table 61: illustrating the qualitative methods, sample size, sampling methods and objectives.

**Table 6.1: Data Collection and Sample Used**

Objective	Data Collection Method	Sampling Method	Participants
Explore factors sustaining GBV in the community.	Interview, FGD, observations, narratives	Purposive for KI. Snowballing for FGDs Convenient for Observations	14 KI (Chief, 2 village heads, 5 pastor/reverend, 2 police officers, 2 BCFs point persons, 3 family mediators, FDG 34 mother and father advisors, Sunday, and youth teachers, Observation of 5 traditional court hearings, two narratives

Investigate current efforts by these communal institutions in reducing GBV	Interview, observation, narratives	FGD,	Purposive for KI. Snowballing for FGDs and narratives Convenient for Observations	14 KI (Chief, 2 village heads, 5 pastor/reverend, 2 police officers, 2 BCFs point persons, 3 family mediators, 3FGDs:34 mother and father advisors, Sunday and youth teachers, 5 traditional court hearing, 2 narratives
Using a PAR, to develop strategies aimed at reducing and ending GBV.	Interviews and FGD		Purposive for KI. Snowballing for FGDs	14 KI (Chief, 2 village heads, 5 pastor/reverend, 2 police officers, 2 BCFs point persons, 3 family mediators, 34 mother and father advisors, Sunday, and youth teachers
Evaluate the short-term results of the intervention	FGDs		Convenient	50 participants (communal institution and community members and drama action group)

The table 6.1 above illustrates the methods used to collect data, the objectives they addressed, and the sampling methods employed.

## 6.7 GBV EDUCATIONAL PROGRAMME

The data collected during the investigation phase, aimed at identifying the problem, was instrumental in planning objectives 3 and 4: the development and implementation of the intervention strategy in collaboration with the GBV committee. The GBV committee formulated an intervention strategy based on the proposed interventions that emerged during data collection. The programme was meant to increase awareness of GBV and nonviolent methods for conflict resolution. According to Hanson (2015), gender training is characterised by informal adult training and is a means of developing individual and organizational capacity to react to structural inequalities in connection with gender. The educational programme was meant to challenge and change negative attitudes toward women to address the power imbalances

between men and women. Galtung (1990) says that until one's attitude is addressed and successfully changed through transformation, the real or underlying conflict will re-emerge. Hanson (2015) further asserts that for there to be community rebuilding with a focus on gender equity, gender-trainings need to incorporate a transformational-learning lens.

In the United States of America, GBV education has used the bystander approach to prevent sexual violence on college campuses, teaching bystanders how to intervene in situations that involve sexual violence (Banyard, Plante, and Moynihan 2007). Other interventions have targeted men to counter patriarchal norms and encourage active prevention, with some programmes reducing rape myth acceptance among participants (Foubert and Perry, 2007). While these approaches are valuable, many are workshop-based or use costly methods like films and presentations (Vladutiu, Martin & Macy, 2011), making them difficult to implement in rural communities. This study addressed the gap by engaging both men and women, recognising their roles as both sustainers and enablers of violence, and using drama as a more accessible, community-driven educational tool to challenge GBV. It also did not use the bystander approach to develop the educational intervention, as communal institutions are usually not present during acts of GBV but play an important role in resolving cases afterward.

According to Morales (2022), education equips and empowers people with knowledge and skills for better understanding. Thus, continuous learning is essential to keep adapting to the changes around us. As argued earlier discussions that gender, sex, and culture factors that contribute to GBV are not static; rather, they change, Therefore, education becomes important in educating people about these changes. My intervention was not targeting young people rather adults, hence I borrowed from Knowles' theory of adult learning. The theory states that adults need to understand why they should learn, they learn from experience, they approach learning as a problem-solving process, and they learn better when the topic is of immediate value (Knowles, 1990).

The principles of learning according to the Knowles theory of adult learning align with my target population for the intervention who are adults. We (GBV Champion Committee) applied these tenets in coming up with the GBV Educational Programme in coming up with a medium of drama that will make people understand why they should learn, tapping into their experiences of resolving GBV by using their methods in the dramatic scenes. Moreover, the dramatic

scenes did not conclude to facilitate participatory problem solving and the programme was of value as it equipped them in responding to GBV in their community.

Drama creates a platform for personal reflection, self-discovery, empathy, creativity, and new ways of interaction within families and institutions (Lewis, 1997). My approach in this study aimed to transform how communal institutions address gender-based violence and the intricate dynamics between men and women. The use of drama is part of the medium of Theatre for Development (TFD), a method used to address social, economic and political issues by communities. TFD is used to understand complex problems while simultaneously providing a tool for their resolution (Abah, 2006). In this study, which tapped into the potential of community members to create dramatic stories to educate people to combat GBV, I encouraged their active participation and ownership of the dramatic intervention. TFD empowers the community to address challenges that are peculiar to that community (Ebewo, 2001). The programme was carried out in three different levels (village, church, and ward level) in three weeks.

## **6.8 SUBJECTIVE-OUTCOME EVALUATION**

Findings (presented in Chapter 7) from this study revealed that existing methods used by communal institutions to address GBV often reinforced its persistence due to patriarchal biases. These methods prioritised maintaining social harmony over women's rights, pressuring women to compromise or remain silent to preserve their marriages. Therefore, the evaluation process following the GBV educational programme aimed to assess shifts in beliefs, norms, and attitudes, increases in knowledge about GBV, its causes and types, and the empowerment of communal institutions with nonviolent conflict resolution methods/techniques to address gendered conflicts more effectively.

Thus, I evaluated the effectiveness of this learning event three days after each event and three weeks after it took place. I did this through FGDs, where participants shared their understandings, and then I asked them some questions to test their comprehension. To measure the impact of the intervention strategy, I used a subjective-outcome evaluation approach. This approach values the opinions of participants in judging how well the intervention worked (Rodin and Rodin, 1973). Shek, Liang and Zhu (2016) say that subjective outcome evaluation focuses on participants' perceived satisfaction with or effectiveness of a

programme. Subjective outcome evaluation has been used widely in different fields, such as education, psychology, social work, counselling, clinical services, and nursing (Fraser and Wu, 2016). The drama-based intervention focused on people's outcomes, especially the achievement of the goal of changing communal institutions was achieved. These outcomes were measured by changes in knowledge, attitudes, and behaviours. As Zhu and Shek (2021) explain, subjective outcome evaluation collects the views of primary stakeholders, including both participants and implementers of the project, about the quality and effectiveness of the project. Thus, after executing the GBV Educational Programme through drama and FGDs, participants were asked questions aimed at capturing their sentiments about the intervention and its impact on their learning. This process aimed to ascertain whether the intervention had indeed instigated behaviour transformation.

Given that I collaborated with communal institutions, this approach was appropriate to elicit their experiences and whether it had prompted transformation of behaviours and on the process, they address GBV in their spaces. The purpose of the second phase of FGDs, after three weeks of each of the three programmes, was to find out whether there were short-term results in behaviour and attitude change towards transforming their institutions.

## **6.9 DATA ANALYSIS**

The data collected through FGDs, interviews, observation, and narratives were analysed using thematic analysis according to patterns emerging from the respective themes. I used NVivo data analysis software to code the data and then grouped them into themes according to the objectives of the study. A code, as defined by Saldana (2016: 4), is "a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data". Codes were generated inductively from the collected data. The inductive thematic analysis was conducted using the six-stage approach as outlined by Braun and Clarke (2006). The steps are summarised as follows: familiarisation with data, creating codes, creation of themes, reviewing themes, defining themes, writing a report (Braun and Clark, 2006). Thus, following these steps, I identified themes from the coded data and created themes to make sense of the data.

In addition to the inductive analysis, I also employed deductive thematic analysis, which is more theory-led, to review theories on GBV and the implementation of interventions aimed at

mitigating this issue (Bonner et al. 2021). Deductive analysis was used to confirm and compare the evidence examined, ensuring that the analysis was grounded in existing theoretical frameworks. The final analysis phase involved storytelling, which is the product of prolonged data immersion, deep thinking, and reflection (Braun and Clarke, 2012). Tuckett (2005) emphasises the importance of using literature to both confirm and compare the examined evidence when reporting results. Thus, the integration of both inductive and deductive thematic analysis helped me to understand the data, which in turn contributed to the development of meaningful and context-specific interventions to address GBV.

## **6.10 VALIDITY AND RELIABILITY**

According to Creswell and Miller (2000), validity is a significant strength of qualitative research and hinges on ensuring that the collected information is accurate from the perspectives of the researcher, participants, and readers. The findings were taken back to participants from Seke District for confirmation, a process referred to as cross-checking, to enhance their validity (Creswell, 2014: 201). This method entails returning to the participants to verify the accuracy and credibility of the information gathered. Qualitative validity involves the researcher employing specific procedures to verify the accuracy of the findings. In contrast, qualitative reliability indicates the consistency of the researcher's approach across different researchers and projects (Gibbs, 2007).

For reliability, the research did not rely on one section of the community but examined consultation from all genders. I triangulated different data sources by examining information from the sources to assess the validity of the data I collected in the Seke district. I relied on Creswell and Creswell's (2017) understanding that if themes are established based on converging several sources of data or perspectives from participants, then this process can be claimed as adding to the validity of the study.

## **6.11 ETHICAL CONSIDERATIONS**

According to Fouka and Mantzorou (2011.4), "research ethics involve requirements on daily work, the protection of the dignity of subjects and the publication of the information in the research". Powell et al. (2012) and Marianna (2011) identify key ethical issues as informed consent, anonymity and confidentiality, protection of participants from harm, and the provision

of incentives. I was granted ethical clearance by the Durban University of Technology (No.304/21). In addition, the responsible authorities in Zimbabwe approved the study (see annex D). Prior consent was obtained from all participants to ensure ethical compliance. To maintain confidentiality, consent forms and an information sheet were provided to participants, explaining the research purpose and emphasising the voluntary nature of participation. Participants indicated their willingness to participate by signing the consent forms. During court hearings, participants were asked if they agreed to have the proceedings used for the study, providing verbal consent that was audio recorded. For privacy, real names were replaced with pseudonyms (alphabetic letters). The study strictly adhered to ethical principles concerning privacy and confidentiality, and all participants were 18 years of age or older.

## **6.12 COVID-19 PRECAUTIONS AND SAFETY**

The data collection for this study took place during a period when COVID-19 regulations were relaxed, allowing for face-to-face interactions. Participants and I followed the country's COVID-19 protocols in place at the time. During FGDs and the GBV Educational Programme intervention, the required 2-metre social distancing was observed to ensure the safety of all participants while working in groups.

## **6.13 CONCLUSION**

This chapter discussed the research design, action research and data collection methods. It highlighted the PAR research design that guided the research with an aim of not only collecting data but of developing an intervention to effect social change in Ward 8 about fighting GBV. Additionally, I discussed the qualitative methodology that was used to meet the four objectives of examining factors sustaining GBV, investigating the methods used by communal institutions to resolve GBV, developing a PAR to combat GBV and evaluating the short-term results of the intervention. The chapter used interviews, focus group discussions, narratives and observations to achieve the objectives demanded. Moreover, I also discussed the methodologies used in the development, implementation and evaluation of the GBV Educational Programme. The next chapter will present and discuss the findings.

# **CHAPTER SEVEN: FACTORS DRIVING GENDER-BASED VIOLENCE**

## **7.1 INTRODUCTION**

This chapter provides a comprehensive analysis and interpretation of the qualitative data collected during the study. The primary objective of this research was to explore the role of communal institutions in resolving GBV and to propose an intervention that could shift people's attitudes and behaviours away from resorting to violence as a means of resolving gender-related conflicts. In this section, I will present the results derived from interviews, court hearings, life stories, and Focus-Group Discussions (FGDs) conducted before the GBV education programme employing drama.

## **7.2 DEMOGRAPHIC SAMPLE**

A total of 14 interviews were conducted with key informants (KI hereafter) representing the religious, family, BCFs, Zimbabwe Republic Police Victim Friendly Unit and traditional institutions, 5 traditional court hearings, two life stories, and three FGDs from members of the community and churches. The data was collected from March 2022 to November 2022, while the design and implementation went on until October 2023. The interviews and life stories took place at the participant's residence, the observations were done at the Chief's court, which is at his residence, while the FGD took place at the UMC and UMCZ churches. I transcribed all the responses from participants, considering the context in which they were given. To maintain anonymity, the KI interviews, court hearings, life stories, and FGDs were assigned an alphabetical letter identifier and numerical values.

**Table 7. 1: Description of Key Informants**

Key Informant	Description of participants
KI A	Seke District Chief, head of a traditional institution, and judge in the traditional court (male)
KI B	Behaviour Change Facilitator
KI C	The village head, Traditional Institution (male)
KI D	Johanne Marange Apostolic sect healer (murapi) with 3 alphabet letters B indicating the status of a healer. Religious Institution (male)
KI E	United Methodist Church Seke North Pastor. Religious institution (female)
KI F	United Methodist in Zimbabwe, Jonasi Reverend. Religious institution (male)
KI G	Seventh Day Adventist District Pastor Seke North, Religious Institution (male)
KI H	Village head- Traditional institution (male)
KI I	Behaviour Change Facilitator
KJ	Uncle-Family Institution (male)
KI K	Uncle-Family Institution (male)
KI L	Zimbabwe Assemblies of God Africa (ZAOGA) Pastor, Mother Advisor- Religious institutions (female)
KI M	Auntie-Family institution (female)
KI N	2 Assistant Inspectors, Dema ZRP VFU (male and female)

The table 7.1 assigned alphabetic letters to the key informants. The table also indicates that out of 14 KIs, nine are male and six are female. Notably, all the KIs are currently holding significant leadership roles within the communal institutions being studied.

**Table 7. 2: Composition of Focus Group Participants**

Discussion Number	Description of participants
FGD 1	8 widows aged 45 years and above (Ana Chipangamazano/Advisors in UMC)
FGD 2	4 married men aged 30 years and above, and 10 unmarried men aged 20 years and above
FGD 3	12 married women aged 30 years and above

Table 7.3 presents the discussion numbers for the FGDs and their corresponding age categories.

**Table 7.3: Description of Traditional Court Hearing Participants**

Court Letter	Description of participants
Traditional Court Hearing A	GBV case between Mai Norah and Baba Norah. Baba Norah accused Mai Norah of throwing dirty water at him.
Traditional Court Hearing B	Inheritance/eviction between Hazvineyi (widow) and her late husband's brother.
Traditional Court Hearing C	Wife inheritance influenced the conflict between Rudo (widow) and her late husband's brother.
Traditional Court Hearing D	Infidelity case between Tendai and Chamunorwa.
Traditional Court Hearing E	The land-grabbing conflict between a 73-year-old widow and the village head

Table 7.3 above assigns identifiers of traditional court hearings, and I noted the conflict related to each hearing.

**Table 7. 4: Composition of Life Stories**

Life Story number	Description of participants
Life Story 1	A 62-year-old woman who has experienced GBV since 1994
Life Story 2	A 34-year-old woman who experience physical violence and marital rape.

Table 7.4 provides accounts of life stories shared by women who have endured GBV. The purpose of the stories was to gain insights into the women's experiences of living with violence and to explore how the current interventions, both formal and informal, have addressed their cases. Through this narrative, I aimed to understand the efficacy and impact of the existing interventions in dealing with these cases.

### 7.3 THEMES EMERGING

Using NVivo, I coded the data that I collected from KIs, observations, life stories, and FGDs for the study. This helped me to generate themes by finding common codes across different data sources. Themes are essential aspects of the data that relate to the research question and show patterns of responses or meanings in the dataset (Braun and Clarke, 2006: 10). The themes that emerged during the analysis directly answered the main research question. I will use data extracted from participants to support each theme. Braun and Clarke (2006: 92) stress the need to provide enough evidence of the themes in the data. This section explores the following themes:

- Domestic violence: emotional, physical, sexual and economic violence, and violence against men and domestic workers
- Patriarchy
- Communal institution pressure
- Silence
- Men's entitlement over women's sexuality
- Gender equality
- Women perpetrating violence
- Infidelity

- Drug and alcohol abuse
- Economic factors
- Politics and religion
- Current interventions employed to address GBV: village assembly/traditional court hearings; compensation; advice; mediation, counselling; fellowship; preaching and prayer; family conflict resolution; sahwira/family friend; behaviour change campaigns; referrals to the police.
- Punitive measures: censure, sentence.
- Restorative justice
- The role of communal institutions.

These themes reveal the complexities of gender-based violence and give valuable insights into the experiences and perceptions of the participants in mitigating the challenge.

## 7.4 Domestic Violence

The participants understood the concept of GBV differently. Some saw it as a conflict between men and women that involves physical abuse, especially when husbands beat their wives. They believed that GBV was a way of exerting power after verbal disputes for various reasons. They also believed that GBV mainly affects married couples in their homes.

“GBV is when there is violence between husband and wife because of disagreements” (KI F, KI H, KI D, FGD 1). “GBV is when someone uses physical force” (KI C).

GBV is about men and women fighting. It happens within the house between the father and mother.

“GBV *kunetsana kwababa nama*” (meaning conflicts between father and mother) (FGD 2).

Other participants defined GBV as an assault based on one’s gender, where people harm others because of their gender (male or female).

“It is when you abuse someone because of their gender” (KI G).

Some also linked GBV to cultural norms that disregard women’s needs and rights.

“GBV is a persistent and serious problem, caused by our unfair cultural norms that often ignore women’s needs” (FGD 2).

The participants recognised that women were often victims of GBV, but they also mentioned that men faced violence but chose not to speak up because of a culture that mocks or ridicules them. The participant said,

“Yes, *tinavo varume vari kurohwa asi vanonyara kutauro, vanotywa kusekwa*” (Yes, there are men who are beaten, but they are ashamed to say it; they are afraid of being laughed at) (KI A, KI B, KI C, KI N, KI I, FGD 3).

Participants in Ward 8 also showed their understanding of GBV by identifying various forms of violence; thus, types of GBV are a sub-theme of understanding the phenomenon under study.

#### **7.4.1 Emotional Violence**

One of the research objectives was to explore how the study participants understood GBV and its various forms. Study participants demonstrated their understanding of gender-based violence by articulating its various forms. For instance, they described emotional violence as exemplified by the phrase.

“*mhirizhonga mudzimba kushungurudzwa kwamai kana baba*” (meaning emotional torment within the household between spouses) (KI B).

Verbal abuse associated with this form of GBV has the potential to cause depression and other psychological issues. This perspective was voiced by multiple interviewees (KI A, KI B, KI E, KI F, KI G, KI J, KI L, KI M, KI N) and was reiterated during FGD 2. KI L, for instance, noted that emotional violence was prevalent in the church, with women confiding in her about such instances. In the life story 1 that was shared, she recounted a personal experience where her ex-husband abused her,

“In 2018, he expressed his desire to give our Chitungwiza home to his daughter from his other wife. When I refused to hand over the keys, he resorted to twisting my arm once again, taking the keys forcefully. It was a painful and traumatic experience, especially considering that we had built that house together and completed its construction in 2011. Yet, he forcefully took it from me. I had even suggested building a separate house for his new wife to maintain peace, but he adamantly refused, leading to more conflicts between us” (Life Story 1).

Hazvineyi faced accusations of infidelity and involvement in her late husband's murder during a session at traditional court B in this study. These accusations led her to face expulsion from her marital rural home just two months after her husband's death.

“I had to go back to my parents' home in Chiweshe because my mother had a stroke. My husband, Fidelis and I agreed that I would take care of her, and we would visit each other. The last time he came, he stayed for three days. On the third day, I took my eldest son, who is not Fidelis' child, to his father's home. Fidelis went to see his aunt, who was his mother's sister and that is where he initially met and fell in love. I left him there and went to Mt. Darwin for three days. On the fourth day, I got a call from Fidelis' colleague, asking me where he was. I went back to his aunt's place and asked them, but they said they hadn't seen him since the day I left. They said he spent the day with his cousin, but he disappeared at night. They didn't bother to look for him, so I started searching. I also reported him missing to the police. I called Fidelis' relatives here in Seke and told them he was missing. We searched for him for two weeks, until we finally found him dead. We reported it to the police and started preparing for the funeral rites. I went to Chiweshe to get my children so we could all say goodbye to him, but when I came back here, his brother George chased us away. He accused me of killing Fidelis and said I was not allowed to mourn him. I reported this to the Chief, and he said I could go back to Chiweshe and come back later when things calmed down. I went back to my parents' house. When I came back after the funeral, I found my house empty. They had taken my plates, blankets, and clothes. I reported this to the police, and Fidelis' relatives were asked to return my things. They gave me some of the things back, but my late husband's brother also said that the land that Fidelis and I were using was no longer mine (crying), I don't know where to go with the children” (Traditional Court Hearing B).

In a separate traditional court session, traditional court hearing D, Chamunorwa's wife, serving as a witness to a case of infidelity, exposed the extramarital affair her husband was having with his best friend, Tendai's wife. She conveyed her emotional abuse by stating,

“Mambo kumba hakuna rugare murume arikuti ndini nditsvage mombe dzemuripo dzirikudiwa naTendai dzekurara kwaakaita nemukadzi vake, nekuti ndini ndakamuudza” (Chief, there is no peace in my marriage because my husband persistently demands that I compensate Tendai because I am responsible [for] his affair with Tendai's wife) (Traditional Court Hearing D).

#### **7.4.2. Economic Violence**

Another form of GBV that emerged from the participants' narratives was financial violence, which resulted from gender norms and financial dependency. Participants like KI L and life story 1 shared their experiences of this type of violence. KI L described how some men controlled the household finances,

“We have men who take charge of grocery shopping as they are hesitant to give money directly to women. In some cases, women want to buy perfumes or hair, but they rely solely on their husbands for finances, and when they are not given the money, it creates conflicts”. (KI L)

“We also have men who believe that a working woman should bring her money to him, and he will decide what to do with it and when she uses it without his approval, then she is dealt with physical violence” (KI E).

Life Story 2 narrated how her desire to work and contribute to her family was suppressed by her husband and his mother.

“Despite wanting to work and support my family, my husband insisted that wives in his family do not work outside the home. His mother also influenced my decision to stay home and care for the children, making it difficult for me to pursue employment” (KI L, Life Story 2).

Instances where women lost their inheritance and land as manifestations of economic abuse were observed.

When I came back after the funeral, I found my house empty. They had taken my plates, blankets, and clothes. I reported this to the police, and Fidelis’ relatives were asked to return my things. They gave me some of the things back, but my late husband’s brother also said that the land that Fidelis and I were using was no longer mine. Now I have nowhere to live with my children” (Traditional Court Hearing B).

### **7.4.3 Physical violence**

KI B recalled a tragic incident where a woman killed her husband with a knife after suspecting him of cheating on her.

“She did not believe his excuse that he was at a liquor store all night and could not come home earlier because it was unsafe, so she thought he was having an affair, and they fought. She ended up killing her husband with a knife” (KI B).

The study revealed that physical violence was a prevalent and disturbing form of violence that was frequently reported by the participants. The issue of physical violence was evident in various types of data, such as focus group discussions (FGD 1, FGD 3), key informant interviews (KI A, KI B, KI C, KI D, KI E, KI F, KI G, KI H, KI I, KI J, KI K, KI L, KI M, KI N), and personal life stories (Life Story 1, Life Story 2). In FGD 1, a participant shared her experience of living with a young couple, where the husband was a policeman and often abused his wife physically.

“One day, they were fighting, and the wife ran to my room for safety. The husband followed and continued to hit her”.

Similarly, in FGD 3, another participant told her daughter’s story of physical violence.

“My daughter’s in-laws called me and told me that Tawanda had beaten my daughter so badly that she lost her front teeth” (FGD 3).

Furthermore, the personal life stories also included firsthand accounts that gave intimate insights into how they experienced physical violence. These personal experiences showed the realities of GBV. One account vividly described a traumatic encounter, saying,

“He beat me while I was naked until I lost consciousness; he dragged me for 100 metres, leaving me badly wounded. Since my husband stopped taking care of us, things became even more difficult. One term, he failed to pay the children’s school fees and provide them with uniforms. Out of desperation, I decided to approach his boss for help. The boss, after learning about the terrible situation we were in, advised me to take legal action against my husband. I followed the advice and went to court. The magistrate, worried about the children’s well-being, asked them when they had last eaten. Unfortunately, we had gone to bed hungry the night before. The magistrate issued a letter summoning my husband to court, ordering him to buy food and pay the fees. However, that night, after the court hearing, my husband vented his anger on me and the children. He beat us brutally, causing serious injuries. Even the children weren’t spared, and he demanded to know what they had told the magistrate. They honestly answered that they had only spoken about not having food the night before. The violent ordeal continued throughout the night, and our neighbours, alarmed by the noise, called for an ambulance. When we were finally taken to the hospital, one of my eyes had popped out of its socket, requiring medical attention to have it stitched back in place” (life story 1)

Insert two,

“During one of my visits to our rural home in Seke, I found my ex-husband and his new wife sleeping in my bed. When I asked for an explanation, he reacted violently, shoving me into a glass door, resulting in a deep cut that almost made me lose my finger (showing me the thumb). The injury was severe, and I had to spend a lot of time in the hospital. I underwent three operations to fix my finger, as he would often twist my injured arm, causing more damage” (Life Story 1).

These examples showed that physical violence was widespread and a serious problem within the community.

#### **7.4.4 Sexual Violence**

Sexual violence was a major aspect of Gender-Based Violence (GBV) in the study’s context, involving cases of rape and marital rape among different age groups and marital statuses. This observation was made by various participants, including those who participated in focus group discussions (FGD 1, FGD 2) and key informant interviews (KI A, KI B, KI D, KI F, KI G, KI I, KI L, KI N). Sexual violence was a major aspect of Gender-Based Violence (GBV) in the study’s context, involving cases of rape and marital rape among different age groups and

marital statuses. This observation was made by various participants, including those who participated in focus group discussions (FGD 1, FGD 2) and key informant interviews (KI A, KI B, KI D, KI F, KI G, KI I, KI L, KI N).

“Men do not understand what marital rape is, they do not ask for consent (bonde ndere kutaurirana) because you may be forcing someone who is not interested due to stress maybe. However, men do not understand this zvaari kuda ndizvo zvinofanira kudiwa nemukadzi (what he wants the wife should give)” (KI B).

Participants pointed out that GBV occurred through cases of marital rape, especially when a spouse’s sexual requests were rejected and led to violence. This pattern was stressed by several participants (FGD 1, KI B, KI E, KI K):

“Refusing a husband’s sexual requests may sometimes lead to violence, possibly resulting in marital rape” (KI B).

I share life story 2 to show a personal experience of marital rape and how one form of violence is linked to other forms of violence, drawing attention to the links between different forms of violence within intimate relationships.

“My husband raped and beat me. He was taking herbal medicines to boost his libido and drugs like crystal methamphetamine (guka) that kept him awake and demanding sex constantly. I denied him one night because I needed a break from the continuous demands, that is when he beat me and forced himself on me” (Life Story 2).

The life story shows the connection of marital rape with other forms of violence.

#### **7.4.5 Violence against domestic workers**

Violence against domestic workers was noted as a form of violence that women and girls were experiencing. Noted that there was a disturbing trend of women abusing domestic workers. KI B explained how this violence occurred, saying that some women subjected domestic workers to different forms of abuse. These included,

“Denying food, causing physical harm, withholding payment, and mistreating emotionally. This abuse affects young girls below the age of 18. In this case, she was a young lady who did not finish her secondary education due to lack of funds” (KI B).,

#### 7.4.6 Violence against men

The findings noted the manifestation of violence against men. In FGD 1, an example was provided, illustrating situations where men became targets of violence perpetrated by women. In a specific case. In FGD 1, an example was provided, illustrating situations where men became targets of violence perpetrated by women. In a specific case,

“I have a neighbour who is a policewoman, but her husband is a stay-at-home husband, so when the man would ask for money or sex, he would be beaten. She went as far as to arrest the husband, falsely accusing him of violence, using her job” (FGD 1).

In an interview with KI L, it was revealed that during conflict resolution, men could emerge as victims. KI L recounted a scenario where the man was the victim,

“I once encountered a situation where a married couple had a heated conflict that turned physical, and the wife ended up hitting her husband with a pot”.

Paradoxically, she portrayed herself to others as the abused party. Moreover, the issue of property grabbing was identified as a form of violence experienced by men,

murume anogona kudzoka pamba pasina chinhu mukadzi atakura zvese aenda (men would find the house empty because the wife would have taken everything) (KI N).

According to KI N, the form of violence is defined as “*the illegal disposal of household property under the Domestic Violence Act, Chapter 5.16, Section 4a*”. This form of violence materialised when women unilaterally took possession of property and vacated, leaving men with nothing.

“In some instances, men face the denial of sexual intimacy within their homes as a means of exerting power and control. For example, if a man fails to provide money to his wife, she may use sex as a weapon in their struggle for dominance within the relationship” (KI L and FGD 3).

This practice showcased how deeply ingrained notions about male sexual entitlement influenced the contextualisation of GBV.

#### 7.4.7 Child marriages

The study participants identified different types of GBV that affected their community, such as child marriages. They explained how child marriages were a common form of GBV that mainly harmed girls (KI B, KI F, KI I).

“Most of these cases that I facilitate are children associated. Children are being raped, and girl’s underage are getting married” (KI B).

“Some parents want lobola, so they support child marriages. Even when you advise against it, they will still go ahead with it” (KI I).

According to KI B one woman defended her support for her grandchild to marry early by citing her own daughter’s marriage at 16, so for her, there was nothing wrong with her granddaughter starting her family at that age (KI B).

#### **7.4.8 DISCUSSION**

This study utilised the ecological theory, which highlights that there is an interplay of factors that are individual, relational, community, and societal that cause GBV. This theoretical approach helped in meeting the first and second research objectives, which involved assessing the factors sustaining GBV in Ward 8. It also helped in identifying the participants’ understanding of GBV and their role based on their experience in addressing GBV. Heise (1998), argues that factors in one’s environment must be considered to fully understand GBV.

According to the findings of this study, GBV is understood as domestic violence mainly between intimate partners. This perception has been highlighted in the literature used in this study, where it was shown that in Zimbabwe, GBV is understood as a challenge within the private/home sphere (Lasong et al.2020; Kabir and Khan, 2019; Dzinamarira et al. 2023; MICs, 2019). Studies elsewhere in Africa also align with these findings (Bayene et al. 2019). Participants’ understanding of GBV within the domestic confines suggests their derived understanding from resolving violence among couples in their families, churches, villages/communities. My findings also noted that men experienced gendered violence at the hands of their spouses however, it affects women more. Thus, collaborating with Mazhambe and Mushunje (2023) study who noted a few reported cases of GBV by men as victims. These findings point to the interaction between individuals and their surrounding systems or environments being reciprocal, continuously influencing each other (Salihu et al. 2015). The understanding of GBV as domestic violence is influenced by victims or perpetrators who seek help from communal institutions and in return, their resolutions also influence the victims/survivors or perpetrators. It also indicates a weak understanding of GBV by communal institutions, a point informed by the communal factors that cause GBV.

The findings of this study also revealed the prevalence of child marriages within Seke District, Ward 8. Child marriages were noted as a form of GBV by religious and behaviour change facilitators. While previous studies have noted that child/early marriages are a risk factor that influences GBV (Heise, 1998). In this study, it was noted as a form of GBV aligning with the 2023 Zimbabwe Ministry of Women Affairs, Community, Small and Medium Enterprises, which noted that GBV manifests in the country, including GBV. GBV violence, according to my findings, manifests through sexual, physical, emotional, and economic violence. These findings are common with studies by MICs (2019; Mazhambe and Mushunje, 2023; Wekwete et al., 2014). On economic violence, however, my study noted that women were being disposed of their land by relatives and fellow men in the community, a finding that was not discussed in these studies.

This finding was not pointed out in the interviews, but I observed it in the traditional court proceedings. This suggests a limited understanding of communal institutions of what is GBV, limiting it to the confines of familial interactions. Thereby impacting their resolutions, which they use to address GBV, as they do not view other disputes as gendered. The findings in this study indicate that physical, emotional, sexual, and economic abuse are widespread in the community. On sexual violence the most common abuse noted was marital rape. This observation is consistent with Home Office (2018) and IFRC (2017) reports that indicated that sexual violence is a widespread form of abuse in Zimbabwe, with almost a quarter of married women who had experienced domestic violence reporting sexual violence. Previous studies indicate that emotional violence through the constant denigration and humiliation of women is a common feature in Zimbabwe (Manyonganise, 2015) to marital relations (Chitakure, 2016). In this study, I observed that it manifested through verbal abuse, partner's family's ill-treatment, and the stress in relationships where the spouse has multiple intimate partners. The verbal abuse in this study is experienced by men. These findings indicate that all these forms of abuse take place in the home setting; hence, communal institutions indicate that GBV is domestic violence.

## 7.5 FACTORS SUSTAINING GBV IN WARD 8

The research aimed to examine factors sustaining GBV in Seke District, Ward 8. The interview, focus group discussions, narratives, and observations solicited factors that reinforced GBV in the community.

### 7.5.1 Culture

The findings reveal the influence of culture on GBV by reinforcing it. These harmful cultural beliefs include wife inheritance, early marriages and being coerced to sleep with a husband's relative to conceive.

“In some families, when the man is infertile, it is suggested that the woman sleep with her brother to conceive. This is done so that the man has children and anozosekwa kunzi haazvare (protect him from stigmatisation) (FGD 3).

The study also revealed cultural perceptions about sex, marriage, and pregnancy that cause GBV (KI B, KI I, KI J). For instance,

“In our society, virginity is very important, and if a girl gets pregnant, she is often forced to elope with the boy, leading to early marriages, or if a virgin girl sleeps with someone, they should marry that person. This creates frustration and resentment in the forced relationship, often resulting in GBV” (KI J).

This norm also leads to the prevalence of child marriages in the community (KI B and KI I). Participants observed parents seeking “lobola” (bride wealth), hence promoting child marriages, when daughters returned home late (KI I and KI B).

“Some parents want lobola, so they support child marriages. Even when you advise against it, they will still go ahead with it. When their daughters come home late, they send them back, forcing children to move in with their boyfriends” (KI I).

An incident shared by KI B highlighted the acceptance of child marriages:

“Two months back, two teenagers aged 15 and 17 approached me. They told me that the girl had been sent back by her grandmother for violating the curfew. They said they did not sleep together and that very night, they had spent sleeping outdoors after the girl had been chased, and the boy could not take the girl to his home. They came to me for help early in the morning. Following my guidance, they got a medical examination from the Family Support Trust doctors before reporting to the police. The examination confirmed their claim that they had not had sex. However, the grandmother refused to take her granddaughter back, insisting that she should go with her boyfriend. We had to report to the police and social welfare authorities to help find

a solution. They tried to persuade her to take her back, but she insisted on her earlier position, saying that her daughter had married at 16, so for her, there was nothing wrong with her granddaughter starting her family at that age. It was only when she was threatened with potential arrest for promoting child marriages that she relented (Key Informant B).

The study also revealed another cultural practice of wife inheritance, this was observed in traditional court hearing C proceedings.

Chief: “Hauone here kuti uyu aida kukugara nhaka ndosaka uri kushungurudzwa? (Don't you see that your husband's brother wanted to inherit you as a wife, and that is why he is emotionally abusing you)”.

Percy: “Yes, he did ask me to become his wife”.

Chief: “Wakarambirei, kugarwa nhaka? (Why did you refuse?)”.

Percy: “Where I come from in Chivhu among the zezuru people, I cannot marry my husband's elder brother because he is regarded as my father-in-law (chizezuru chinoti babamukuru nditezvara)”. (Traditional Court Hearing C).

### **7.5.2 Culture of Silence**

Another factor causing GBV is the prevailing culture of silence that prevents women from reporting or speaking of abuse.

“Maintaining silence is favoured to maintain relationships. I know of a case where, if the perpetrator of sexual abuse of minors is a relative of the wife, the husband will report the case. However, if the offender is from the husband's side, silence is preferred to keep family ties” (Key Informant B).

“In this church, there are cases of women being raped by their brothers-in-law, but the victims are told to stay silent to keep peace between the brothers and maintain family dignity” (FGD 3).

### **7.5.3 Patriarchy**

The patriarchal norms were identified as a key factor contributing to the continuation of GBV within the community.

“The old guard still believes that women's input in decision making is not important, and at times they try to influence the young generation to carry on with this kind of thinking” (KI E).

“We are living in an evolving world; back in the day, there were roles or duties that were not for women, but now are open for them, you see now women are police personnel or soldiers, this is causing violence with the men wanting to assert dominion or authority” KI G).

Key Informant J shared a case wherein, despite both partners being employed and educated, the husband still physically and emotionally abused his wife.

“My nephew and his wife, even though they were both educated and with paying jobs, my nephew abused his wife physically. She was a managing director at a big company, while he was an engineer” (KI J).

Furthermore, the interplay of cultural and patriarchal beliefs causing GBV was noted.

“Women are encouraged to agree with their husbands. PachiNdau vanoti dzimai harina chironzo (In Ndau women do not have sense so they should follow the husband’s decision)” (KI L).

On the other hand, Key Informant D expressed a belief that GBV came from wives’ perceived lack of submission.

“Mhirizhonga inokonzerwa nekunga mukadzi asiri kuteerera zvinoda murume vake” (violence is a result of women disregarding their husbands) (KI D).

Participants also indicated that children’s bad behaviour was a cause for GBV in the community,

“My brother blamed his wife for their son’s drug addiction and would scold and beat her up, saying she was too soft on him” (Focus Group Discussion 1).

“When children do not follow the church teachings, husbands sometimes become violent, telling their wives to correct their children. In our church, this happens more when young men want to marry some of the young girls in the church, but the older, polygamous men will be eyeing the same girls. The mothers will then be accused of being responsible for their children’s behaviour” (Key Informant D).

On the other hand, the patriarchal nature of the community prevents men from reporting GBV.

“A man who reports that he is being beaten or abused by his wife is laughed at even by the police” (KI C).

#### **7.5.4 Men’s entitlement over women’s sexuality**

My study also revealed men’s entitlement over women’s sexuality resulting in marital rape.

“Handiti mukadzi wangu saka anondinyimirei bonde, akavingei kana achindinyima” (she is my wife, so why is she denying me my right and why is she here if not to have sex with me).

“Takapinda mudzimba tichinzi murume haanyimwe bonde, anopihwa chero usingade” (We were told that one should never say no to her husband’s sexual demands even when you do not want it, you should just give in) (FGD 1).

“I wanted compensation from Chamunorwa for sleeping with my wife. I asked for four cows, as per our tradition. Chamunorwa said that he did not have any cows or cash to give me, but he offered me his car instead. He said that it was worth more than four cows, and he hoped that it would settle the matter. I accepted his offer, thinking that it was a fair deal. He gave me the keys and the papers for the car, and I drove away with it. The next day, however, I received a call from the police. They told me to come to the station immediately and to bring the car with me. When I got there, they told me that the car was not Chamunorwa’s alone, but it belonged to him and his wife. They said that Chamunorwa’s wife had reported that they did not both agree to give you the car, so I must return the car”. (Traditional Court Hearing D)

“To Chamunorwa, my court finds you guilty of sleeping with someone’s wife. You will pay Tendai one cow and another one cow to me for tainting my name and the Seke community by sleeping with someone’s wife”. (Traditional Court Hearing D).

Sexual issues were also mentioned as a cause of GBV within marital relationships.

“They fight over silly issues such as respect or cooking, but when you ask more questions, you realise these were not the main issues causing the physical violence; they were fighting over bedroom issues” (KI E, KI L).

Bedroom issues revolve around the wife denying the husband sex and the husband getting irritated, resulting in physical violence to get his way (KIE, KIL, KI).

#### **7.4.3.5 Gender Equality**

Some participants noted that the rise of gender equality was causing more violence in the community (Key Informants A, G, and M).

“Feminism is triggering violence; In Africa, we grew up under the patriarchal system that recognises men as the head of the family. However, feminism now says women can do what men can do or even more, so men feel challenged in terms of authority, status in society, and status in their marriages. Feminism is rising at a rapid rate here in Zimbabwe; in the West, they are already used to it, so they have no problem with it. However, here people are still adjusting, we need to be taught” (KI G).

“Even in the church we have positions not meant for women because they are not ordained, but now they are demanding to be ordained, yet scriptures like 1 Timothy 3 vs. 2, “An overseer, then, must be above reproach, the husband of but one wife, temperate, self-controlled, respectable, hospitable, able to teach” and

Titus 1 vs. 7 “For a bishop must be blameless, as the steward of God; not self-willed, not soon angry, not given to wine, no striker, not given to filthy lucre”, stresses the “He” part meaning those positions are not meant for women” (KI G).

“For me, gender equality, I believe it meant equal opportunities, not a change of gender roles” (KI A).

“Lack of respect by working women often results in GBV; for example, women in the security forces such as [the] police and army use their office roles in their homes like the laws, speaking in a commanding manner and order language, resulting in conflicts that often become violent” (KI F).

“The cause of violence is equality; we need to educate women on the importance of wifehood in a family and men on what is fatherhood. Wives should be submissive to their husbands, and husbands should love their wives. A father should be a provider, and women should be homemakers” (KI A).

### **7.5.6 Women Perpetuating violence against women**

The role of women in perpetuating GBV was also identified (FGD 1 and 2, KI M).

“Advise from mothers, sisters, and friends on their male relative to beat his wife because they believe that the wife is not respecting the husband” (FGD 2).

Key Informant M told the experience of her niece, who suffered emotional abuse from her in-laws.

“My niece went through emotional abuse from her in-laws, who would withhold food and criticise her appearance, background, and financial status. Unfortunately, these hurtful actions strained her relationship with her husband, who started making hurtful remarks and even showed pictures of other women, suggesting he might divorce her and marry someone else.” (KI M).

A life story also revealed the impact of in-laws on GBV. In this story, the narrator’s in-laws did not support or condemn their son’s violence against her.

“He called his mother, telling her of our fight, and when she called me, she verbally attacked me and insulted me, calling me names and dismissing my feelings without even listening to my side of the story” (life story 2).

### **7.5.7 Infidelity**

One of the causes of GBV in the community is infidelity. As Key Informant L explained,

“Men are compared to bulls who can mate with many cows, but women who do the same are seen as prostitutes, immoral and shameful”.

“I was talking to my pastor from church, [and] he was telling me that he had encountered a man with a rope who wanted to hang himself to death in the nearby forest. He said he talked him out of it for two hours. His reasons were that he had caught his wife cheating” (KI B).

“I once helped a woman who was thrown out of her marital home because her husband had brought another woman. She was staying in the nearby forests with the children.” (KII C).

A traditional court hearing, labelled Traditional Court Hearing D, also showed how infidelity leads to GBV.

“Chamunorwa was my friend until his wife called me one day and told me that he was sleeping with my wife. She said that my wife and her husband were having an affair, and she had proof. She forwarded me some messages that she had copied from his phone that confirmed her claim. I went home and confronted my wife. I demanded to see her phone, and I found more evidence of her infidelity. I demanded that she send a message to Chamunorwa, telling him that I knew everything. She did as I asked, and soon after, he called me. (The chief’s investigators’ report indicated that he (Tendai) physically assaulted his wife after he had found out the truth about the affair). (Traditional Court Hearing D).

Two women shared their personal experiences of how their husbands’ infidelity resulted in abuse (Life Stories 1 and 2).

“We were tobacco farmers, and I worked hard in the fields while he managed the commercial farm in the area. But everything changed when he started having affairs with other women. He would sell the tobacco and spend all the money on them, leaving me and my child with nothing” (Life Story 2).

He started dating our next-door neighbours, and things got worse. He stole money and married the other woman, moving into the house we had built together. He began to abuse me physically, leaving me with scars and wounds from the beatings. (You see these wound spot marks; these are from injuries he gave me when he was beating me.) He sold two cows and hid the money. I searched for that money, and I found it, and paid for my children’s fees. That night, he beat me until I fainted, he dragged me for 100 metres from our house, leaving me badly injured” (Life Story 1).

During one of my visits to our rural home in Seke, I found my ex-husband and his new wife sleeping in my bed. When I asked for an explanation, he reacted violently, pushing me into a glass door, causing a deep cut that almost made me lose my finger (Life Story 1).

These stories illustrate how infidelity contributes to GBV in the community.

Furthermore, emotional abuse was an unexpected consequence of infidelity.

“When men become wealthier, they engage in extra-marital affairs, causing emotional abuse on [their wives] and in some cases, these conflicts turn physical” (KI F).

### 7.5.8 Drug and Alcohol Abuse

Drug and alcohol abuse was another risk factor influencing GBV that was noted by participants in Ward 8.

“Youths are taking mutoriro (crystal methamphetamine) in the community, and this is affecting their reasoning capacity to negotiate conflicts using nonviolent methods; rather, they are becoming extremely violent [and], in some cases, resulting in murder” (KI C).

“The boys will be cranky or anxious, rushing to take (guka/mutoriro, dombo) crystal methamphetamine, resulting in them resorting to violence to avoid any delays and move up in the queue forcefully” (FGD 2).

“My husband raped and beat me. He was taking herbal medicines to boost his libido and drugs like crystal methamphetamine (guka) that kept him awake and demanding sex constantly” (Life Story 2).

“I was happy when my daughter got married last year. We had a beautiful lobola, wedding, and kitchen party for her. I thought she had found a good husband in Tawanda. But he was a drug addict, and he was not just smoking cannabis. He was using crystal methamphetamine. My daughter told me that their home had become a drug den with friends coming to get some drugs from him. She told me she was scared and unhappy, but she didn’t know what to do. I tried to comfort her and advise her to pray. I prayed for them every day, hoping that God would intervene and save their marriage. But things only got worse. One day, I received a call from Tawanda’s auntie, who told me that Tawanda had beaten up my daughter so badly that he had knocked out her front teeth” (FGD 3).

Alcohol abuse was also noted to be sustaining GBV, as it caused financial problems and conflicts in relationships.

“There are more disagreements between a man who takes alcohol and a woman who doesn’t” (KI C).

“There are men that when they get their wages, they forget to come home, spending the salary on alcohol. When a man becomes addicted to drugs or alcohol, they can choose to forgo buying food, uniforms, and other basics needed at home, choosing to buy alcohol and drugs. Women become frustrated with this behaviour, causing them to fight their husbands, resulting in women being beaten very badly” (KI F).

“While in our church, we do not allow the intake of alcohol, but sometimes we may have the wife and kids as members of the church, while the husband is a drunkard, so at the end of the day, he abuses the wife” (KI E).

### 7.5.9 Economic Factors

Economic dependency emerged as a factor causing GBV.

“My sister, who is not employed, is married to a policeman. His recurrent bout of drunkenness often escalates into violent abuse. I have been summoned several times by neighbours to assist her during these violent episodes. I have encouraged her to leave her husband and look for a job, but she refuses, saying what will she do with the kids. I have also advised her to report him to the police, but her financial dependence prevents her from pursuing legal action, as his arrest would leave her and her children without means of support”.

*‘Nzara yakaipa inokonzera bopoto mumba’* (poverty is not good; it only causes conflicts in families; KI A).

*‘Nyaya dzechikafu dzokonzera mhirizhonga’* (issues to do with food cause violence; KI D).

*‘Hakuna Mabasa’* (there are no employment opportunities) (KA C)

*‘When there is no food in the house, women often pressure their husbands to provide, resulting in verbal exchange that may lead to physical violence’* (KI A).

The present economic landscape was found to favour women over men, resulting in conflicts.

“Women are now working; however, they are not willing to buy food, they will just be saving. For example, my next door she does laundry and gets paid, but her husband does not work, so they are always in conflict because she does not want to buy food or pay school fees for the children, she says it is the man’s duty” (KI B).

Land grabbing was also noted to be contributing to GBV cases, often leading to both emotional and economic violence. This challenge affects widows and elderly women more.

When I came back after the funeral, I found my house empty. They had taken my plates, blankets, and clothes. I reported this to the police, and Fidelis’ (her late husband) relatives were asked to return my things. They gave me some of the things back, but my late husband’s brother also said that the land that Fidelis and I were using was no longer mine because it belonged to their father. (She was crying at this point.) Now I have nowhere to live with my children” (Traditional Court Hearing B).

When the Chief questioned the family about their reasons for chasing the woman away, they responded as follows:

‘Often, I overheard them quarrelling, and she would say, “une mvura dzega dzega hauzvare”’. (Your semen is weak, and you are infertile.) So why should we give her the land when she and my brother did not have children together?’

The husband’s brother was also accusing her of killing her husband.

‘She came back home one day when we were still looking for Fidelis and **“akanogeza asina kupfeka kumakura pakati pehusiku”** (she went to bathe in the fields by the midnight hour),

and to me, it is a sign that she was trying to prevent the avenging spirit of my brother from coming after her'. (Traditional Court Hearing B).

Traditional Court Hearing E noted a 73-year-old woman whose land was taken by her former caretaker.

"I bought a piece of land in Nyamadzawo village, I started building my home on the land, starting with a kitchen. However, I faced some challenges along the way. I was not able to stay on the land all the time, as I had other commitments elsewhere. I also experienced some theft on the site, as some people stole my building materials and tools. I was worried about losing my investment, so I asked the village head for advice. He suggested that I look for someone who could take care of my property while I was away. He said that it would be safer and easier for me to have someone on the ground who could watch over my land and my kitchen. I then asked my friend to help me find someone reliable and trustworthy. She said she knew someone who was looking for a job, and he recommended him to me. She said his name was Nhamo (pseudonym), and he was a hardworking and honest person. I agreed to hire Nhamo.

One day, I received a call from someone in the village, who told me that Nhamo had taken down my kitchen, and he was claiming that the land was his. He said that Nhamo had lied to the villagers, saying that he had bought the land from Biggie (village head) before he died. He said that Nhamo had convinced the community that he was the rightful owner of the land because I had not visited for some years without visiting. I immediately reported the matter to the police, hoping that they would help me recover my property. Nhamo insisted that the land was his and that I had no proof that it was mine. Indeed, I had no proof. All my witnesses were gone. Biggie, his wife, and some of my neighbours who had seen me buy the land from him were all dead. The police could not help me, so they told me to go back to the village head" (Traditional Court Hearing E).

#### **7.5.10 Politics and Religion**

Politics emerged as a factor influencing GBV. Key Informants A and F highlighted the role of party politics in shaping the treatment of women. Key Informant A said,

"I feel that party politics influence how women are treated in society; how women are treated in politics is what people will copy. So, when women are not respected in public politics, it is difficult for them to be respected down".

Key Informant F noted the lingering repercussions of the violent 2008 elections, with church congregations experiencing ongoing consequences.

"In 2008, we had more cases of violence between our members because of different political parties. Men and women were beaten and raped, some maimed. After the violence, it was so difficult to initiate dialogue for reconciliation thus some members ended up leaving the church, and we gained some members who were coming from other churches, leaving for the same reasons" (KI F).

In addition, religious beliefs also play a role in perpetuating GBV, particularly concerning child marriages.

“I once lived near the Johanne Marange Apostolic sect in Murewa, where I witnessed early marriages. I saw an 80-year-old who had 15 young wives who were below the age of 18”.

#### **7.5.11 DISCUSSION**

The findings of this study reveal that multiple factors sustain GBV in Ward 8, which include culture, patriarchy, economic, political, religious, drug and alcohol abuse, infidelity, and gender equality. My study findings align with Heise’s (1998) ecological systems theory which indicates that there is no single cause to GBV. This study noted that there are harmful cultural practices such as wife inheritance, norms on sex, and women being forced to sleep with their husband’s relative to conceive. My findings mirror the report by the Zimbabwe Ministry of Women Affairs, Community, Small and Medium Enterprise (2023) that some communities and people still practice wife inheritance. This practise elevates women’s vulnerability to violence as their freedom to decide or move on is taken away from them. The findings suggest that the traditional institution and the family institution are likely not to protect women against this practise as they subscribe to the belief. On cultural norms of sex that influence child marriages, my study noted that the belief was reinforced by the lobola benefits. The belief that once a girl/minor has sex, she should get married was noted to be contributing to child marriages. Banda (2015) and Siamonga (2017) note that women/girls who are married early are more prone to GBV. Using the ecological theory, wife inheritance, child marriages, and lobola are identified as risk factors at both the relational and communal levels. These practices, deeply embedded in cultural traditions and societal norms, have become legitimised within communities, thereby reinforcing and perpetuating gender-based violence.

I also note that patriarchal norms were prevalent in the community, thereby causing GBV. The findings revealed that women’s input in family decisions is not considered, a lack of submission results in abuse, women are given the role of raising children and failure is met with violence, men do not report abuse, women abuse fellow women and men entitlements over women’s sexuality. These findings were also recorded in studies in Zimbabwe and across Africa (Lasong et al 2020; Iman’ishimwe Mukamana, Machakanja, and Adjei, 2020). My study, however, noted that women were also agents of advancing patriarchal norms and behaviour by supporting and advising men to use violence on women. Sister and mother-in-laws were

noted to sustain norms that sustain GBV by not condoning the perpetrator rather increasing the abuse. Although studies by Chadambuka and Warri (2020) indicate that in-laws are enablers of violence, I note that they are agents of patriarchy, reproducing it in the family, hence making the family institution's intervention against GBV limited. In-laws in Zimbabwe assume the gender roles of their relatives; for example, the wife's relatives are the 'wives' and the husband's relatives are the 'husbands', no matter their biological makeup. This view, as explained by Amadiume (1987) that women can sometimes be understood as men (male daughters) and vice versa. Thus, women can wield patriarchal power, reinforcing gender norms, thus the manifestation of women perpetrating violence against fellow women.

This study found that failure to submit to the husband resulted in GBV. This was found among the Johanne Marange Apostolic sect, where GBV was more common when women failed to submit to their husbands. The findings collaborate with studies by Meyer (2020), brown (2015), and Chisale (2020), who noted that patriarchal norms about submission have a link with GBV. My study's findings noted a not so common cause of violence in Zimbabwe that women were beaten for the misdemeanours of their children. However, the finding suggests the stereotypes emanating from gender roles that raising children is a responsibility of mothers. Studies in KwaZulu Natal, South Africa by Kriel et al. (2019), however, align with my finding that child-rearing is for wives/women.

Patriarchy was also revealed in my study to influence men in not reporting abuse for fear of being laughed at. The current study also notes the prevalence of a culture of silence around issues of abuse to protect the family name and relationships. Moreover, findings of this study revealed that patriarchal norms manifested in the belief and attitude that men have control over women's sexuality. This was revealed in cases of marital rape where men felt it was their right and, in the compensation, claim by Chamunorwa from Tendai who had slept with his wife. These findings corroborate with a study in Ghana that indicated that men believe that sex from their wives is their right (Stiles-Ocran, 2020). Therefore, these norms reinforce and sustain GBV. In addition, the traditional institution's decision that Tendai compensate Chamunorwa with a cow for sleeping with his wife indicates how the communal institution's methods while resolving a conflict inadvertently entrench norms that support men's control over women's sexuality.

My study identified a different cause of GBV in Seke district, ward 8, gender equality. Participants noted that gender equality is the cause of GBV in their community as men continue to resist equality and women who are in domains that were traditionally male oriented are perceived to be disrespectful. Thus, suggesting that the community is resisting gender equality and a lack of understanding of its benefits. According to Flood, Dragiewicz, and Pease (2018), the resistance stems from the need to preserve the unequal order.

These findings align with ecological theory on relational, communal and societal factors that elevate women's risk to violence (Heise, 1998). The patriarchal and cultural beliefs influence all four levels by promoting attitudes, beliefs and norms that sustain GBV and an unequal environment. The economic, religious and political influences also influence the environment in causing violence. Furthermore, the findings align with conflict transformation theory, which emphasises the need to reshape relationships. The prevalence of patriarchy in Ward 8, as revealed by the findings, highlights the unequal power dynamics between men and women. Addressing gender-based violence (GBV), therefore, necessitates transforming negative relationships into positive ones, often through changes in behaviour exhibited by one or more conflict parties (Ty, 2011).

Patriarchy is deeply rooted in beliefs, norms, and attitudes that reinforce male superiority, and any challenge to this status quo is often met with violence, as revealed in this study. This highlights the need to shift the attitudes and beliefs that sustain GBV. As Galtung (1990) asserts, unless one addresses and transforms the causing attitudes, the conflict will resurface. Given the link between attitudes and behaviour, both can either contribute to conflict transformation or worsen violent conflict. It follows, then, that addressing GBV requires efforts to challenge and change attitudes, behaviours, and contradictions arising from patriarchal norms.

On the individual factors that cause GBV, my study noted that drug and alcohol abuse, infidelity, employment and education levels influence individuals to be victims or perpetrators. The findings noted the prevalence of infidelity resulting in the use of violence by the aggrieved partner. A study by Wekwete et al (2014) noted that infidelity and polygamy create an environment that fosters conflicts. This challenge affects women due to patriarchal norms and beliefs in the community. For instance, I noted that whether women are cheated on or are cheating, it has negative consequences, whereas men are likened to bulls that can have multiple partners. Infidelity causes both physical and emotional violence. These findings are

noted in studies in sub-Saharan Africa, that infidelity is associated with male dominance, but when it's women, it is linked to immorality (McCloskey et al., 2005; Pengpid and Peltzer, 2016; Thobejane, 2019). My findings also noted the prevalence of drug and alcohol abuse in ward 8. Earlier in chapter one, I indicated that Seke district is 51 km away from Harare and close to Chitungwiza, thus suggesting that although it is a rural community, they are close to urban communities, which explains the prevalence of drugs. According to Mazhambe and Mushunje (2023), drugs and alcohol are widespread in Zimbabwe, hence contributing to GBV. Other studies have also indicated the link between alcohol and drug abuse (Gibbs et al. 2019; Heise, 2011; Donnenfeld et al. 2019).

Unemployment was also noted in this study to be a factor that contributes to violence. It was noted that the current economic environment favours women who work in the informal sector; however, their benefits have not been realised at a family level, where they expect men to take care of them. Lack of unemployment for men was also indicated to be creating an environment conducive to conflict that, in some instances, may become violent. The findings align with Cools and Kotsadam (2017) and Alengea et al (2018) that resource inequality within the households is linked to domestic violence. The individual factors that contribute to GBV, combined with norms and beliefs that promote inequality and male dominance, create an environment where women are not safe.

## **7.6 CONCLUSION**

The chapter examined the factors that perpetuate GBV in Seke District, Ward 8. The chapter discussed the understanding of GBV by communal institutions. The findings revealed that GBV is understood as domestic violence due to the types of cases they resolve, which are intimate in nature. However, it also exposed their limited understanding of GBV, only focusing on the private, leaving the public domain. Furthermore, I discussed the types of violence, which included physical, sexual, emotional, economic, and political violence, child marriages, and violence against men. Findings from my study reveal a complex nature of GBV, revealing connections between factors such as patriarchy, culture, religion, infidelity, drug and alcohol abuse, as well as economic crises, with instances of GBV within the community. These factors indicate that there is no single cause of GBV. These factors serve to emphasise that addressing GBV requires understanding the complex interplay of various influences that go

beyond normative considerations. The next chapter will discuss the findings and discussions on methods used by communal institutions to address GBV and their effectiveness.

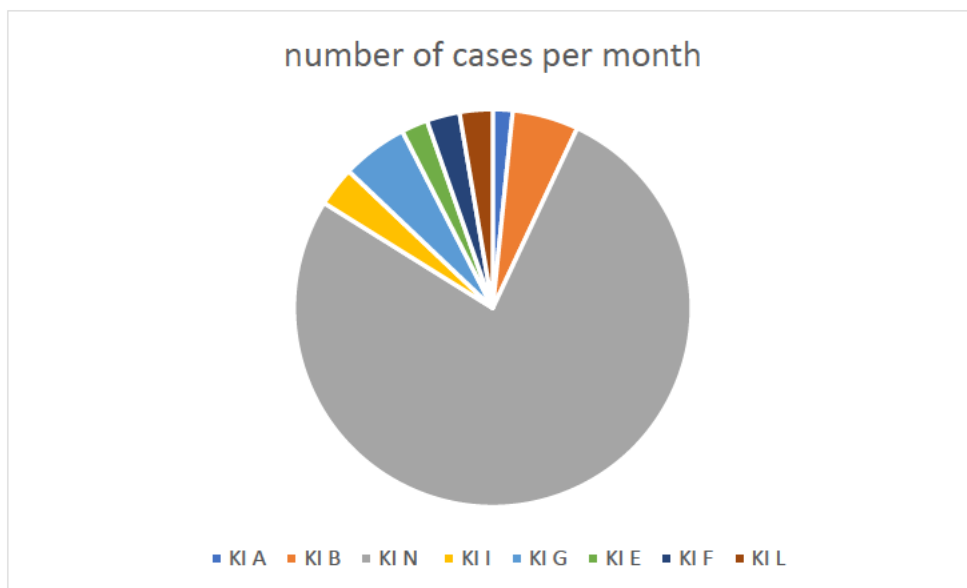
# **CHAPTER EIGHT: METHODS EMPLOYED BY COMMUNAL INSTITUTIONS TO MITIGATE GENDER-BASED VIOLENCE**

## **8.0 INTRODUCTION**

The chapter is a continuation of the previous chapter presenting the findings of this study. This chapter presents and discusses the methods used to address GBV by communal institutions. The discussions will facilitate an understanding of the role of communal institutions and the process of conflict resolution found in their methods. It also examined the punitive measures that the communal institutions employ and examined the possible interventions they proposed to mitigate against GBV. In addition, the chapter's discussions of the findings examined the effectiveness of the methods in transforming and preventing GBV in the community.

## **8.1 SOURCES OF HELP**

To ascertain if participants had intervened in gender-related conflict resolution, key informants were asked the question: How many GBV-associated conflicts are reported to you per month? The response is represented in pie chart 1 below:



**Figure 7.1 Cases of GBV addressed by Communal Institutions per month**

The pie chart above shows that the most cases of GBV were reported to ZRP (KN representing). However, the finding could be because ZRP Dema does not serve Ward 8 alone, but the Seke District community and the communal institutions use them as part of their solutions. Participants from the family institutions KI K, KI J, and KI M were excluded from the pie chart because they indicated that they were limited to their families it was not very often that cases were reported to them. KI C and KI H from the traditional institution indicated that they would receive reports once every three months. KI D said that due to their teachings on submissiveness, it was not often that they received reports.

The study showed that most people turned to their family members for help when they faced GBV. These findings align with the MICs (2019) report that the family was the most utilised source of help by victims across Zimbabwe. Other studies in Africa also note that women rely on the family institution to address GBV (Odero et al. 2014; Simmons et al. 2020). However, earlier discussions (7.5.10) indicate that the family solutions are influenced by culture, religion and patriarchal norms in causing, understanding, or responding to GBV.

### 7.6.1 Traditional Institution Intervention

## 8.2 METHODS USED TO RESOLVE GBV

The communal institutions in Seke District Ward 8 utilise various methods to respond to GBV, including village assemblies, compensation, advise, mediation, dialogue, prayer, silence, compromise, preaching, fellowships, family conflict resolution platforms, referrals to the police and behaviour change campaigns. I examine these methods in the following sections.

### 8.2.1 Village Assembly/Traditional Court Hearings/Dare

I observed that individuals frequently reported GBV cases to the Chief's Court, where both the victim and the perpetrator were summoned and tried before the Chief and his council of advisors.

"They report to the village head and then the Village Development Committee (VIDCO). There are different committees at the village level, such as the Child Protection Committee that are called to help find a solution, the Ward Development Committee (WARDICO), and finally the Chief, if resolution could not be reached" (KI C).

"When a conflict case is brought to me, I call for a meeting (dare) under the Musasa tree, where a village committee of seven members listens to the case to facilitate resolution" (KI H).

The magistrate would resolve some cases that would have been taken to the police or formal courts.

'According to our traditions, "munhu akarara nemukadzi vemunhu anofanira kuripa" (when a person sleeps with another man's wife, he is supposed to compensate the husband with a cow). I told them I needed three cows. Tendai gave me his car instead. However, the police summoned me the following day and asked me to return the car to Tendai. He had given me a car that he and his wife had jointly purchased, and they had not agreed to give it to me as restitution for having sex with my wife. I am here, Chief, so that you can assist us.' (Traditional Court Hearing D)

It was also noted that in some cases of GBV, traditional leaders, following the traditional court, would visit people to understand the dynamics of the conflicts. For example, the Chief narrated the background story of Mr and Mrs D to *Machinda* (advisers), who appeared in Traditional Court Hearing A:

'You see, this is not the first time these two have been in my court. Mr D once reported that Mrs D was cutting his trees and prohibiting him and his other wife from fetching water from the well in the yard. These two have a peace order from the formal courts prohibiting Mr D from entering Mrs D's house. When I visited their compound to resolve their problems, I asked Mrs D to allow

Mr D to fetch water from the well within the perimeter set by the Protection Order because I did not want the water to be poisoned. So, what is it again?’

It was also noted that in some cases, the Chief would offer solutions that the formal solutions could not give:

Nhamo insisted that the land was his and that I had no proof that it was mine. Indeed, I had no proof because all my witnesses had died. The police could not help me, so they told me to return to the village head. I am a widow; I am not working and cannot afford to buy another piece of land. I want my land back. (Traditional Court Hearing E)

The traditional court’s response,

“You see, village head, this woman is old and a widow with nowhere to go. You must consider that she cannot work anymore. Let us look for a piece of land and give it to her. Her tears will bring you bad luck, so give her the land” (Traditional Court Hearing E).

### **8.2.2 Compensation**

I noted that compensation was an important aspect of resolving conflicts in Seke District, Ward 8. This was observed in Traditional Court Hearings D and B, where compensation was used.

“I want compensation for falsely accusing me of cheating on my late husband and having a hand in his death” (Traditional Court Hearing B).

‘According to our traditions, “munhu akarara nemukadzi vemunhu anofanira kuripa” (when a person sleeps with another man’s wife, he is supposed to compensate the husband with a cow). I told them I needed three cows. Mr. B gave me his car instead (Traditional Court Hearing D).

### **8.2.3 ADVICE**

The study findings indicated that providing advice was part of the methods used to resolve GBV.

"I advised the wife to go back to school to pursue a nursing career, considering that their conflicts were not solely about infidelity but also about financial issues" (FGD 1).

"I offered her some counsel. I advised her to maintain her good behaviour and fulfil her wifely responsibilities, but also suggested that she seek employment or consider becoming an entrepreneur" (FGD 1).

Advice was extended beyond just victims, even perpetrators,

"We also have women advisors who offer guidance to women on these issues, usually meeting up to two times a month" (KI E)

"We encourage entrepreneurship to address poverty-related concerns."

It was also indicated that victims were advised to report to the police.

"I advised her to seek the help of the police because the abuse was too much" (KI C).

In a traditional court hearing (Traditional Court Hearing D), the Chief provided advice to the involved parties.

"If you Tendai have forgiven your wife, you both need to work on the relationship to avoid such incidents. Tendai, your forgiveness should be true. Do not abuse your wife because of this, and to the wife, you need to focus on your marriage and stop looking elsewhere for comfort and love" (Traditional Court Hearing D).

Tendai was advised to be sincere in his forgiveness, as the community does not readily forgive men who pardon acts of cheating. Additionally, the Shona proverb "*zingizi gonyera pamwe maruva enyika haapere*" (which means that women are plenty; you can never have enough, but you need to choose one and be true and faithful) advises against infidelity. The Chief also advised Chamunorwa to desist from abusing his wife, emphasising that secrets do not remain hidden forever.

"You see, Chamunorwa, rine manyanga hariputirwe (nothing stays hidden forever), so your affair was going to come out, anyway; hence, you need to stop abusing your wife" (Traditional Court Hearing D).

This advice was intended to prevent further harm and promote a healthier relationship.

After hearing both sides and asking the necessary questions to understand the dynamics of the conflict, the Chief or village head provided a solution to address the conflict. For instance, during the Traditional Court Hearing B, the Chief said:

'You need to do a paternity test, wait for the murder investigations by the police, and until then, the surviving spouse should be allowed to use the house and land' (Traditional Court Hearing 2).

#### **8.2.4 Silence and compromise as interventions.**

The data collected revealed that silence and compromise were strategies that women were advised to employ to prevent conflicts from escalating into physical violence. KI M proposed the following advice regarding conjugal demands:

“Murume haarambirwe bonde ukamunyima anoenda kunana Marwei” (you cannot say no to your husband, if you do, he will go and find it elsewhere).

“We sit down with the woman refusing to sleep with her husband, teaching her that when you are married, giving sex to your husband is the way to go. We also have topics; we teach women on how to handle bedroom issues” (KI E).

“There are two sides of a coin in a woman's life; on one side, there are rights, and on the other, there are responsibilities. One should know how to balance them” (FGD 3).

#### **8.3.5 Divorce and separation**

Divorce was identified as another intervention that is advised to address GBV, although it is not commonly employed. The Seventh Day Adventist Church recommends separation instead of divorce.

“We advise separation, which is not divorce; we advise the wife to go to her parents for a while so that we [can] continue helping the husband; it is also to avoid major injuries or murder” (KI G).

KI J shared an instance where he advised divorce to a relative experiencing mistreatment:

“I asked my nephew’s wife why she was staying in her marriage despite the mistreatment. I reminded her that she was perfectly capable of taking care of herself should she divorce him, and if my nephew had been treating her this way for three years, it was unlikely to change”.

#### **8.2.6 MEDIATION**

The community in Ward 8 uses mediation as a main way to deal with gender-based conflicts/violence. This was also observed in Traditional Court Hearings A to E, where the Chief used mediation to help the people involved in cases of cheating, land problems, and property issues. In Traditional Court Hearing B, Hazvineyi offered condolences to indicate his compassion, Hazvineyi indicating the humanistic aspect of the institution.

KI A said that “*handitonge vanhu ndinoyananisa vanhu*”, which means he does not pass judgment on individuals, but rather, he brings them together within his court. A narrative also showed how the Chief acts as a mediator.

"During the visit, he made a request that I allow my ex-husband to use the water well, which falls within the limits of the protection order. The Chief told me that this was to ensure that both of us use the water well to prevent any possible water poisoning" (Life Story 1).

### **8.2.7 DIALOGUE**

Dialogue emerged as a common intervention in the community as used by KI E, KI G, KI I., KI K.

"Mune dzimwe dzimba vanenge vasisataudzene kwakungo pfudzana saka vanouya tovabatsira kuti vataurine" (in some instances, there will be no communication, so when one comes to us, we help in initiating dialogue between the two) (KI E).

"These days, people are getting protection orders, yet they are staying in the same house. In cases like that, there is a need for dialogue to find a better solution other than the protection order" (KI A).

"As for me, I use dialogue, tino kurukura (we discuss). Each part will tell me their side of the story, then I will convene them together and we discuss so that they understand each other" (KI I).

## **8.3 RELIGIOUS INSTITUTIONS' INTERVENTIONS**

Participants (KI E, F, K, G) mentioned different ways that religious institutions use to prevent and resolve GBV. They organise activities such as the GBV calendar week, seminars, and workshops, where they talk about what GBV is, how it affects people, and how to avoid it.

"The reporting process goes through the elder, pastor, and then the church board. They decide if the abuse needs discipline or forgiveness. If they fail to resolve it, it goes to the conference of pastors, then to the union, division, and the general conference. The issues of individuals and elders are handled by the church board, while the issues of pastors are handled by the conference and above" (KI G).

Participants emphasised the role of counselling as a strategy used by religious institutions to address GBV.

"We use counselling for the two conflicting parties. We make follow-ups by doing counselling and prayers until we see that the conflicting parties have reconciled" (KI F).

Bible verses, such as “Psalms 133. Behold, how good and how pleasant it is for brethren to dwell together in unity, Galatians 6 vs 1 Brethren, if a man be overtaken in a fault, ye which are spiritual, restore such a one in the spirit of meekness; considering thyself, lest thou also be tempted, from 1 Corinthians 5, a chapter that deals with the issue of sexual immorality to speak against infidelity and the 10 commandments” (KI L).

Couples' fellowship is another method noted. In ZAOGA, the Family Association Builders (FAMB) group addresses GBV-related issues.

“We have the Family Association Builders (FAMB) where we discuss the issues related to do with physical violence, financial violence, and sex, among other issues, that cause GBV” (KI L). This group consists of pastors and experts in counselling, HIV/AIDS, GBV, COVID, and legal matters (KI L).

In the United Methodist Church in Zimbabwe, men's fellowship, often organised through events like barbecues, is used to talk about GBV.

“Men are usually difficult to mobilise to come for church programmes, so we usually have a barbecue for men's fellowship, and we take advantage of this platform to speak against GBV” (KI F).

### **8.3.1 Preaching and praying**

Preaching and praying are methods that are used by religious institutions to address GBV. Scripture interpretation, as illustrated by KI L, uses verses such as 2 Corinthians 5: 17 and Galatians 5:22 to stress the stopping of past violent behaviours and the adoption of new, compassionate actions.

“In some cases, people refuse to open up about GBV-related problems. So, we make visitations to pray in a way we will be trying to read the situation between the two and creating a room for people to open up” (KI F).

## **8.4 FAMILY CONFLICT RESOLUTION**

Participants emphasised family resolution as a crucial strategy to deal with GBV, often involving family aunts and uncles (KI H, KI J, KI L, KI M). All 14 key informants unanimously recognised this approach as the primary method of handling GBV. The family institution uses interventions similar to those used by religious institutions, such as counselling, prayers, open dialogue, and, interestingly, silence and compromise. In the Johanne Marange Apostolic sect, a unique perspective emerged. They believe that using violence against one's wife means a loss of manhood (KI D). In this sect, in-laws have a crucial role in resolving such situations.

“GBV cases are brought to one's in-laws, who are tasked to resolve the situation. In many instances, the in-laws may suggest that the husband take another wife, a sister, or a niece to the wife, or the wife herself may be involved in finding him a new wife. This approach is taken to address the apparent lack of submission from the wife's side” (KI D).

In the family domain, the outcomes of the interventions were mixed.

“Family resolution worked well in the past when families were united. Now, it is hard, as the perpetrator will not respect the mediator or follow the advice. This method depends on the goodwill of the parties involved” (KI K).

KI, I also said that parents seemed to care more about traditional marriage payments (lobola) than their children's rights.

“Sometimes, parents secretly withdrew the cases we would have reported, which sabotaged the process” (KI I).

Furthermore, this study noted that family intervention often favoured men in "Life Story 2," affecting the intervention's effectiveness.

“After leaving (my first marriage), I began working as a maid, and my friends kindly offered me support. We started selling Sadza in Chitungwiza urban centres to make a living. Unfortunately, circumstances led me to prostitution, and it was during this time that I met my current husband. My husband's family did not like me from the start because I was older than he and because I had a child from a previous marriage. Moreover, I was once a prostitute. Whenever my husband and I had conflicts, his family supported him and criticised me, suggesting that he should have chosen someone they had selected for him. When my husband raped and physically assaulted me his mother, verbally attacked me and insulted me, calling me names and dismissing my feelings without even listening to my side of the story.

Only his father tried to listen and sought help from his uncle to mediate. Feeling alone and without support from my family, as my husband had not paid lobola for me and was not officially recognised by them, I resorted to reporting the matter to the police. I disclosed everything, including the drug issue. My husband attempted to manipulate me, saying he would pay his way out and continue to demand sex from me. At the police station, they asked about our financial situation and employment; unfortunately, I'm a housewife. They suggested that we try to resolve the issue privately, as they feared there would be no one to care for me and the children if they intervened further. My husband received a warning, but I knew deep down that the situation might repeat itself.

Although I wanted to work and support my family, my husband insisted that wives in his family do not go to work. His mother also told me to stay home and take care of the children. (Life Story 2).

### 8.4.1 Sahwira/family friend

Participants from the traditional and family institutions emphasised the role of a *sahwira* (family friend) in addressing sensitive topics such as sex and marital rape. KI C shared a case involving a wife who confided in the shawira about her husband's physical abuse. In response, the sahwira confronted the husband in the wife's presence, delivering a firm reprimand:

'Mazivanhu ekwashava hamuna hunhu munorova vakadzi' (people of the shava totem, your actions are disgraceful for assaulting your wives).

According to KI K, in some instances, the sahwira even uses explicit language to condemn bad behaviour. KI H draws attention to the historical significance of relying on sahwiras for conflict resolution within the Shona culture,

"We as Shona people have always relied on sahwiras for family conflict resolution since our ancestors' time. The reason why "vanhu vachinopotera kwasahwira (people report conflicts to the family friend) is because in the family, there may not be anyone who can rebuke the offender "nekuti pamwe ndibaba kana kuti munyarikani" (because the offender could be the head of the family or a respected person). This is how we deal with GBV-related issues in our families by using the sahwira in mediation to condemn it".

According to these participants, by leveraging the sahwira's authoritative voice, harmful behaviours are condemned and discouraged.

## 8.5 BEHAVIOUR CHANGE CAMPAIGNS

The BCFs use behaviour change campaigns in Ward 8, acting as motivators for behaviour change. These campaigns engaged men in discussions about sharing domestic work typically performed by women (KI B and KI I).

"We have behaviour change sessions with men once every month we meet. In these group discussions, we have boys' young as 10 years as part of the behaviour change meeting. We also do door-to-door campaigns in this ward, teaching members about negative cultural and religious beliefs that perpetuate HIV and GBV" (KI B).

These topics are similar to those covered in the door-to-door awareness campaigns. KI B described a training session with 30 men from Seke Rural Home-Based Care. In this session, men learned about the importance of helping with household chores, which are traditionally seen as women's duties. They gave an example of a situation where the wife goes to collect

firewood, and the husband stays at home but does not clean the house, wash the dishes, or change the baby's diaper.

"So, men were motivated to learn how to change diapers. We had a doll we were using for practice on how to change the diaper. We also taught about washing and cleaning the house and making beds. So, later, the 30 men went into the community after the training to train others".

"As part of Shamwari Yemwanasikana, we educate children about gender roles and how to report violence and sexual violence. The reason is that sometimes girls will be raped in the presence of their siblings, and they would not know what is happening, thus we educate them about it and what to do. These classes target both boys and girls; through clubs called dandaro rewanasikana nevanakamona, we meet once every month" (KI I).

"I also work with youths to engage girls through a programme called pachoto, meaning they will be sitting around the fire discussing issues that affect them, such as child marriages. The idea of pachoto is that firewood represents wisdom being shared and inculcated into the girl child. The fire represents the girl child who is aware. It is spearheaded by the National Aids Council of Zimbabwe (KI B).

"Every ward has a representative under the sister-to-sister initiative; they engage with groups of girls as well, from 15 to 24 years. The idea is that those who would have received education on HIV/AIDS, GBV, and child marriages would educate others" (KI B).

"We also do follow-ups of cases that we would have referred to Jonasi Clinic and ZRP VFU for medical and legal assistance. It is at the clinic that we realise there were a lot of teenage pregnancies, with most cases below the age of 16" (KI B and KI I).

The behaviour change campaigns were reported to have a positive effect in the community (KI B and KI I). "Women came to us giving feedback that their husbands were now helping with house chores and changing diapers. Although these women also indicated that some men would do laundry in the house and ask us to put it on the line outside to dry" (KI B).

However, they highlighted the beliefs on sex and virginity as a barrier to their teachings on child marriages (KI B and KI I). Parents in their community resist their advice against child marriages, telling them that "*saka oita hake bonde ndinaye mumba mangu,*" which means "so I should let my child be sexually active under my roof" (KI B).

## **8.6 REFERRALS TO THE ZRP VICTIM FRIENDLY UNIT**

The ZRP VFU is used by communal institutions (KI A, KI F, KI C, KI H, KI K).

"We refer cases to the police as well because some men need the police to instill fear of jail for them to change" (KI C).

'I once referred this woman to go to the police because the abuse she was going through was too much. Her husband was beating her, not providing for them, and was bringing other women into her matrimonial bed' (KI L).

"GBV cases that has injuries, rape, and murder we refer to the police (KI A, C, E, H, F).

In an interview, a member of the ZRP VFU said

'We have meetings with the traditional leaders once every month, and they update us on the activities in their communities; they help us apprehend criminals. We educate them about GBV and the constitution's provisions in the Shona language, so they understand'. (KI K and L)

"Feeling alone and without support from my family, as my husband had not paid lobola for me and was not officially recognised by them, I resorted to reporting the matter to the police" (Life Story 2)

This unit engages with GBV-related cases, providing a range of assistance depending on the case.

"For rape cases, our priority is to offer medical treatment and collect evidence using rape kits. We also provide psychosocial support to help victims cope with the trauma. The perpetrator is arrested, and the case is referred to the court for legal proceedings. In instances of physical abuse, we focus on counselling both the victim and the perpetrator, encouraging open communication to resolve their issues. This approach is particularly effective for addressing emotional violence, as legal options may be limited. We also offer protection orders to safeguard victims by restricting the perpetrator's access to them. If necessary, we initiate investigations and proceed to court" (KI N).

Although referring cases to the police is one of the interventions, not all cases are referred by some participants from the religious institution.

"We do not recommend for members of ZAOGA to take their marital issues to unbelievers (the police) these issues should be addressed by church elders, however when it is rape, murder, or with injuries that need medical attention the police should be involved" (KI L).

"In most cases when one is injured from the physical assault, they cannot be treated at the hospital without a police report so in cases as this, they end up reported to the police" (KI E).

"In extreme cases, we advise them to report to the police because in some cases the abuse extends to children" (KI E)

"We do not encourage members to take their case to the police. We try by any means to help spiritually using Matthew 18 verses 15-17 which says, if your brother sins, go and show him his fault in private, if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that by the mouth of two or three witnesses every fact may

be confirmed. However, other cases need police reports, so we encourage them to report to the police” (KI G).

In the exploration of the effectiveness and challenges associated with reporting to the police, most participants conveyed their dissatisfaction with formal institutions. FGD 1 revealed that the police often pay minimal attention to reports of violence threats.

"Mitemo yenyika haisi kunyatso tichengetedza kana uchishungurudzwa kana kutyisidzirwa kunzi ndinokurowa ukaenda kuno mhan'ara unozi tanga warohwa wozodzoka uchimhan'ara" (the laws are not fully protecting us as in some instances when we report threats of violence to the police we are told to be beaten first then come and report) (FGD 1).

Furthermore, it was revealed that corruption in Zimbabwe was undermining the effectiveness of ZRP VFU officers in carrying out their duties. Instances were cited where cases were withdrawn and perpetrators went unpunished (KI B, KI I, KI C, KI A). One of the interviewees, KI B, shared an example:

"There was a case of a man with leg length discrepancy who sexually abused a nine-year-old and he admitted that he was guilty, but he is out. He lured the girl child with mango fruit and raped her. The family paid the police to withdraw the case”.

Participants indicated that the ZRP VFU, favoured dialogue over investigation and advising women to drop their cases if the husband is the breadwinner (KI B, KI L, and Life Story 2). Participants identified patriarchy as a hinderance to effectiveness of current interventions (KI A, KI B, KI C, KI E, KI F, KI G, KI H, KI I, KI J, KI K, KI L, KI N, and Life Story 2). For example, one participant said,

“Patriarchy makes it hard for women to seek help. For example, when women report physical abuse, they are sometimes asked to go for medical test because the tests are needed to process the case. However, because some women do not work, they must ask their husband (abuser) for money to get the medical test” (KI N).

Moreover, according to KI N,

“There is no post-case services such as counselling both the perpetrator and victim, and this leads to offenders recommitting the same acts of violence as they would be feeling bitter”.

Furthermore, distance to the police station was cited as a hindrance to reporting GBV cases.

“Domestic violence often happens during the night making it difficult for victims to walk to the nearest police station which is far from this village” (KI H) “because the local police station in our Ward is understaffed, they often advised both parties in a conflict to settle it at home,

especially if they lived far from the station” (KI B, KI H). This problem was clearly shown by one participant’s remark, “sometimes they even frown when they see me because they know I would have brought a case. So, now I don’t go, I just refer people to the police so that they don’t see me” (KI B).

To assess the efficacy of the legal route, including the police, I incorporated "Life Story 1," a narrative of a woman who has endured violence since 1994, persistently seeking assistance from formal avenues to no avail.

I married him when I was 14 years old, in 1975. I grew up with my strict grandmother, who said that if I slept with a man, I had to go with him. I went to Mbare to visit my now-ex-husband. However, he forcefully slept with me, and I couldn’t go back home because of the strict traditions there. We have four children together. After some years in the marriage, he started having an extramarital relationship with our next-door neighbour, things started getting bad between us. He stole money from our savings to marry the woman and moved her into our rural home here in Seke. He began to abuse me physically; he would beat me so bad leaving scars and wounds from the beatings. **(You see these wound spot marks; these are from injuries he gave me when he was beating me.)** One day, he sold two cows and hid the money. I searched for that money, found it, and used it to pay for my children's school fees. That night, he beat me while I was naked until I fainted; he dragged me for 100 metres, leaving me badly injured. That is when he also stopped providing for us.

One term, he didn’t pay the children’s school fees and did not buy uniforms. I decided to ask his boss for help. The boss, after hearing about our situation, told me to take legal action against him. I followed the advice and went to court. The magistrate asked the children when they had last eaten. It was unfortunate that we had gone to bed hungry the night before. The magistrate sent a letter calling my husband to court. The court ordered him to buy food and pay the school fees. But that night, after the court hearing, he took his anger out on me and the children. He beat us badly, hurting us a lot. He seemed to want to cause as much pain as possible, as if he wanted to take out my eye during the attack. He didn’t spare the children, and he wanted to know what they had told the magistrate. They honestly answered that they had only talked about not having food the night before. The violence went on throughout the night, and our neighbours, scared by the noise, called for an ambulance. When we were finally taken to the hospital, one of my eyes had come out of its socket, needing medical attention to have it stitched back in place. Since that awful incident, his neglect and abuse have made our lives terrible. I’ve had to find ways to support my children and myself. My brother helped me financially, and I went to South Africa to work and support myself. However, whenever I came back home, he would still abuse me. He even faked divorce papers to claim our house in Chitungwiza.

During one of my visits to our rural home in Seke, I found my ex-husband and his new wife sleeping in my bed. I was so furious and wanted him to explain but he violently pushed me to the glass door, the fall resulted in a deep cut that almost made me lose my finger **(showing me her thumb with scars)**. The injury was bad that I had to spend a lot of time in the hospital. I had three operations to fix my finger, as he would often twist my injured arm, harming me more. In 2018, during a conversation, my ex-husband said he wanted to give our Chitungwiza home to his daughter from the other wife. When I refused to give him the keys, he twisted my arm again. It was a painful and traumatic experience, especially because we had built that house together and finished its construction in 2011. But he took it from me by force. To make matters worse, he faked some documents, which he produced to the formal courts when I reported. He

said that he had divorced me in 1994 and gave me a 5-bearer coin as a sign of separation. But this was a lie because there were no bearer cheques in Zimbabwe that year.

As time went by, our relationship became on and off, and he hardly came to my home. He even skipped his daughters' weddings, leaving his brothers to do the lobola negotiations for him. The emotional cost of this relationship was huge, and sadly, I lost both my first and last children. I was once arrested because my ex-husband lied and said that I had insulted him with bad words over the phone. Right now, he is accusing me of physically attacking him and throwing dirty water at him, but it's not true.

We have been fighting for a long time and I have reported our issue everywhere. My brother even said that our fights seem impossible resolve and can only be solved when one is dead. Since 1994, we have been in many court battles, but no solution seems to be nearby. Recently, we had another issue when he reported to the traditional court that I had cut down his trees, but it was the Zimbabwe Electric Company that had ordered the removal of those trees.

With the help of Zimbabwe Lawyers for Women's Rights, I got a protection order that stops him from entering my house. I live in the same compound but use a house belonging to our son, who is in South Africa now. My ex-husband wants me to leave, but I have no other place to go, and I won't give up the memories of my dead children buried in that compound. The chief came to our house to see the living conditions and the ongoing conflict. During the visit, he asked me to let my ex-husband use the water well, which is within the limits of the protection order. The chief's reason was to make sure that both of us use one source of water to avoid any possible water poisoning, as my ex-husband seems to want to kick me out of the land by any means (Life Story 1).

## **8.7 DISCUSSION**

The findings in this study indicate that the communal institutions are actively involved in resolving GBV in Ward 8. Communal institution employs methods which includes traditional assemblies, mediation, dialogue, compensation, advise, prayers, preaching fellowships, preaching, compromise and silence, sahwira (family mediator), referrals to the police, behaviour change campaign through meetings, door to door campaigns, peer educators to transform behaviour and attitudes that promotes GBV. These interventions are readily available for GBV victims and perpetrators in the community. However, my findings indicate that patriarchal, religious and cultural beliefs about gender roles limit their effectiveness as they address GBV using patriarchal lenses. The finding on BCFs intervention indicate that behaviour change campaigns are effective in addressing GBV, but their broader impact is hampered by the entrenched patriarchal system in the community.

The family institution was noted as the primary source of help that is easily accessible to victims of GBV. Other studies in Zimbabwe and Africa found similar findings that families are

sought for assistance first by victims (Chadambuka and Warria, 2020; Odero et al. 2014, Simmons et al. 2020; Kholi et al. 2015). My study on factors that influenced or sustained GBV found the family through in-laws reinforcing GBV by supporting abuse or not supporting the victim. My study also noted that family institutions advise women to compromise to avoid being raped and maintain silence to avoid conflict from escalating as well as maintain silence to protect the family. These findings align with the ecological theory that poor conflict resolution, support system and patriarchal norms influence individuals to be victims or perpetrators of violence (WHO Violence Prevention, 2022). The family institution use of *sahwira* (family friend) is a method that has not been noted in other studies of GBV in the country. The *sahwira* is said to be ideal in addressing complicated matters like GBV candidly. However, this tradition is no longer common it is now practised by few people.

In the current study religious institutions were noted to be important component in GBV discourse. My study's findings noted that the institution's method of resolving GBV such as preaching, prayer, counselling, fellowships, workshops, advise, although important in supporting victims to find comfort and strength they however inadvertently sustain GBV. Studies by Chadambuka and Warria (2020), Simmons et al. (2020), and Kohli et al. (2015), highlighted that religious leaders offer support system for victims of IPV. The religious institution in Seke District offer support through prayers, fellowship, counselling and preaching to victims. However, their insistence on not reporting some cases to the police indicates that the institution prioritise forgiveness and over justice and pray for divine intervention to transform perpetrators. The religious institution and their beliefs become a bystanders and not intentional actors in effecting transformation. Similar studies in rural Zimbabwe corroborates with my study that religious institutions reinforce negative norms, attitudes and behaviours that cause GBV (Musevenzi, 2017; Mapuranga, 2013). Therefore, aligning with the ecological theory (Heise, 1998) that weak sanctions against GBV is a factor that influence people to be victims or perpetrators. In this context women endure violence hoping for divine intervention and perpetrators abuse women because there is no accountability or framework to transform the attitudes and behaviours sustaining GBV in him.

My study's findings indicated that the methods used by the traditional institutions such as village assemblies, advice, dialogue and mediation were instrumental in addressing conflicts including GBV related cases. My study showed that there were instances where people would approach the formal courts, but the resolutions offered would make the situation worse,

traditional institutions became platforms to redress these cases, indicating its ability to offer solutions that are sustainable. The community makes use of the institution to address conflicts and disputes and on land disputes the study revealed that they responded with tangible results in one case of the elderly woman. However, on the case of Hazvinei, the traditional assembly resolved that they wait for paternity tests to conclude if indeed she had no children with Fidelis her late husband. Thus, the institution's resolution suggest that it supports that women's access to land is based on the relationship that women have with the male members in the community hence reinforcing patriarchal norms of land ownership and access. My study reveal that the institution is influenced by patriarchal norms in resolving GBV, observed in the traditional court hearings. My findings align with similar studies that traditional institutions are active in responding to GBV (Simmons et al. 2020; Chadambuka and Warria, 2020; Kohli et al. 2015). These studies also noted that the patriarchal nature of the institutions who are considered custodians of custodians of culture limits their effectiveness in addressing GBV.

Contrary to Chadambuke and Warria (2020) findings that chief's courts lack privacy as the entire village would be present, in this study it was only witnesses and the chief's advisors and secretary that were present. I observed people would wait outside and be called into the court room when their time comes. Consequently, it highlights the importance of context, however the institution's methods of resolving GBV reinforced GBV.

My study's findings showed institution that has not been explored by studies in Zimbabwe, the involvement of BCFs in addressing GBV. My findings indicates that BCFs used campaigns, peer training, and referrals to police and clinics. BCFs have been noted to be effective in reducing GBV and HIV in Zimbabwe by UNFPA (2021) and ZICHIRE (2019) reports. Evidence from this study indicate that women have indicated the positive effects the campaigns have on men in transforming behaviour and attitudes with regards to gender roles. Therefore, the findings align with the conflict transformation theory (Lederach, 2004) which emphasises a change in behaviour and attitudes in relationship in order to address conflict. My finding is corroborated by Ngigi and Busolo (2018), who found that behaviour change campaigns increase knowledge, stimulate dialogue, and promote attitude change. Men were reported to be helping in house chores, although they indicated they did not want their fellow men to know about it. Thus, revealing the entrenched patriarchal and cultural influence on gender norms in the community. Despite the effectiveness of their methods, BCFs indicated their limitation in reducing child marriages in the community indicating the stronghold that patriarchy and

religion has in Ward 8. Although these institutions (excluding BCFs) have been noted to sustain GBV through the reinforcement of patriarchal norms and interventions biased towards protecting the interests of men over the victims, they remain instrumental in rural areas where professional services are limited or absent.

My study also revealed that communal institution used referrals to the ZRP VFU for further assistance. The findings revealed that the communal institutions are aware of their limitations on cases that results in murder and sexual violence, although on physical violence they only refer those with noticeable injuries. Moreover, cases that are elusive to their resolutions are referred to the police. However, participants conveyed their discontentment; the police were noted to not attend to threats of violence and corruption within the department thereby compromising the efficacy of ZRP VFU in responding to GBV. Patriarchal biases within the VFU response to GBV was also indicated in the findings of this study. The participants noted that the unit's inclination leaned towards promoting dialogue over the thorough investigation and occasionally advised women to withdraw their cases due to their economic dependence. This inclination, while intended to be supportive, inadvertently perpetuated GBV. Moreover, Life story 1 highlighted that while the communal institution and the police as platforms of help are available, their effectiveness is limited as she has been reporting since 1994, but her situation has not changed. This illustrative account sheds light on a crucial aspect of the discourse that interventions, while crucial, are insufficient if they fail to address the underlying attitudes and behaviours that perpetuate gender-based violence.

These findings highlight the significant influence of family, religious, traditional, and community-based institutions (BCF) in the ecological environment of both survivors and perpetrators of GBV. While these institutions serve as immediate sources of support, their interventions are often constrained by patriarchal, religious, and cultural beliefs that reinforce gender roles. As a result, they inadvertently perpetuate abuse, allowing survivors to remain trapped in cycles of violence while enabling perpetrators to continue their behaviour.

This interplay of factors was revealed in the findings of this study: A violent man raised in a violent home, witnessing abuse by a close relative, such as his father, is likely to replicate this behaviour in adulthood. Within his social ecology, violence is normalised as a conflict resolution method, reinforced by a community that either condones or ignores it. Similarly, a woman who grows up witnessing her mother's abuse may internalise subordination, lacking

the power to challenge the societal, religious, or political structures that uphold gender inequality. As Heise, Ellsberg, and Gottmoeller (1999) assert, violence against women results from the interaction of factors at multiple social levels.

Interventions in this study focused on family preservation rather than transforming gender relations, aligning with the ecological theory's emphasis on interconnected systems but failing to address power imbalances. Conflict transformation theory shows the need to reshape relationships between conflicting parties, yet communal institutions maintain the status quo.

### **8.7.1 Communal Institution's prioritising relationships.**

The findings in my study revealed that communal institution's methods of resolving GBV prioritise maintaining relationships over justice. This was revealed in methods like prayer, silence and compromise, preaching and not supporting the use of police by some religious institutions. As a results, their methods of responding to GBV are around their methods are moulded around altering women's behaviour, feelings and response to violence leaving the perpetrator out. Women are advised to pray, compromise, and maintain silence to avoid violence. While these are commendable in managing conflicts, they do not address the root cause of GBV. This is collaborated by Chadambuka and Warria (2020) that traditional, family and religious institutions often priorities maintaining relationships over justice. These findings align with the ecological views of GBV that one's environment is a major contributing factor to causing and responding to violence. Consequently, pointing to the need for interventions that targets transforming behaviours of both the victim and the perpetrator.

While communal institution's prioritisation of maintaining relationships has an unintended negative effect of reinforcing norms that cause GBV, I argue that it is that same characteristic that make them appeal to victims of GBV the need to preserve relationships. People do not want to end relationships but want a change of behaviours and attitudes that cause GBV, therefore maintaining those relationship is not a bad thing. However, resolutions should target effecting change in behaviours to effect transformation in relationships thereby fostering a peaceful home or community. Therefore, my findings suggest that efforts to prevent GBV should take advantage of this characteristic of communal institutions to initiate transformation of behaviour and norms that sustains GBV in order to maintain and preserve relationships.

### **8.7.2 Gender Inequality**

My study's findings revealed that the methods used by communal institutions reinforce gender inequality. This was revealed in religious institutions where women cannot attain certain leadership positions because they are women, the compromise advise when it comes to negotiating intimate issues, and the family recommending their daughter in-law not to work. The traditional court hearing where the husband demanded compensation from the men that slept with his wife, and the belief that working women are not respectful as well as women believing that it is the men's duty to take care of the family. All these norms reinforce gender inequality. This is not surprising because the communal institutions noted that gender equality causes GBV. These findings are consistence with McCloskey et al. (2016) that GBV is attributed to patriarchal attitudes and social norms that cement men's hierarchical role in sexual relationships, particularly in marriages. This insistence on gender inequality influenced solutions results in GBV. Ayodapo (2013) and True (2015), notes a connection between violence, gender, sex and inequality. Thus, communal institutions end up sustaining the structures and beliefs that sustain gender inequality. These beliefs that support gender inequality emanates from religious and religious beliefs that insist that women should be under men in all aspects.

## **8.8 PUNITIVE MEASURES**

Communal institutions have punitive measures they use to respond and prevent GBV. However, the family institution does not have any punitive measures they rely on the goodwill of the offender to change (FGD 1, 2, 3, KI J, KI M). It was revealed in FGD 2 that

“It is difficult to say people will be punished at the family level as people would recommend that the couple finds a solution to move on but at the traditional court by the Chief, people are asked to bring a fine”.

These views were also shared by (KI B, C, KI I). KI A said,

“I charge a fine in my court for certain violations depending on the case”

Traditional Court Hearing D showed that indeed the fines are given depending on the case. The Chief charged Chamunorwa for sleeping with another man's wife. His judgement was one cow which must be brought to him to cleanse the community. To Tendai's wife, the Chief fined

two goats for breaking the moral code of a married woman sleeping with another man who is not her husband.

### **8.8.1 CENSURE**

The religious institutions in Ward 8 use censure and disfellowship of members to punish GBV perpetrators (KI G, KI E, KI L). KI G explained how one is placed under censure or disfellowship in the Seventh Day Adventist church.

“We have a church policy that lists offences and discipline. Our discipline is divided into two categories: we have censure and disfellowship. Censure is when I have impregnated or physically harmed someone; it is taken to censure where I'm given a period of not taking church duties from 3 to 12 months. Disfellowship is when one impregnates someone but is married (infidelity). That person is removed disfellowshipped and can only come back by rebaptism. If that person chooses to take a second wife, we cannot rebaptise that person. And if it is the woman who is married as the second wife, we cannot baptise again” (KI G).

This procedure is the same for the ZAOGA institution, where they use censure, and the church is informed.

“We inform the congregation that this individual *aiswa pasi peshamhu* (is under censure) will undergo discipline for a specified period, typically three months or more, during which the person is not allowed to perform any church duties. The church closely monitors his or her behaviour and conduct during the disciplinary period, looking for signs of change and remorse. Rape, physical abuse, and infidelity are among the abuses that fall under our discipline code” (KI L).

The interview with a KI D from the Johanne Marange Apostolic sect revealed that the sect demotes abusive members and teaches women to be submissive.

“There is this senior church member who had 22 wives and was physically abusing some of them. He was demoted from his high-ranking position, stripped of some of his stars (titles), and retained the rank of ordinary member” (KI D).

In the United Methodist Church, when members of the church are the perpetrators of GBV, they go on probation, which is decided by the church council. While on probation, the church will monitor them to see if they reform or not (KI E).

### **8.8.2 SENTENCE**

The ZRP VFU uses the law to address GBV and the penalties for each are decided by the formal courts.

“The perpetrator is arrested, and the case is referred to the court for legal proceedings” (KI N).

According to the KI N, the punitive measure for perpetrators varies,

“Cases of physical violence vary based on the severity of each incident. Depending on the circumstances, some perpetrators may receive community service or a jail sentence, with the maximum duration of imprisonment being two years. In cases of sexual violence, such as rape, the court imposes more severe sentences ranging from 18 to 20 years” (KI N).

## **8.9 DISCUSSION**

The findings in this study revealed that the communal institutions employ restorative justice in responding to GBV. The communal institutions that they have punitive measures against perpetrators GBV, reflective of their cultural, religious, or formal nature. In traditional institutions, punitive includes fining offenders. This approach suggests there need for accountability and restitution, whereby offenders are required to make amends that extend beyond asking for forgiveness. Religious institutions within Ward 8 adopted a more spiritually infused approach. Instances of censure and disfellowship. This indicates an emphasis on moral reformation and communal integration. Restorative justice places the victim at the centre of the justice system, allowing them to express how the crime affected them, share their thoughts with the offender, and begin the healing process. This is revealed in religious where counselling, prayers and preaching are used to support the victim through the difficult times. Women seek help from communal institutions due to their restorative nature, which aims to preserve relationships and marriages (Chadambuka and Warria, 2020; Simmons et al. 2020

Restorative justice is very important in instances where people want to maintain relationships as it promotes forgiveness and reconciliation. Richards and Kelly (2014) argued that prison environments, where violence is the primary means of conflict resolution, do not rehabilitate offenders but rather cause them to return to a life of crime. However, this study does not claim that restorative justice is the ideal solution for addressing GBV. As noted by Chadambuka and Warria (2020) and Odero et al. (2014), the need to preserve marriages can sometimes sustain GBV, as these institutions are entrenched in patriarchal systems and structures, thereby

affecting their interventions. Consequently, their efforts may maintain the inequalities between men and women. While this approach aligns with the ecological theory by recognising the interconnectedness of societal structures in shaping responses to GBV, it falls short of conflict transformation, which seeks to alter power dynamics and relationships. Restorative justice, particularly within religious and traditional institutions, prioritises moral reformation, reconciliation, and the preservation of relationships, reinforcing the patriarchal norms that sustain GBV rather than challenging them. Although these interventions provide immediate relief and support for survivors, they do not transform the underlying beliefs and behaviours that perpetuate violence.

The findings also revealed that the communal institution's methods are humanistic and offer solutions that considers the broader context of the environment. The criminal justice system often falls short, whereas restorative justice could be more effective. For instance, in this study, a peace order exacerbated the problems for a couple living together, and despite a widow's inability to reclaim land taken fraudulently through formal courts, was given another piece of land by traditional leaders. However, the restorative justice in the context of this study did not affect transformation of norms and behaviours that reinforce GBV rather they manage the manifestations of GBV not the causes.

The current findings also noted that the legal punitive measures form one of the sources that the communal institutions use to address GBV. The punitive measures vary depending on the offense, sanctions range from community service to jail sentences. The finding was observed by the Home Office (2018) that there were inconsistencies with regards to the response offered by the legal institutions in addressing GBV. Consequently, this has a bearing on how GBV is understood with some form of abuse being viewed as severe, yet these forms of violence are usually interconnected.

The methods and punitive measures to resolve GBV in this study, suggests that there are weak sanctions against GBV in Ward 8, thereby corroborating with the ecological theory that the available laws and mechanisms to prevent GBV influence the prevalence the challenge or not. However, from a conflict transformation perspective, these measures remain inadequate, as they manage the manifestations of GBV rather than addressing its structural causes. Drawing from a report by the European Gender Equality Institute (2017), I argue that macro-level domains exert influence on individual behaviours, and in turn, individual behaviours

contribute to shaping the broader macro-level context. Therefore, while the ecological theory explains the persistence of GBV within the existing social structures, the lack of transformative interventions highlights a gap in addressing the root causes of gendered violence.

## 8.10 EDUCATIVE PROGRAMMES

I also examined the interventions that could be used with the intention of laying the ground for the development of an intervention. The findings indicated that the most suggested strategies included GBV awareness campaigns, workshops, and educational initiatives, as voiced by multiple participants (KI A, B, C, E, F, G, H, I, J, K, L, M, N).

“Educate Traditional leaders on GBV issues to enable them to address them. Most of the Traditional leaders are now old men who will not understand marital rape for them there is nothing like that due to cultural perceptions that shaped their thinking during their time” (KI B).

“Raise awareness campaigns to instil a peaceful home. There is a need for a collective effort whoever has an idea people should share. Leaders should take advantage of every meeting from village level, church level, agricultural field day to talk about the same issue stop GBV, stop violence that way it will stick in people's minds” (KI A).

“The government should put measures to arrest the drug suppliers in our community” (FGD 1).

“Churches should emphasise peace at home in their teachings. They forget that people do not live in the church, but they forget to teach on issues that will give a peaceful home topic such as GBV” (KI B).

“We need to educate women on the importance of wifehood in a family and men on what is fatherhood. Wives should be submissive to their husbands and husbands must love their wives. A father should be a provider, and women should be homemakers. Say for example the wife earns more than the husband. The respect of the father as a breadwinner is no longer recognised. But if people understand and stick to their roles income and position differences would not matter” (KI A).

The need for a community-based solution was also raised as some participants suggested that it was cheaper as compared to other methods (FGD 2, KI B, KI A, KI I).

“It is now difficult to mobilise people without incentives thus it becomes impossible for some groups that do not have funding or it discourages some organisations to carry out workshops, and training” (FGD 2).

Additional recommendations for reducing GB emerged during the discussions:

“The establishment of a community watchdog and stiffer penalties as a deterrent measure” (KI N).

“Use posters to raise awareness” (FGD 1, 3).

“There should be community counsellors to assist both believers and non-believers” (KI E).

“Positive parenting to counteract the socialisation of women to accept violence and boys to use violence” (KI N).

“Introduce social clubs” (FGD 2).

“Creating youth clubs within the community to engage young people and substance abuse” (KI N, FGD 1.)

Empowerment was highlighted in various discussions (FGD 1, 2, 3 and KI C, KI H). These diverse suggestions reflect the community's proactive approach to addressing gender-based violence from multiple angles.

## **8.11 DISCUSSION**

The study's findings indicate that communal institutions need more knowledge about GBV, consequences and how to respond to it without inadvertently reinforcing or normalizing it. The findings revealed a gap in the communal institution's understanding of GBV with some failing to identify the gendered nature of land disputes, marital rape and the failure to realise the influence of patriarch in their intervention. Thus, suggesting the need for intervention that will increase knowledge on GBV in order to transform attitudes and behaviour that sustains the challenge. This is supported by Knowle's theory (1990) that adults must be educated about things that affect them. Simmons et al (2020) notes that communal institutions are the primary sources of help for GBV victims, therefore there is need to teach them on GBV and equip them to respond positively. Odero et al (2014) recommended that policies and intervention should focus on prevention methods that increase awareness and consequences of GBV at community level.

Thus, while communal institutions in Ward 8 community are actively involved in addressing GBV, they require further education and training to understand and address issues related to gender equality, marital rape, and child marriages. Aligning with the conflict transformation theory (Lederach, 2003) that education is important in educating communities to respond to conflict hence, these institutions can become more effective in their roles by increasing awareness to transform norms and behaviours that supports and reinforce GBV, thereby contributing to the prevention and resolution of GBV.

## **8.12 CONCLUSION**

The findings also noted that communal institutions and their weak sanctions against GBV as well as the influence of patriarch, culture and religious norms and beliefs has a bearing on their interventions. As a result, they are inadvertently sustaining GBV in the community. I argue that behaviours and attitudes that promotes GBV are not produced by norms solely but by institutions that reproduce and sustains them in the ecological orbit of an individual. In this context communal institutions reproduced norms that promote gender inequality, passive response to GBV, patriarchal biased intervention that prioritise relationships over justice. In addition, the findings revealed that educational intervention aimed at increasing knowledge on DBV is needed among communal institutions in order to break their active production of norms that cause GBV. The next chapter will discuss the planning, development and implementation of the GBV Educational Programme as part of PAR.

# CHAPTER NINE: PLANNING, DESIGNING AND EVALUATION OF THE INTERVENTION

## 9.0 INTRODUCTION

This chapter will discuss PAR section of this research. It explains and narrate the planning, development, and evaluate the results of the Gender-Based Violence Educational Programme. The Gender-Based Violence Educational Programme was developed to prevent GBV through the transformation of behaviours and norms that cause GBV. The programme is employed the conflict transformation theory which underlines the importance of addressing root causes of a conflict. Additionally, it follows the tenets of the community-based peacebuilding approaches which states that communities affected should be at the forefront in coming up with solutions. The GBV Educational Programme was meant to create an environment that promotes gender equality and respond to GBV in a way that do not reinforce or normalise the use of violence. This chapter will explain how the Action Research groups planned developed and implemented the GBV Educational Programme using drama. The planning and implementation of the GBV Educational Intervention spanned from June 2022 to October 2023, with the programme being executed in Ward 8, Seke District, between September and October 2023.

The culmination of the discussions in Chapters Seven and Eight of this research marked the planning, development, and evaluation of the intervention, rooted in AR's guiding principles. This section was informed by the following two objectives:

Research objective 3: Using a participatory AR approach, develop an intervention aimed at reducing and ending GBV.

Research objective 4: To evaluate the short-term outcomes of the intervention.

## **9.1 PLANNING AND DESIGN OF THE INTERVENTION**

The design process consisted of several activities. It commenced with a deliberation on community-based interventions that have been used in Africa (discussed in Chapter Five) and methods used by communal institutions for GBV prevention specific to Seke District, Ward 8 (discussed in Chapter Eight). Subsequently, the process advanced to the creation of a gender-based violence programme using drama, achieved through a collaborative interpretation of the recommendations offered by the GBV Champion Committee as well as insights gathered from the actors' action groups. These insights collectively informed the strategies for mitigating gender-based violence within the community.

## **9.2 SUMMARY OF GBV INTERVENTIONS AND WHAT HAS BEEN USED TO ADDRESS GBV**

To develop a successful intervention to combat GBV, it is important to review and evaluate what has already been done. Senn et al (2013) and Craig et al. (2013) posit that it is important to review existing interventions when planning to design, implement and evaluate an intervention. Through reviewing and evaluating already existing methods one can ensure the success of the intervention. I reviewed government and community-based interventions (Chapter Five) to assess the strengths and applicability of similar interventions in Ward 8. According to the Home Office (2018) and the IFRC (2017), the constitutional provisions that protect women from GBV have not been implemented to protect them. For instance, they note that emotional and economic violence is not criminalised, cases of violence are withdrawn, or dockets disappear, and the police use patriarchal lenses to respond to GBV. Thus, the provision of laws alone cannot prevent GBV. Moreover, awareness campaigns have been implemented in Zimbabwe, although at a national and organisational level guided by international themes of the 16 Days of Activism Against Gender-Based Violence. Despite their success in raising awareness in urban areas, these programmes' success is limited in rural communities.

In Seke district, Ward 8, a range of pre-existing interventions have been implemented to address gender-based violence. The development of the PAR intervention was based on and informed by this study's discussions on the already existing methods in Chapter Eight. These methods include village assemblies, mediation, counselling, prayers and fellowship, family

conflict resolution, peer educators, behaviour change campaigns, door-to-door campaigns, monthly group discussions, sahwira/family friend support, advise, and referrals to the police. The current study's findings revealed that these already existing methods, however, tend to favour men at the expense of women. Thus, they encourage male dominance and submission of women (Brown, 2015:2). In addition, patriarchal elements continue to dominate the communal institutions through the prevailing religious, cultural beliefs and gender norms that reinforce inequality as reflected in their interventions. This study revealed that the traditional institution is important in conflict resolution, including GBV-related instances, as some cases were reported to the formal courts, but people were not satisfied, as the legal system does not consider the social context of these conflicts, and some court rulings left women in more vulnerable situations. However, access to the chief's court is not free; people pay with a goat or a total of USD 40.00 as a sign of respect. Thus, it may be difficult for some women to access the traditional court services. Furthermore, the traditional institution's understanding of certain aspects of GBV, such as marital rape, wife inheritance, and women's access to land limits their effectiveness in responding to GBV.

Considering these findings the communal institutions are also factors that are influencing GBV within an individual's ecological sphere, there was need for an intervention that transform the institution's understanding and response to GBV. I then reviewed the community-based interventions that has been used elsewhere and have positive results, to model what could work in the Ward 8 context.

SASA! SHARE and RRS community-based interventions were implemented in Ghana and Uganda initially, they have notable result in raising awareness, increasing knowledge, reducing GBV through change of behaviour and norms (Ogun Alengea et al., 2020; Coll et al., 2021; Abramsky et al., 2014, 2016; Wagman et al., 2015). These programmes have led to the transformation of some cultural perceptions about women. For example, SHARE influenced behaviour change related to IPV (Wagman et al.2018), RRS intervention reduced women's experiences of IPV, depression, and partner controlling behaviour, and some evidence of men's reported reductions in the perpetration of IPV (Ogun Alegea et al. 2020). According to the International Initiative for Impact Evaluation (2015), SASA! Reduced the reported social acceptance of physical violence, and increased the social acceptance of the belief that there are circumstances when a woman can refuse sex from her partner, reduced levels of physical partner violence occurring in intervention communities.

SASA! SHARE, and RRS used activism, media, communication, and role plays, seminars, workshops, community drama, and film shows (Minkas et al, 2020; Wagman et al. 2018; Abramsky et al. 2014). These strategies are not rigid but instead adapt to the evolving priorities and characteristics of the community. SASA! has been remodelled in 15 countries in Sub-Saharan Africa because it encourages communities to adapt the materials to their context. The flexibility of the intervention activities ensures a tailored and responsive approach, aligning with the unique needs and circumstances of each community. My study used drama to execute the GBV Educational Programme, guided by the specific needs of the community and would work in their context.

SHARE and RRS used mixed research methods such as surveys and interviews to assess their impact (Wagman et al.2018; What Works, 2019). While The SASA! Intervention used qualitative evaluation methods as interviews and focus group discussions with community members, programme implementers, religious leaders and the police, local and traditional leaders to assess the impact of the programme (International Initiative for Impact Evaluation, 2015). The evaluation process revealed that the SASA! Intervention implemented from 2008-2012 in Uganda used qualitative evaluation methods, a cluster randomised, controlled trial, and an economic costing of the intervention (International Initiative for Impact Evaluation, 2015). My study borrowed from this intervention by using qualitative focus group methods in the subjective-evaluation process to assess the impact of the programme.

Community mobilisation interventions, such as SASA!, SHARE, and Raising Voices' RRS (Rights, Respect, and Safety), have demonstrated significant potential in reshaping societal attitudes and addressing gender-based violence (GBV) (Abramsky et al., 2014; Ogum Alengea et al., 2020; Wagman et al., 2015). A key strength of these interventions is their adaptability, as they can be moulded to fit specific socio-cultural and structural contexts. For example, the SASA! The programme has been successfully adapted and implemented in at least 15 countries by more than 75 organisations worldwide, illustrating the scalability and transferability of community mobilisation approaches in fostering community-level change (International Initiative for Impact Evaluation, 2015).

These interventions align closely with both ecological theory and conflict transformation theory. By acknowledging the intricate interplay of risk factors across individual, relational, community, and societal levels, they provide a holistic framework for addressing GBV. The

focus on shifting social norms and power dynamics ensures that interventions do not merely respond to GBV but proactively transform the underlying conditions that sustain it. For instance, during the final phase of SASA!, known as "Action," community members actively engage in promoting shared power and non-violence, thereby fostering long-term attitudinal and behavioural shifts (Abramsky et al., 2012). This transformation of gender relations is critical in preventing violence against women. Similarly, SHARE was modelled after a community mobilisation approach grounded in the transtheoretical model (TTM) of behaviour change, which recognizes that individuals progress through different stages of readiness before altering their attitudes and decisions (Wagman et al., 2015). This approach ensures that interventions are not prescriptive but instead support community members in their journey toward shifting perceptions and practices around GBV.

Community-based interventions offer several advantages over traditional top-down approaches to GBV prevention. Unlike externally imposed interventions, community mobilisation approaches empower local actors to become agents of change. The participatory nature of these programmes means that community members do not passively receive interventions but are actively engaged in shaping and implementing solutions. This aspect aligns with action research, which emphasizes collaborative problem-solving and social change (Wagman et al., 2015). One of the core strengths of SASA! is its emphasis on informal activism, which involves engaging individuals in everyday spaces where they naturally congregate—such as moto stands, local repair shops, and markets (Chatterji et al., 2020). This approach is particularly effective because it integrates advocacy and dialogue into daily life rather than confining them to structured workshops or formal interventions. Such informal, community-driven activism is vital in societies where communal institutions play a key role in shaping norms and behaviours. Furthermore, their alignment with participatory research methodologies indicates their potential for both scholarly and practical contributions in developing effective, community-driven responses to GBV.

I borrowed from the SASA! Intervention that challenges individuals and communities to think about their power and how their use of power affects their intimate partners, as well as their interactions with community members (Abramsky et al. 2014). In my context BGV Educational Programme was meant to challenge the communities to think of their power as help providers and respected platforms in the community affects the prevention of GBV as they interact with individuals in resolving GBV.

### 9.3 THE GENDER-BASED VIOLENCE EDUCATIONAL PROGRAMME

The GBV Educational Programme aimed to reach communal institutions and community members, utilising drama to address GBV effectively. Drama, as emphasised by O'Neill (1996), has the power to expand people's frames of reference and emancipate them from rigid ways of thinking. This approach is like a project in Botswana that involved researching community problems, creating devised plays, performing them to villagers, and analysing them in open debate to work out community action programmes (Kerr and Chifunyise, 2004). Drama in Education (DIE) employs improvisational elements of drama in educational settings (Dalrymple, 2006; Schonmann, 2005). In this context, drama was employed to educate communal institutions about GBV and nonviolent methods of conflict resolution. The Youth in Action Bystander Theatre (Gallagher, Kathleen, and Freeman, 2016) exemplifies the educational element of drama, where students present an unsolved problem based on participants' real-life stories to the audience. Although commonly used by students, I adapted this approach for adults, including communal institutions and community members. Participants explored dramatic situations through role-play, aiming to experience the dilemmas and tensions encountered by characters in the dramatic context (O'Toole et al., 2009). This intervention adopted a participatory drama practice outside conventional theatre settings (Young-Jahangeer, 2016; Saxton and Prendergast, 2013).

Drama can thus be implemented for educational purposes, GBV interventions, and political and cultural agendas related to social justice and change. The primary objective of the GBV educational programme using drama was to transform the thinking that supports or reinforces rigid gender roles, gender socialisation, attitudes promoting violence against women, poor conflict resolution, and the normalisation of women as secondary to men. According to Reyes et al (2016), both men and women are prone to subscribe to rigid gender roles, which puts them at risk of being victims or perpetrators of gender-based violence. That is why this intervention was administered to both communal institutions and the community.

When I began data collection in Ward 8, I made it clear to participants that my research had both a data collection and an action component. I encouraged and invited them to share their perspectives and participate in a GBV-focused intervention. Importantly, I emphasised that participation was entirely voluntary. Although all my participants indicated that they wanted to

participate in the development, only five committed themselves to the end. However, their insights during the data collection and continuous communication were incorporated into the GBV Educational intervention. The intervention targeted the family, religious, and traditional institutions as well as the BCFs in Ward 8, The intervention was implemented in three locations: the village, church, and ward centres. The rationale was to reach out to the family at the village level, the religious leaders at the church and the community leadership at the ward level. The GBV Educational Programme looked into these areas, understanding of GBV, its causes, its sustainers, gender equality and conflict resolution skills to prevent communal institutions from perpetuating GBV in their resolution.

### 9.4 Gender-Based Violence (GBV) Champion Committee

In Seke District, Ward 8, a GBV Champion Committee was established to guide the planning, design and implementation process. According to McIntyre (2000), such an action research group is vital because it involves collective investigations, reliance on indigenous knowledge, and the desire to take both individual and collective actions to address the identified problem. In essence, it encompasses principles of reciprocity, reflection on reality, and reflexivity within the action process (Robertson,2000; Herr and Anderson, 2014; McNiff, 2016; Trainor and Bouchard, 2013). The study's participatory nature combined learning and action, promoting individual and communal change. This approach effectively transformed the people from mere subjects of study into active participants in the research. Full communal participation was evident in the research group's capacity to mobilize, organise and implement collective actions. The committee consisted of five members: two female BCFs, two pastors (one female and one male), and a male village secretary representing his village head, who had other commitments. Notably, four members of the GBV Champion Committee, who served as key informants during data collection, volunteered to participate in the intervention design. The village secretary was recruited by his village head, whom I had initially approached but could not participate with. Below is table 9.1 with the description of the GBV Champion committee members.

**Table 9. 1: Description of GBV Champion Committee members**

Description	Labelled
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Behaviour Change Facilitator (F)	Champion1
Behaviour Change Facilitator (F)	Champion2
United Methodist Church in Zimbabwe (UMCZ) Pastor (M)	Champion3
ZAOGA Pastor (F)	Champion4
Chanakira Village Secretary (M)	Champion5

Table 9.1 shows the composition of the GBV Champion Committee. The members were drawn from BCFs, religious, and traditional institutions. They also represent the family unit, as they also serve as trusted aunts and uncles responsible for finding solutions to conflicts within their immediate and extended families.

The Behaviour Change Facilitators in the GBV Champion Committee helped in drafting drama scenarios, tapping into their personal experience of incidents that they helped find a solution for. These storylines were very helpful when the intervention was implemented because community members found them relatable as they recalled the cases and instances. Meanwhile, the pastors and village secretary assisted in mobilising actors who volunteered for the project and communal institutions and invited their fellow members of their institutions, and the community members (audiences). They managed to recruit 11 youths (six girls and five boys) aged 18 to 23 to be the actors of the drama. Table 9.2 below indicates the description of the actors (drama action group).

**Table 9. 2: Drama Action group**

Description	Labelled (Pseudonym)
United Methodist Church in Zimbabwe (UMCZ) Youth Leader (M)	Tawanda
United Methodist Church in Zimbabwe (UMCZ) Youth choir conductor (M)	Nhamo
United Methodist Church in Zimbabwe (UMCZ) Sunday School Teacher (F)	Chengeto

ZAOGA Youth treasure (F)	Mary
United Methodist Church in Zimbabwe (UMCZ) Youth choir member (F)	Emily
ZAOGA Youth secretary (F)	Chipo
ZAOGA Youth member (F)	Tendai
United Methodist Church in Zimbabwe (UMCZ) Youth member (M)	Bright
United Methodist Church in Zimbabwe (UMCZ) Youth choir member (M)	Mark
ZAOGA Sunday School Teacher (F)	Sheila
ZAOGA Youth Chairperson (M)	John

Table 9.2 outlines the composition of the drama action group, with actors primarily recruited from religious institutions, particularly churches led by GBV Champions 3 and 4. Their leadership roles within both their churches and the GBV Champion Committee played a key role in their selection area and influence.

To navigate the challenges that can arise from working with individuals with varying opinions, I developed two preliminary meetings for discussion from the initial findings with both the action group (committee) and the drama action group (actors). During these initial meetings, I explained the purpose of the study, the importance of each group in planning, developing, implementing and fighting against GBV. The GBV Champion helped the process of problem identification, giving background and filling in the gaps that the findings could not explain. They also offered logistical support as they offered their residence and church venues for our meetings. Their experience in using behaviour change to fight against new infections of HIV and GBV was instrumental in shaping the aims, direction and implementation of the programme.

After the preliminary meetings with the GBV Champion Committee, we conducted eight face-to-face meetings at Champion 1's residence (without the drama action group). These sessions, which began in June 2022, two months into data collection, were held monthly and resembled focus group discussions similar to those described in Chapter Six. The meetings

involved open dialogues investigating various aspects of GBV, focusing on the communal institution's experiences in addressing GBV within the community and identifying a community-driven and inclusive GBV prevention intervention. We had six meetings before a temporary hiatus due to preparations for the 2023 Harmonised Elections, resuming with two additional meetings post-elections in September 2023. We resumed with two additional meetings following the elections.

To ensure that the Committee remained engaged and informed, we maintained communication through a WhatsApp group. This was crucial in keeping the research objectives at the forefront of everyone's mind. The purpose of these meetings was to collectively create scenarios for the educational drama component of the intervention. In addition, we held four meetings with the drama action group, two before the election period and two after. The drama action group was also actively involved in the WhatsApp group discussions. Face-to-face meetings lasted around 30-60 minutes, meetings with drama action group lasted around 60-180 minutes (because of drama rehearsal), while WhatsApp group interactions averaged around 20 minutes. All these interactions were recorded and transcribed. Each session began with a recap of previous discussions/activities, tasks, and agreements, ensuring that everyone remained well-informed.

During these meetings and deliberations with the committee, it became evident that the preferred intervention, as voiced by participants, centred around educational awareness campaigns and workshops. However, a concern was raised regarding the potential for participant disengagement or people excusing themselves from these workshops or seminars, as GBV is perceived as a women's issue and people regard learning for young people. In response to this challenge, we then looked for a cost-effective intervention that would be both captivating and inclusive. Various options were explored, including road shows, seminars, posters, and drama performances, each of which was considered as a medium of educating both communal institutional representatives and the wider community. To determine the most suitable approach, we voted, and the drama option was chosen. Consequently, we decided to use drama as the medium for intervention for GBV prevention. According to Chatikobo and Low (2015), using drama to effect social transformation is ideal because it addresses the current social, economic, political, and cultural realities in a specific context. Public spaces, freely accessible to the impoverished majority who cannot afford tickets to commercial theatres, serve as platforms for addressing prevailing social challenges. Therefore, drama was

the most ideal method of educating people about GBV, which is crucial for behaviour and attitude change. The action group and I helped the actors to rehearse the scenarios created by the committee. I crafted the dialogue lines, incorporating input from the GBV Champion committee to ensure culturally sensitive language was used.

## **9.5 DESIGN OF THE INTERVENTION**

According to the Resource Guide for Mobilising Communities to Prevent Domestic Violence (Raise Voice, 2022), data collection is an essential component of community assessment. Thus, data collected through research and interactions with the GBV Champion Committee, and the drama action group informed the design of the GBV education intervention in Seke District, Ward 8. Following the decision to use drama, a storyline was created for the drama called '*Village Life*'. The GBV Champion committee developed the scenarios for each scene. This six-scene drama (see Annexure E for detailed scenarios) exposed various forms of gender-based violence prevalent in Ward 8 and highlighted how communal institutions responded to these challenges. The forms of GBV included child marriages, marital rape, physical violence, and emotional violence. The scenes were:

**Scene 1:** Patriarchal interpretations of scriptures emphasising the traditional roles of women

**Scene 2:** Physical Violence: Exploring domestic abuse.

**Scene 3:** Exposing religious beliefs influencing child marriages

**Scene 4:** Traditional and religious institutions' responses to marital rape

**Scene 5:** Family's response to emotional violence because of infidelity

**Scene 6:** Indicating corruption within the ZRP VFU affecting their response to GBV

These scenarios captured the key elements the GBV Champion Committee sought to emphasise, including the root causes of GBV, gender equality, and communal institutions' interventions. The aim was to reveal the power the institutions have to influence individuals to be victims or perpetrators. The action group of actors began rehearsals following the draft of scenario dialogues. The young actors were not professional, they were selected based on their willingness to participate. The use of local youths increased community ownership of the

intervention and boosted turnout for the GBV Educational Programme, as some of the actors were institutional leaders.

I facilitated the discussion session that followed the drama performances, because of my familiarity with the topic of GBV would encourage open dialogue and it was important for me to ensure that discussions aligned with the study's objectives, hence I facilitated discussions. The educational intervention was interactive, aligning with Heard, (2023) conclusion that interventions should increase participants' repertoire of responses. After the drama performance, a follow-up discussion took place that explored possible actions that victims could have taken and interventions for each scenario. I also asked questions about the causes of GBV according to the drama, what could be the best method to address GBV and led a discussion on conflict resolution methods and skills. According to Turner (2012), such performances should probe a community's weaknesses, hold its leaders accountable, portray characteristic conflicts, and suggest remedies. The post-performance discussions aimed to transform the thinking that reinforced gender-based violence and encourage communal institutions to question the efficacy of their methods in preventing GBV. The following table shows the activities that the GBV Educational Programme covered.

**Table 9. 3: GBV Educational Programme Content**

<b>Background</b>	<b>GBV Risk Profile</b>	Based on the findings from Phase 1 of my study: What is known about the GBV risks faced by members of Seke District, Ward 8, e.g., the types of GBV faced, causes, sources of help, methods used to resolve GBV in the community, beliefs or norms observed in the community. What influences GBV?  What capacities does the community and its members already have at their disposal to mitigate these risks?
<b>Session 1: Drama</b>	Scene 1	Patriarchal interpretations of scriptures emphasising the traditional roles of women
	Scene 2	Physical Violence: Exploring domestic abuse.
	Scene 3	Exposing religious beliefs influencing Child marriages
	Scene 4	Traditional and Religious institution's response to marital rape

	Scene 5	The family's response to emotional violence because of infidelity
	Scene 6	Indicating Corruption within the ZRP VFU affecting their response to GBV
<b>Session 2: Discussions</b>		Describe the most likely way the scenarios could evolve (giving conclusions to each scenario)  Worst case scenario.  Best case scenario
		Mitigation: What was the best solution to address each case of violence in the dramatic scenarios  What needs to change for GBV to be reduced?  What needs to change to improve communal methods that were used and to increase community capacity to mitigate GBV?  Importance of gender equality  Scripture analysis and patriarchal biases in communal interventions
		Questions: What is GBV?  What are the types and causes of GBV?  How is it resolved in the community?  Who are the victims of GBV?  What are the laws against GBV?
		Conflict Management: Helping others (conflict analysis and corroborative aspect)  What should you do when you have disagreements with your partner?  -Do not address the issue when angry or drunk  -improve communication and listening skills

		<ul style="list-style-type: none"> <li>-Avoid using hurtful words</li> <li>-Apologise when you are wrong</li> <li>-Do not use violence or the threat of it, respect her NO</li> <li>-Invite suggestions from the audience.</li> </ul>
		<p>Conflict Resolution: How do you resolve conflicts between couples, community members?</p> <ul style="list-style-type: none"> <li>-mediation (remember neutrality)</li> <li>-negotiation</li> <li>-counselling</li> <li>-Avoid giving advise that reinforces violence</li> <li>-bring the perpetrator to book</li> <li>-educate them on GBV, gender equality, benefits of relations based on mutual respect</li> <li>-Improve your listening skills</li> </ul>
<b>Session3: Evaluation</b>		<p>Subjective Evaluation using focus group discussions.</p> <p>Questions: To what extent did the programme contribute to enhancing your knowledge and understanding of GBV?</p> <p>What is it you liked about the program?</p> <p>Was the programme effective?</p> <p>How can the programme be improved?</p>

## 9.6 IMPLEMENTATION OF THE INTERVENTION

During the design of the programme, we extended an invitation to religious, traditional institutions, community members, BCFs, ZRP personnel. We invited them via the phone, and some we went to their residence to invite them. Following the design of the educational programme, we implemented it at the Chanakira village, church (Jonasi UMCZ), and ward

levels (ward centre). Table 9.4 below describes the targeted population, venue and the number of people who attended.

**Table 9.4: Intervention Participants**

Institution(s)	Venue	Participants
Traditional and family institutions and BCFs	Chanakira Village	25
Religious and Family Institutions, BCFs	Jonasi UMCZ	41
Traditional, Religious, Family institutions, BCFs	Ward Centre	47

The table shows that 113 participants, aged 18 to 70, took part in the programme. At the village level, the intervention aimed to reach an average of 168 households, but only 25 were represented. The GBV Educational Programme was implemented in three different places in Ward 8, Chanakira Village, Jonasi Methodist Church and Ward centre. Ward 8 community has at least 11,037 households (Zim Stats, 2022), 30 villages and the presence of three church groups (mainline (established church bodies, doctrinal, and denominational histories), Pentecostal and African Indigenous Apostolic sect). In Zimbabwe, 80% of the population is Christian; hence, the intervention worked with Christian institutions. Religious institutions that attended the second session at Jonasi UMCZ included UMCZ, UMC, ZAOGA, Seventh Day Adventist, Apostolic Faith Mission, Salvation Army, Roman Catholic, and Johanne Masowe Echishanu. At the ward level, 47 of the targeted 60 participants, representing all studied institutions. We had invited the 30 village heads, councillors, chief, ZRP police, representatives of the religious institution and members of the community. The wide range of participants causes us to add another facilitator (Champion 1) to manage the flow of discussions. The educational intervention schedule is outlined below in Table 9.5.

**Table 9. 5: GBV Educational Programme Schedule**

**Gender-Based Violence Educational Intervention Programme**

**Venue:** Pamusasa Village Chanakira (9 September 2023)

Jonasi UMZ (16 September 2023)

Ward centre (23 September 2023)

Event	Facilitator/Presenter	Time
Opening prayer/salutations to the ancestors	Volunteer/ Pastor	0900hrs
Opening Remarks	The village head, Pastor, headmen	0905hrs
Introductions	Behaviour Change Facilitator/Pastor/ secretary Village	0915hrs
Introducing the Programme	Researcher	0920hrs
Intervention Play	Drama action group	0930hrs
Discussions	Researcher and Behaviour Change Facilitator	1015hrs
Evaluation	Researcher and the GBV Champion Committee short-listed people for FGDs	1100hrs
Closing Remarks	Researcher	1130hrs
Any Other Business	Village head/Pastor/headmen	1135hrs

The above table indicates These engagements occurred on the 9<sup>th</sup>, 16<sup>th</sup>, and 23<sup>rd</sup> of September, respectively. The programme was designed to have three sessions one focusing on drama performances, two on discussions and three on collecting information and contacts on those who wanted to participate in the evaluation process.

### **9.6.1 Session One**

Champion 1, my co-facilitators acted as the programme coordinator, initiating the proceedings, starting with acknowledging the Shava ancestors, or with a prayer in the church setting, acknowledging the presence of respected people within the various institutions present. We adopted this approach to ensure that all the cultural and religious norms and beliefs were observed and respected people were honoured. Following this, she introduced me. I then explained the purpose of the meeting and introduced the GBV Champion Committee and the drama action group. We established ground rules to ensure a learning and productive environment. Participants were asked to:

- Respect for each other's opinions.
- Actively listen to one another.
- Address comments through the chair.
- Refrain from mocking or laughing at other people's responses.
- Ensure clear and audible communication.
- Promote equality.
- Freedom to ask questions.
- Maintain confidentiality.

The purpose of the ground rule was to ensure that the programme would take place in a respectful, inclusive and constructive learning space.

The first session sought to broaden participants' perspectives on the harmful effects of using violence in relationships and encouraged them to consider nonviolent alternatives. Starting with a sermon scene (see annex E, scene one), it highlighted how religious interpretations can perpetuate gender inequality. The session exposed the link between GBV, gender inequality, alcohol abuse, economic struggles, poor communication, harmful religious beliefs, and corruption. It also revealed that patriarchal norms present in communal institutions were reinforcing GBV while prioritising maintaining relationships.

### 9.6.2 Session Two: Discussions

Together with my co-facilitator, we engaged participants to explore the possible endings to each scenario and the best solution that could have been used or that should be used. The scenarios in the drama lacked a clear ending to prompt participants to imagine the ending. According to Ostelind (2007), scenarios with no clear ending provide a platform to experiment with problem solving at individual, societal, and communal levels. We started the session by asking them to give a recap and share what they thought of it. The discussion was guided by these questions from Table 9.3: What was the best solution to address each case of violence in the dramatic scenarios? What needs to change for GBV to be reduced? What needs to change to improve communal methods that were used and to increase community capacity to mitigate GBV? Importance of gender equality and scripture analysis and effects of patriarchal biases in communal interventions. This approach triggered extensive discussions encompassing the root causes of GBV, nonviolent conflict resolution skills, gender equality, and the evaluations of interventions employed by communal institutions in the play, with a focus on potential improvements.

The responses indicated the participants' interest and engagement with the drama performance. They also revealed a limited understanding of forms of GBV, gender equality and how communal institutions were normalising the use of GBV. These discussions provided a platform for participants to acknowledge the limitations of interventions that upheld traditional patriarchal biases, highlighting the importance of challenging these norms and expectations, especially about men, and challenging the perpetuation of harmful gender stereotypes. The discussion also focused on methods that can be used to resolve interpersonal conflicts in relationships. We stressed that conflicts were normal; however, people need to know how to manage conflicts. According to Darling and Walker (2001), the traditional way of conflict resolution was suppressing conflict and keeping peace at all costs was the best way to manage conflict. This was evident in the methods that the communal institutions were using that prioritise keeping relationships by making women endure violence in the hope that things will change using prayer, bible verses, silence, and compromise. As a result, we included a discussion on resolving interpersonal conflicts. We discussed the concept of situational analysis of the conflict, such as the complexity and seriousness, and its importance for each party (Rahim, 2002)

Additionally, we discussed on collaborative mode of conflict resolution, which involves cooperation between the parties to reach a win-win (Rahim, 2002). The findings in this study noted that resolution by communal institutions focused on altering and changing the victim's behaviour, leaving the perpetrator. Therefore, discussing the collaborative mode of conflict resolution was important to capacitate communal institutions in resolving GBV and effecting transformation in relationships. We also discussed the importance of healthy communication in relationships, dialogue, mediation, negotiation, and seeking professional marriage counselling. To avoid conflicts from escalating into violence, we discussed the avoidance of conflict through not addressing conflicts while angry, walking away to cool off, and practicing good communication skills like listening to understand and giving feedback, seeking mediators, and counsellors. These skills are meant to provide immediate solutions (Rahim, 2002).

### **9.6.3 Session Three: Evaluations**

Session three assessed the effectiveness of the intervention, looking at the short-term results in the transformation of behaviours and norms in the communal institution's response to GBV. Following the conclusion of the discussions in session two, we informed participants of this aspect of evaluation and asked for volunteers for the focus group discussions that were going to be held three days after the intervention and another three weeks later. The focus group discussions were carried out at Champion 1 residence, which was easily accessible to all participants. The FGDs lasted between 30-45 minutes. The primary objective was to elicit their feelings regarding the programme, gather their insights on the content and delivery methods, and discern whether the intervention was successful in transforming the institutions' ways of resolving GBV. We used focus group discussion because they promote participation, reflection, and negotiation, allowing participants to evaluate the success or lack of the programme. Using qualitative methods to evaluate the impact of an intervention aligns with SASA!'s evaluation, which also used interviews and focus group discussions (International Initiative for Impact, 2015). The methods enable participants to subjectively evaluate the intervention according to how they relate to it.

I used a subjective-outcome evaluation approach as it allowed me to capture the perceptions of participants regarding the GBV educational programme. This approach offers numerous advantages, as discussed earlier in Chapter Six. The evaluation process was divided into two

main phases. In the first stage, I conducted a focus group discussion with participants three days after the intervention was implemented. The second round of focus group discussions (FGDs) took place three weeks after the programme's implementation. The sessions involved a total of 50 participants, 21 from the first FGDs, 29 from the second meeting. I had seven sessions of FGDs from the three separate events: the church, village, ward level gatherings, and drama action group.

Initially, I had intended to employ questionnaires to evaluate the programme, but we had to consider the challenges associated with writing and reading to participants. According to the GBV Champion Committee, our participants included the elderly and those who may have challenges in reading, and busy people who may find it troublesome and delaying them. So, we collected the numbers of the volunteers. I then contacted them to set up a meeting time, date and venue as well as to confirm if they were still available to participate. Sixty-five individuals initially expressed their willingness to be called for these follow-up sessions. However, only 39 participated, as some were unable to attend. I also asked the drama action group (11 people) to be part of evaluation discussions to see if the action/acting had any transformational effect on them, to make a total of 50 people who took part in the evaluation process.

## **9.7 FINDINGS AND DISCUSSION FROM EVALUATION**

This section presents the findings from the subjective evaluation process of the GBV Educational Programme in the Ward 8 community. Data was collected from the focus group discussions with pastors, deacons, deaconesses, mother and father advisors, village heads, community members, and the drama action group to gather their perspectives on the GBV educational intervention using dramatic means. While the main goal of this research was to contribute to the long-term prevention of gender-based violence within the community, this evaluation concentrates on the immediate outcomes. However, my commitment to combating GBV in the community will continue beyond this research. Some members of the communal institutions expressed that they were going to invite in future interventions to combat GBV and one institution has already done that.

Participants were encouraged to share their insights on the aspects of the GBV educational intervention that had the most impact on their learning. In the context of focus group

discussions, we enquired into the perspectives of communal institution leaders regarding the educational programme's effectiveness, the knowledge they had gained, and their recommendations for program improvement. Fifty people participated in the evaluation discussions, 29 women and 21 men. The FGDs were guided by the following questions:

1. To what extent did the program contribute to enhancing your knowledge and understanding of GBV?
2. What did you like about the programme?
3. Was the programme effective?
4. How can the programme be improved?

It's important to acknowledge that measuring prevention through educational intervention, which involves providing information and raising awareness, can be challenging, as the intervention could only expose GBV and the aspects of the already existing interventions that sustain GBV. However, the South African Violence Prevention Model and Action Plan (2008) indicates the significance of creating awareness and potentially presenting alternatives and resources for seeking help as essential elements of reducing GBV. Furthermore, according to the South African Violence Prevention Model and Action Plan (2008), behaviour change is most effectively achieved when participants identify and confront the manifestations of GBV and related issues in their own lives. Therefore, the evaluation of the programme was meant to assess the impact of the intervention in transforming behaviours and norms that cause GBV. The first FGDs are labelled (FGDs 1,2,3) and (group1,2,3,4). The rationale behind having a second group discussion three weeks later was to give participants time to reflect as well as take action in implementing what they had learnt. The following tables indicate the composition of the FDGs.

**Table 9. 6: Description of FGDs (1-3) Participants**

Description	Label
ZAOGA Pastor (M)	Evaluator1
UMC Pastor (F)	Evaluator2
Seventh Day Adventist elder (M)	Evaluator3

UMCZ Reverend (M)	Evaluator4
Johanne Masove Echiishanu mudare (M)	Evaluator 5
Salvation Army's mother advisor (F)	Evaluator6
Apostolic Faith Mission Secretary (F)	Evaluator7
Mutambu Village Head (M)	Evaluator8
Vhera Village Secretary (F)	Evaluator9
Chanakira Village Committee Member (F)	Evaluator10
Sekuru (elder) from Chanakira village (M)	Evaluator11
Mbuya (elder) from Chanakira village (F)	Evaluator12
Chanakira Village secretary's wife (F)	Evaluator13
My X village member from Chanakira (F)	Evaluator14
Jonasi Village head (M)	Evaluator15
Murisa Village Secretary (F)	Evaluator16
Champion 5	Evaluator17
Murape Village Committee Member (F)	Evaluator18
Besa Village treasurer (F)	Evaluator19
Roman Catholic Mother Advisor (F)	Evaluator20
ZAOGA Men fellowship leader (M)	Evaluator21

**Table 9. 7: Description of Group (1-3) participants**

Description	Label
ZAOGA Men fellowship leader (M)	Evaluator22

ZAOGA Deaconess (F)	Evaluator23
UMC Gosa (leaders) (F)	Evaluator24
UMC Mother Advisor (F)	Evaluator25
UMCZ pastor (M)	Evaluator26
AFM pastor (F)	Evaluator27
Besa Village head (M)	Evaluator28
Murisa Village Secretary Jonasi (F)	Evaluator29
Murape Village Secretary (F)	Evaluator30
Chanakira Village member (M)	Evaluator31
Vhera Village Committee member (F)	Evaluator32
Seventh Day Adventist Pastor (M)	Evaluator33
Champion 3 (M)	Evaluator34
Madamombe Village Head (M)	Evaluator35
Murisa Village Head (M)	Evaluator36
UMC Pastor (F)	Evaluator37
Village Committee member Chanakira (F)	Evaluator38
ZRP VFU personnel (F)	Evaluator39

The tables above show the participants in the self-evaluation focus group discussions aimed at assessing the effectiveness of the GBV Educational Programme. For group 4 of the 11 actors who participated in the evaluation discussions, see Table 9.2.

Data collected from the focus group discussion was analysed using thematic analysis (Chapter Six). The following themes emerged from the subjective evaluation of the GBV Educational Programme.

### 9.7.1 Transformation through Individual and Institutional development

The findings showed that the GBV Educational Programme, through drama, prompted institutional members to reflect on their approaches to addressing GBV and how these methods either contributed to reducing or sustaining it.

The programme made us realise what the community thinks of law enforcement on corruption and the discussions on how we use patriarchal lenses to address GBV, something that I have written to my superiors (Evaluator39, group 3).

I enjoyed how the play made us see the influence of religion on GBV through the sermon and child marriages (Evaluator 10 FGDs 2).

I hope men can now understand that marital rape is abuse because women have suffered (Evaluator11, FGDs 2).

I was very happy with the GBV educational intervention as it exposed the challenges that we experience when addressing GBV as peer educators (Evaluator24, group 1).

I liked the part where, now as aunties, we are no longer trusted, which has contributed to us failing to instil good values in our nieces now that our role as conflict resolutioners has been eroded (Evaluator26, group1).

I think we need more of these programmes; it was very interesting, and people showed interest in the proceeding. I found myself laughing at some scenarios, especially how the actors managed to portray that drunk Baba 2 (Evaluator33, group3).

I liked the discussion on what prevented women from reporting to the police for fear of victimisation by family relatives. This is the case when women don't report being afraid of what relatives will say. The family should support the victim as advised in the programme, but this is very difficult (Evaluator28, group 2).

I did not know that some of our services can reinforce GBV. It was very enlightening (Evaluator1, FGDs1).

The programme made me realise that as the church, we concentrate on teaching women how to be good wives and forget about teaching men how to be good husbands (Evaluator6, FDG1).

I did not get the opportunity to talk about child marriages during the programme. The scene on child marriages pained me a lot, and I think the government should get involved in forcing people in the Johanne Marange Apostolic sect to end child marriages and send their women to hospitals to receive medical care (Evalutor5, FGDs1).

We had a problem with village heads who do not understand marital rape or take GBV cases seriously. I liked that the play and discussions exposed this weakness with our village head (Evaluator13, FGD3).

The programme was very important because it touched on topics and stories that we were familiar with. It made me think of how the community can prevent child marriages. We have people from the Johanne Marange Apostolic sect, but they keep a very close circle, making it difficult to penetrate. (Evaluator38, group3).

The findings indicate that the GBV Educational Programme transformed individual and institutional development through exposing the limitations and patriarchal biases within communal institutions in Ward 8 and the prevalence of corruption. Following the programme participants indicated that they now understand that emotional, marital rape are forms of GBV and how corruption reinforces GBV. Institutions also indicated growth through taking action to look for counsellors their people can use to address conflict, reflecting on their methods, and how they reinforce GBV. According to Yule et al (2017), drama initiates a process of reflection into old habits, thereby initiating transformation.

### **9.7.2 Transforming the Mindset**

The programme contributed to the transformation of the mindset through increased knowledge and understanding of gender equality and GBV.

I would say this programme has contributed a lot towards my understanding of a couple of things surrounding gender-based violence, as the plays forced us to think deeper (Evaluator1, FGDs1).

The program helped to understand what GBV is and how interesting even when you are not beaten but threatened or emotionally abused, it is also violence (Evaluator3, FGDs1).

I did not understand what is meant by marital rape, but the play and discussions made me understand (Evaluator17, FGDs3).

I enjoyed the play, but learned a lot from a discussion on the second scene on physical violence due to the change of traditional roles. Someone from the crowd said that when women are working, they do not want men to spend their money, but when it's men working, women demand our earnings. So, women also have to be taught equality (Evaluator27, group1).

As a youth leader, I learned a lot from the educational programme as I managed to understand how GBV affects girls through child marriages and other forms of violence (Evaluator 19, FGDs3).

The discussion on the causes of GBV in the community was what I liked the most, especially on how economic hardships causes GBV. It is just that our economic space is so bad, not favouring men, but if the economy improves, it will also address GBV (Evaluator30 group2).

I learned that emotional, psychological, and economic violence are forms of GBV. I used to think that rape and physical violence are the only forms of GBV that should be reported (Evaluator29, group2).

I now understand that rigid patriarchal beliefs can sustain GBV (Evaluator11, FGDs2).

From the discussions, I have learned that we can use nonviolent methods to address an issue like dialogue and improve communication (Evaluator37, group3).

I have learned that rigid gender roles negatively affect equality (Evaluator31, group2).

The programme helped me understand the types and causes of GBV a lot (Tawanda). Playing Mai 2 helped me to understand the importance of equality and good communication skills (Tawanda, group 4).

The educational intervention made me understand that equality is not a cause of GBV, but a solution. I always viewed gender equality as a cause of GBV before the programme; however, I feel there should be more teachings targeting men on gender equality (Evaluator35, group4).

As a church in this community, we are discussing having marriage counsellors to help with conflict resolution (Evaluator28, group1).

I liked how the last scene exposed corruption and the fact that parents will take money over getting justice. This is the case in our community, parents will withdraw the case, pay the prosecutor, or get the girl to say that she will commit suicide if they do not withdraw the case against the boy (Evaluator12, FGDs2).

I liked the fact that the intervention touched on the poor relations between the aunties and their nieces, which influence who our children will turn to (Evaluator20, FGDs3).

The current findings showed that there was a transformation of the mindset through the increase in knowledge on GBV, gender equality, corruption, and forms of GBV. Participants indicated an understanding of what GBV is, its cause and its manifestations. Earlier in Chapter Seven, the findings noted that there was a limited understanding of GBV with institutions not understanding marital rape. The programme also corrected misconceptions about gender equality, previously seen by some as a cause of GBV. This transformation of the mindset thereby changing the negative beliefs and attitudes on gender norms and roles. I borrow from the biblical text, Romans 12:2: "And be not conformed to this world: but be ye transformed by the renewing of your mind". Thus, suggesting that when the mind is renewed transformation can take place. The findings indicate that the mind was renewed through an understanding of the dynamics that cause GBV in Ward, and the new knowledge challenges the gender norms that sustain GBV. The findings align with SASA! Results that awareness influenced a change

of perception on marital rape (Addo-Lartey et al. 2019) indicating a transformational effect of the mind.

### **9.7.3 Transformation of Approaches used to address GBV**

Insights from the evaluation FGDs indicated ongoing discussions within the community regarding how existing interventions may have inadvertently reinforced GBV.

Since the last time you were here, I have managed to have conversations with fellow pastors and church leaders on how our interpretations of the Bible may have a causal effect on GBV (Evaluator22, group1).

While the programme was a good project and we will try to implement it, it is, however, difficult to get the church board to add more sessions teaching on GBV as the church calendar is a national calendar with programme and activities made at the national level (Evaluator 24, group1)

The discussion on how women are taught how to be good wives in the church got me thinking about teaching men how to be good husbands (Evaluator27, group2).

The scene on marital rape and how we as mother advisors have advised women to endure got me thinking, and since the intervention was implemented at our church, we managed to discuss our women's meetings. I was surprised how women managed to voice that the advice we gave had just contributed to making them endure violence. (Evaluator36, group3).

People in our community were happy with the intervention, it was all they were talking about, especially when they met the actors at the shops or water holes. They would get excited, even calling them by the names they used in the play (Evaluator32, group 2).

The findings from this study indicate that there was transformation of approaches used to address GBV within the communal institutions in Ward 8. The participants noted that there were discussions within their institutions about what the educational programme revealed. religious institutions in their weekly meetings asked women if their methods of resolving GBV caused GBV. In addition, the discussions on how the institution can teach men on how to be good husbands indicates a desire to transform the approaches that are used to address GBV. It also signals to the change of behaviours and norms that reinforce GBV by trying to address GBV outside the patriarchal lenses. These findings corroborate Lederach (2004) arguments that education is also an important process that initiate transformation.

#### 9.7.4 Transformation of methods of conflict resolution

The findings from the evaluation indicates that the communal institutions are taking steps to implementing and advise on the use of nonviolent methods to address GBV.

I am a sahwira, so I see that the programme exposed our potential in conflict resolution and possibly addressing GBV (Evaluator7).

I liked the discussion on using nonviolent methods to address our issue with our partners (Evaluator1).

The educational intervention made me understand that equality is not a cause of GBV, but a solution. I always viewed gender equality as a cause of GBV before the programme; however, I feel there should be more teachings targeting men on gender equality (Evaluator37).

I learnt a lot on good communication skills to address grievances in relationships (Evaluator11)

We are going to stress the point of using marriage counsellor in our church (Evaluator6)

To add to the findings above, on June 28, 2024, I attended an online conflict resolution discussion as part of the Seke North United Methodist Church Pastors-Parish Relations Committee (PPRC) Week. The meeting was conducted using WhatsApp platform, and 41 people participate. The invitation to participate in this discussion was part of the GBV Educational Programme evaluation findings where communal institutions indicated that they were going to invite me in their programmes that addresses GBV in the future. The church invited me to join their discussion on conflict resolution, titled **"Conflict Resolution Procedures and Mechanisms Within Our Charge"**. See Annex G for the detailed presentation.

The discussion noted that conflict is a natural part of human relationships, but people should be taught how to manage the conflicts. The discussion was guided by the question, **"What would Jesus do?"** They used Matthew 18:15–17, which provides a formula for resolving conflicts:

"Moreover, if your brother sins against you, go and tell him about his fault between you and him alone. But if he will not hear, take with you one or more that by the mouth of two or three witnesses, every word may be established. And if he refuses to hear them, tell it to the church. But if he refuses even to hear the church, let him be to you like a heathen and a tax collector" (Matthew:15-17).

The discussion highlighted several conflict resolution procedures based on this passage:

1. **Keeping the Matter Confidential:** conflicts should be addressed privately between the two parties involved before taking it to the third person.
2. **Initiating Dialogue:** One of the two people having issues should initiate a face-to-face dialogue meeting.
3. **Being Straightforward and Forgiving:** The initiator in the dialogue should clearly articulate the fault while maintaining a forgiving attitude.
4. **Involving Trusted Believers:** If the matter remains unresolved, two or more trusted believers should be involved to help mediate the dispute.
5. **Escalating to Church Leadership:** Should the conflict persist, it should be brought to the church leadership for help.

Following the presentation, there were a discussion where participants expressed appreciation for the topic, emphasising that it taught them that conflicts are a natural and can be resolved using nonviolent methods.

“Mationesa kuti maconflicts kana kusawirirana kuchagara kuriko nekuda kwekuti vanhu vakasiyana kwatinobva nemuono wakasiyana (you have shown us that conflicts will always be there because of where we come from and how we see things is different) and that when we are faced with conflicts, we should ask ourselves what Jesus would do?” (discussant 1)

“We have learnt that when faced with a conflict, we should ask ourselves, what would Jesus do?” (discussant 2).

“Thank you for showing us the stages of what to do to resolve a conflict” (discussant 3).

“Thank you for the lesson where you said to turn to the word of God when you disagree with your brother” (discussant 4).

“More often, we first rush to ask a third party for conflict resolution without addressing it first through initiating a dialogue” (discussant 5).

“If we use this teaching on conflict resolution, we may be able to keep good relationships. I have also learnt that in conflict resolution, one should keep a small circle of friends/helpers so that there would not be different advice that may not restore relations” (discussant 6).

They stressed the importance of communication and the principle of asking, “What would Jesus do?” when faced with conflicts.

This study’s findings revealed that the educational programme empowered the communal institution with nonviolent conflict resolution methods. The study indicated the potential of

sahwira in addressing GBV, thereby making the sahwira realise that they can use their platforms to address GBV. Participants also indicated a change in resolving interpersonal conflict by using mediation, dialogue, and practising good communication skills. The Seke North United Methodist Church workshop on conflict resolution indicates the programme's influence on institutional change. The workshop suggests that context specific methods have a greater transformational power. The conflict resolution methods discussed were scripturally based for their target population who were Christians. Thus, suggesting that future studies can benefit by looking at communal institutions individually and developing institution-specific intervention. However, the workshop did not specifically address GBV or gender related conflicts, suggesting that future interventions should be specific in formulating topics so that GBV can receive attention and agency.

### **9.7.5 Empowerment Through Creative Expression in Addressing GBV**

The intervention empowered the drama action group and communal institutions,

I liked the fact that the actors of the play were our children; we did not know they had such talent (Evaluator9, FGDs2).

I liked the fact that we can always ask our children to do the drama in future activities like this one (Evaluator17, FGDs3).

I liked acting in the drama; it made me realise I have the talent (Nhamo, Mary, Tendai, Bright, Emily, group 4).

I think the programme was effective because my playing Mai Vee, a woman, allowed me to experience what women go through. So, I do understand and know that violence is not good, and I would not want to be a perpetrator or a victim (Tawanda, group 4).

For me, acting made me realise that, as youth, we can do programmes like this and help raise awareness. I think I want to be that girl who will advocate for the end to child marriages (Sheila).

I think the plays should add dancing and singing so that it becomes vibrant, other than that, I enjoyed and learned about what is GBV (Evaluator30, group 3).

I like singing maybe we can add songs that advocate for the end of GBV (Mark and Chengeto)

I think we are going to use drama in our next campaigns against GBV, it was very interesting people showed interest in the proceeding. (Evaluator36, group3).

The findings indicate that the intervention empowered participants through acting in the drama and equipping them with the knowledge of how to develop an intervention to address any

social challenge. Participants expressed their happiness in the newfound talents of acting. In addition, taking up the roles depicting certain characters' experience made the drama action group understand GBV better. These suggest a that the community recognises the potential in participatory research. These findings mirror Schechner's (2017) notion that actors can resonate with the audience. The findings align with the 'Beyond Victims and Villains' in Botswana, Swaziland, and Namibia initiative that used drama to promote behaviour change in young boys exposed to domestic violence to critique the norms that cause abuse. (Andersson et al., 2004, 2012; Yule, Vhutuza, and Grirayi, 2017). Thus, the programme in this study managed to make participants reflect and critique norms and were able to suggest future improvements targeting the factors that influence individuals to be either victims or perpetrators. Moreover, the findings align with Lederach's (2004) conflict transformation theory and the community-based peace approach that grassroots programmes have an empowering effect on the communities and people involved. The GBV Educational Programme empowered the youths and the community to act and using PAR in the future.

#### **9.7.6 Community's Engagements with the Programme**

The findings reveal a growing community engagement and reflection on GBV, indicating that the GBV Educational Programme was a success.

The play was very interesting, I was wondering what happened to Mary's father, and did mai Vee reported her case to the police, and what happened. I wanted more (Evaluator5, FGDs1).

I liked that the intervention talked of alcohol as a cause of GBV because alcohol and drugs have become a challenge in this community (Evaluator13, FGDs2).

The programme was very interesting, and I enjoyed how people had different scenarios for the ending when we were discussing the possible endings (Evaluator19, FGDs3).

I liked that the intervention talked about equality that is based on mutual respect in our homes (Evaluator31, group2).

The findings reveal that the participants were able to follow and understand the drama performances, indicating that drama is an effective method in change activism. Participants were able to recall and continue to analyse possible solution even well after the implementation day of the programme. The suggesting that the programme was successful in educating people and the story line created a connection with the participants. Transformation was also initiated as participants were now able to link the connection between alcohol and substance abuse with GBV. The evidence shows a growing understanding that there is no

single cause of GBV. The drama method encouraged personal reflections that empowers individuals to challenge gender norms that perpetuate GBV (Minkas et al. 2020). 9.7.7 Inclusive and Comprehensive approach to GBV

The findings from the intervention indicates the community's desire for a more inclusive approach to GBV interventions.

I enjoyed the play, and the discussions were very informative, but I feel that the play should have added on drug abuse in the community as we have a drug abuse challenge (Evaluator11, FGDs2).

I enjoyed the intervention sessions, but I feel there should have been a scene of men as victims of violence, men are being beaten so in the future the play should also expose that (Evaluator19, FGDs3)

I think those who work on GBV intervention should incorporate the sahwira, back then our problems were handled by sahwira they would talk until there was a change in the matter so yes, the educational intervention got me thinking (Evaluator35, group3)

The findings in this study showed an understanding of GBV. This was revealed in the participant's desire for future intervention to include violence against men, drug and alcohol abuse. This indicates a shift in the understanding of gender norms. Thus, the intervention managed to change the attitude that men cannot be victims of violence, and they could not discuss or report it openly. Thus, suggesting an increasing awareness of GBV and willingness to continue to learn by making suggestion for the next intervention to include dance and music to address GBV. The findings align with the, 'Beyond Victims and Villains' in Botswana, Swaziland, and Namibia initiative that used drama to promote behaviour change in young boys exposed to domestic violence to critique the norms that cause abuse (Andersson et al., 2004, 2012; Yule, Vhutuza, and Grirayi, 2017). Thus, the programme in this study managed to make participants reflect and critique norms and were able to suggest future improvements targeting the factors that influence individuals to be either victims or perpetrators.

## **9.8 DISCUSSION**

The findings indicate that the GBV educational intervention programme successfully met its primary objectives: raising awareness about the forms and causes of gender-based violence (GBV), exposing patriarchal norms within local interventions, emphasizing gender equality, and promoting nonviolent conflict resolution methods. The findings in this study indicated that

the understanding of GBV was increased resulting in the transformation of norms and behaviours that sustains GBV. These norms include beliefs that gender equality causes GBV, that a husband cannot rape his wife, that men are not victims of GBV, and that emotional violence is a form of GBV. These findings were also observed in other community-based intervention, like SASA! SHARE, and RRS (Wagman et al. 2018; Ogum Alengea et al. 2020; Abramsky et al. 2014). These studies indicate that raising awareness is part of the process of changing negative norms that reinforce GBV, revealing that educational community-based intervention are effective in GBV prevention.

The GBV Educational Programme initiated a cultural and religious transformation through reflections into the methods used to resolve GBV in the community. Participants indicated that religious and family institutions were reflecting on interpretation of scripture, use of *sahwira*/family friend and why the uncles (victim/perpetrators' father's sister) were no longer trusted in intimate conflict resolution issues. Findings in this study also indicated that the intervention empowered people with conflict resolution and management skills to transform their initial response to conflict of using violence. Additionally, equipped communal institutions with knowledge to use conflict resolution skills evidenced by the post intervention workshop by United Methodist Church conflict resolution workshop. The evidence from the findings suggest that the programme managed to catalyse behavioural and gender norms change.

Drawing upon my own experiences in developing and implementing this action project, I believe that the initiative could be enhanced by transforming it into an ongoing, recurrent programme at the village, church, and ward levels. This approach aims to sustain and continually reinforce awareness, ensuring that participants retain their knowledge and commitment to addressing GBV.

It is important to acknowledge the study's limitations. One notable limitation is the absence of follow-up data from victims to ascertain whether communal institutions have implemented the suggested improvements. Nonetheless, insights from the evaluation FGDs indicated ongoing discussions within the community regarding how existing interventions may have inadvertently reinforced GBV, reflecting a genuine desire for change. Another limitation pertained to the subjective measurement of skills, as participants self-reported their level of knowledge acquired, including their understanding of GBV, conflict resolution skills, and improvements in the local interventions. However, the transformation in understanding GBV, change of gender

norms, reflections in communal institutions; methods, and behaviours that sustain GBV, development of a post-intervention conflict resolution workshop is significant. Research has indicated a strong correlation between behavioural intentions and actual behaviour change (Josephson and Proulx, 2008). Therefore, the education intervention was effective.

## **9.9 CONCLUSION**

This chapter provides an overview of the outcomes stemming from the design, execution, and evaluation of the gender-based violence prevention educational programme. The programme's focus was on comprehending the various manifestations and underlying causes of GBV, advocating for nonviolent conflict resolution methods, and uncovering entrenched patriarchal norms within local interventions that inadvertently sustained GBV. The guiding principles of AR drove the entire process. The chapter commences with a synopsis of the strategies employed by the Ward 8 community to address GBV and community-based intervention that has been used in Africa. Subsequently, it discussed the results of the AR process that culminated in the development of the action project or intervention. The chapter also discussed the outcome of the GBV Educational Programme, examining the success and lack of it in transforming change of behaviours and norms.

The findings revealed that the programme managed to transform the mindset through an increase in knowledge, change gender norms that reinforce GBV such as negative conceptions about gender equality, exposed the patriarchal influences within the communal institutions' methods used to resolve GBV causing the institutions to reflect and initiate change through continuous discussions and change in approaches. The findings showed that the programme equipped the communal institutions with PAR skills, conflict resolution methods, acting skills resulting in one institution organising a conflict resolution workshop. Thus, the PAR intervention in this study was successful. The chapter also discussed the limitations of the programme noting that the absence of follow-up data from victims to ascertain whether communal institutions have implemented the suggested improvements limited the evaluation process and the programme.

The next chapter will discuss my reflections and reflexivity process and those of the participants during the intervention's development, implementations, and evaluation.

# **CHAPTER TEN: REFLEXIVE DISCUSSIONS ON THE ACTION RESEARCH**

## **10.0 INTRODUCTION**

The previous chapter discussed the Gender-Based Violence Educational Programme, aligning with one of the principal objectives of this study, which was the development, implementation, and evaluation of an action project or intervention. Nonetheless, the research would remain incomplete without a critical evaluation of the action-research process that underpinned the formulation of this intervention. To address this, I have undertaken the task of presenting a reflective analysis of the research, aiming to highlight the practicality and challenges associated with collaborative engagements with communal institutions at a small scale for the prevention of gender-based violence GBV. This reflective chapter serves a dual purpose: it offers a nuanced exploration of the action-research process and, second, it examines the feasibility and limitations of working in conjunction with institutions. The discussion contributes to an understanding of PAR research methodology while highlighting both its strengths and weaknesses. The discussion in this chapter is guided by principles of AR, including reciprocity, reflexivity, and reflection, demonstrating their consistent presence and influence on the entire research process.

## **10.1 ACTION RESEARCH AND COMMUNAL INSTITUTIONS**

My study was guided by the need to develop an intervention to mitigate against GBV. To achieve this, I collaborated with the communal institutions (church, family, traditional institutions and behaviour change facilitators). The communal institutions are sources of help to GBV victims resolving the challenge; therefore, it was important to collaborate with them in coming up with a context specific intervention. Communal institutions in this study became partners in this study, contributing knowledge to production and shaping the strategies to prevent GBV in this study. This collaboration is supported by Cornish et al (2023) that participants become partners in research as they contribute their knowledge and experiences to formulate research questions and methods applicable to their communities. During my

fieldwork, I maintained an open and informative dialogue with communal institutions, regularly sharing the findings from interviews, focus group discussions, observations at traditional court hearings, and personal narratives.

According to Green et al (2001), the involvement or lack of participants in participatory research has a direct impact on the research/action outcomes. My study's findings revealed that communal institutions interacted with the individuals causing to be perpetual victims of violence. Therefore, their participation in the study was essential for the success of the prevention intervention. Collaborating with them provided these institutions with a broadened understanding of GBV, causes, types, gender equality, conflict resolution skills and transformed behaviours and gender norms. Participatory research is context specific hence there is need to involve relevant stakeholders to come up with solutions for social change specific to their community (MacQueen et al. 2018). In this context, I collaborated with communal institutions to find, design and implement intervention relevant to them.

Participatory research is when those affected by the issue under study actively collaborate in pursuit of education and the instigation of action and social change (Cornish et al. 2023). The research developed an educational intervention to prevent GBV through the transformation of the relationship between the communal institutions and individuals. Communal institution's interaction with individuals reinforced GBV, therefore, members the intervention served as a means of equipping them with knowledge and skills to enhance their interventions and address how they inadvertently perpetuate GBV.

## **10.2 RECIPROCITY IN THE CONTEXT OF THIS STUDY**

To facilitate the success of this research, reciprocity played an important role, which entailed a mutually beneficial relationship between myself as the researcher and the communal institutions in Ward 8. According to Trainor and Bouchard (2013:986), reciprocity can be defined as a "researcher-participant relationship in which each contributes something the other needs or desires. Participants devote their time, effort, experiences and wisdom to inform and shape the researcher's study". Additionally, Sofaer (2014: 457) defines reciprocity as

"a reason for researchers to benefit participants that does not depend on the contingent psychology of the researcher or participant, unlike reasons based on participants' actual expectations of benefits or researchers' emotional engagement or friendship with participants".

These explanations resonated with my study throughout the research process. When I started the research, I attended a ward meeting with Ward 8 leadership including communal institutions. I introduced myself and the topic to be explored and it was going to benefit the community and my studies. I highlighted that for the study to be successful in effecting a social change, their participation and collaboration were needed. The leadership within the communal institutions showed interest in the study through their commitment to the study and they also referred me to other people who were not present at the meeting. Their participation and collaboration were based on the understanding that GBV was a problem they were struggling to address. According to Knowles (1990), understanding of adult learning, that the topic under discussion must be of value to the learners. This was exemplified in my study, where communal institutions collaborated with me because GBV prevention was of value to their institutions. My study process allowed me to build relationships with community members for the research and beyond.

Throughout the research, I noticed that the research culture had been initiated in the participants as they would often call me updating me of their new experiences with addressing GBV. The study action groups engaged in learning and idea sharing on developing and implementation of the intervention. The impact of my study was revealed in the Seke North United Methodist Church post-educational programme conflict resolution workshop. They engaged in educating their members on how to resolve and manage conflicts. Moreover, findings of the evaluation of the programme in this study showed that there were continuous discussions within the institutions assessing the impact of communal institutions' methods in reinforcing GBV. Thus, revealing that the research also had a positive impact on communal institutions. I was also invited to attend youth and Sunday school meetings on 'peer pressure' and 'drug abuse' by the United Methodist Church and ZAOGA. This was because I was regarded as knowledgeable and a good character; hence, they wanted their children and institutions to learn from me. These meetings allowed me to understand the community's way of life better. Additionally, I also attended behaviour change meetings and monthly gatherings of girls meeting facilitated by Champion 1 (GBV Champion Committee member). This engagement enriched my relationship with the community members and their institution, resulting in one participant requesting me to connect them with a journalist so that they can

share their story of experiencing GBV for three decades. I managed to connect her with the journalist of the Sunday Mail column (newspaper), however, her story could not be printed because her children forbade her.

My willingness to attend the community's activities that were outside my area of focus bridged the gap between me and the participants. Although participants viewed me as more learned than themselves, I consistently pointed out that learning was a two-way street, where I was learning from them as much as I was sharing knowledge with them. Cornish et al (2023) suggest that reciprocity implies give-and-take, a mutual negotiation of meaning and power, ensuring that it benefits everyone involved. I also had to constantly remind myself to let them come up with a solution instead of suggesting some intervention that would work. Thus, relinquished my power and position as the researcher to create a collaborative environment. My stance to relinquish power aligns with Maiter et al (2008), who posits that developing reciprocal relationships requires people involved to address power differences. To ensure that there was a collaborative environment that promotes sharing of ideas and engagement, I provided feedback at every stage of my research, challenges encountered, and insights discovered. This approach helped in creating an ownership sense and empowerment among the participants.

### **10.3 REFLECTION**

Reflection plays an important role in action research, catalysing knowledge production and change. As stressed by Edwards-Groves, and Rönnerman (2022), it is the cornerstone of action research, without which the research processes cannot proceed. According to Davis and Sumura (2005) and Saimon and Mtenzi (2021), reflection in action research encompasses a contemplative aspect that involves paying attention and being mindful of the unfolding events. It is not confined to a mere mental process but is also action-oriented, involving a collaborative effort between the researcher and participants to deliberate on the research's objectives, potential interventions, and their practical implementation. This process intertwines theory and practice (Farrel, 2013) and can be linked to the role of communal institutions in devising a GBV prevention educational programme.

The development and ongoing progression of action research hinge on granting participants the opportunity to reflect upon the study's objectives. Participants were tasked with

researching and determining the nature of the intervention, the delivery method, and the responsible parties. Participants started this research with a broad concept of the educational intervention, but did not know which methods would be ideal for their community. For instance, after discussions with communal institutions, it became evident that they desired increased education on GBV to raise awareness and potentially reduce instances of GBV. However, the specifics of how to deliver this educational intervention remained unclear. Consequently, the GBV Champion Committee action group decided to employ drama as the medium for delivery after some deliberations and embarked on the process of research to construct meaningful dramatic scenes. Following the crafting of the storyline, decisions were made regarding who would perform the drama. To ensure that they are doing the right thing, the participants reached out for guidance, acknowledging my position as the student with the theoretical understanding and different perspective. My knowledge and insights drawn from the relevant research and literature provided alternative outside perspectives into the discourse.

During the process of developing scenarios for the play, participants were questioned about the forms of GBV they wished to include in the play and the solutions they sought to highlight. It became apparent that the participants had limited understanding of GBV beyond physical violence within families and child marriages. As the primary researcher, it was imperative to provide them with comprehensive information on the definition, forms, and manifestations of GBV. However, I had to acknowledge that their understanding that violence within the family/home was the most form of GBV reported to communal institutions. Additionally, I highlighted the influence of patriarchal norms within communal institutions as a contributing factor to GBV based on the findings of this study. This view prompted self-reflection into the methods that communal institutions used to resolve GBV. Through this self-reflection, participants helped in initiating transformation in the approaches they use. This exchange of information, during discussions and debriefs with action groups, culminated in the development of an educational programme.

I also encouraged that we record the discussions in order to be able to make follow-ups, keep track of ideas, and track progress or lack of it thereof. These recordings enabled us to reflect on the research process. In action research, the researchers are constantly transformed by keeping diaries of reflections, going through the data, re-reading the literature, and continuous discussions to make new decisions as to the next action (Robertson. 2000). In addition, commencing each discussion with a recap of the previous meeting and sharing individual

thoughts and new ideas encouraged a culture of self-reflection. My reflections, on the research process, relevant literature, methodologies, and findings from the first part of problem identification, were also included into the research process.

Throughout the research, I noticed that the action groups became confident in their roles of driving social change, with responsibilities ranging from drafting scenarios, acting, inviting other communal institutions to participate in the programme, rehearsal, and cofacilitating the discussions. This transformation was a testament of the positive impact of the action research and to their growing capacity to guide the development and implementation of the intervention.

## **10.4 REFLEXIVITY**

Reflexivity involves a process of evaluating how the researcher is affected by factors in his environment in knowledge production. According to Mendel (2006) is the social qualities of the researcher that shape the characteristic of his or her thought, not only about ideas, but also the form and contents as well as the formulation and intensity of experience. A researcher, as pointed out by Nowicka and Cieslik (2014), is never a neutral, objective data collector but a complex individual influenced by various factors such as gender, ability, age, race, class, nationality, and more. These facets shape the researcher's access to and relationships with the participants. Reflexivity in this study, was an ongoing process of self-reflection into how my ecological factors impacted knowledge production of action research. Therefore, by continuously engaging in reflexivity, I was able to navigate the complexities of my role and responsibilities, ensuring that my work remains ethically grounded and socially relevant.

In research, reflexivity was mutually beneficial for both the researcher and the participants. It allowed for the analysis of power dynamics and positions between the researcher and the participants, thereby creating a collaborative and inclusive research process. As Robertson (2000) noted, the process of data production is influenced by the researcher's existing beliefs and experiences. In this AR research, I argue that it was not only the researcher's background that had an impact on research but my partners the communal institutions because the research process was based on their experiences in addressing GBV. Thus, reflexivity was not only the researcher's process but the participants as well. In this study, reflexivity was achieved through face-to-face discussions that were held monthly from June 2022, WhatsApp

meetings, and recorded information in the diaries. These meetings allowed for reflection into the progress, ideas, and how our backgrounds had an influence on the research process. The diaries served as memory banks into our methodological decisions, areas requiring further research, logistics needed, and personal reflections of interest. In my diary, I recorded my personal feelings and views about the research and these helped me to reflect on the process of the research, for instance my study used observations to collect data from court hearings related to GBV, there was no room for asking further questions during the proceedings, I had to record my views or feelings about the process in my diary and reflect on it later. This process enabled me to reflect on the importance of cultural and religious beliefs that I did not believe in, hence I had to learn how to recite the Shava totem in order to address the chief enabling me to establish an engaging environment based on respect of one's beliefs.

My position as a student had a negative effect in the genesis of my study as people shared information being mindful of the differences but also wanting to appeal to my academic background. This was revealed in the participant's hesitancy to disclose cases they helped in finding a solution. For example, I found out that the BCF kept a record of all cases of abuses that would have been reported to them, however they were uncomfortable to share this information with me. It was when we established trust and connection that they showed me the recordings. This highlighted the importance of trust-building in the research process for quality knowledge production and effectiveness of AR. I also noted that I was not the only one struggling with trust issues, but the action groups as well. These were people coming from different institutions that have different views and beliefs hence at first the meetings were not engaging for fear of being judged. To address this, I shared my findings from different institutions making them understand that it was not a matter of one institution but a collaborative issue to address GBV for the good of the people they serve in Ward 8, this created a sense of ownership of the study, an engaging environment and built the spirit of cooperation. This process is supported by Gentes et al. (2014) that reflexivity, it is important for researchers to reflect on and clarify their expectations. The shared understanding of both the researcher and partner (participants) helped foster trust, engagement and productivity.

Although the principle of PAR indicates that affected communities should determine matters of social change, I, however, acknowledge that I influenced the information to be discussed. This was based on the findings of the study and also that the GBV Champion Committee had a limited representation of the number of communal institutions in the community; hence, I

noticed the prioritising of issues that were relevant to them, such as child marriages and infidelity. To ensure inclusivity, we relied on the problems that were identified in the study, which resulted in increased interest and awareness of their roles and the importance of the intervention. I also discovered that there was a need for conflict resolution skills to be included in the intervention; however, their understanding was limited, so I had to provide information on that. It does not mean that knowledge was only coming from me; despite my being a student, there were areas that I had to learn from the action groups. Although my contributions influenced and shaped this study the exchange of knowledge and experiences with action groups enriched this study. According to Whitaker and Atkinson (2019), reflexivity demands that the researcher examine how they influenced research production.

The increased awareness from the knowledge shared translated into action, as discussions and solutions devised by the GBV Champion Committee, and the drama action group were incorporated into the play to raise awareness about the causes and negative impact of GBV as well as conflict resolution methods. The process of reflexivity resulted in transformative change and empowerment within the community, thereby enriching the process and facilitating positive change within the community. The intervention was meant to help communal institutions learn more about how to deal with GBV in the community by making them aware of how they reinforce GBV. This way, they would be better equipped to handle the problem.

## **10.5 CONCLUSION**

This chapter discussed the reflections of the AR process in the study of communal institutions in Ward 8 resolving GBV and the PAR intervention of the Gender-Based Violence Educational Programme, using drama. In AR, a researcher is in partnership with the communities affected in coming up with solutions, implement and evaluate the solutions to effect social change (Robertson, 2000). In this study, the AR approach served a dual purpose, enabling both data collection and the creation of an educational programme designed to enhance knowledge and, consequently, the prevention and reduction of GBV.

The AR research process fosters reciprocal relations, self-reflection, and self-reflexivity for both the researcher and participants. This chapter examined how individual ecological environment can affect or influence knowledge production. Examining my positionalities

enabled me to foster an environment that promotes engagements, inclusivity and productivity. The discussion highlighted how self-reflection and reflexivity played an important role throughout the planning, designing, and implementation phases of the intervention in ensuring the success of the study. The corroboration between myself and the communal institutions are reflective of the reflexive nature of action research. The following chapter will discuss the conclusions and recommendations of the study

# **CHAPTER ELEVEN: CONCLUSIONS AND IMPLICATIONS**

## **11.0 INTRODUCTION**

This chapter serves to discuss the conclusion of my study. My study set out to investigate the role of communal institutions in resolving GBV in the Seke District, Ward 8. The study was guided by the following key objectives:

1. Explore factors sustaining GBV in the community.
2. Investigate methods used by these communal institutions to reduce GBV.
3. Using a participatory action research approach, to develop an intervention aimed at reducing and ending GBV.
4. To evaluate the short-term outcomes of the intervention

The chapter will examine whether the findings of this study met the above objectives. It will also discuss the research methods used, the findings and the generation of knowledge made by the study as well as limitations. Moreover, the chapter also focused on discussing recommendations based on the methodology, theoretical framework and findings. These recommendations provide gaps for future examination on the GBV prevention.

## **11.1 OBJECTIVES OF THE STUDY**

The broader research objective was to explore the role of communal institutions in resolving GBV in Seke district, Ward 8, Zimbabwe, to design an intervention to reduce its prevalence. I conceptualised communal institutions to be informal platforms that people use for conflict resolution or any other social, economic and political interaction. Therefore, in this study, the family, traditional and religious institutions and Behaviour Change Facilitators are considered communal institutions. Under the family institutions, my study engaged uncles and aunts responsible for conflict/dispute resolution, traditional institutions, I engaged the traditional leadership (village heads, headmen, and the Chief), and in religious institutions, I targeted the Christian church leadership (pastors, deacons, and advisors). This study used various methods, including focus group discussions, interviews, narratives, and observations, to examine how communal institutions resolved GBV to respond to the study's specific objective. The study resulted in the development and implementation of the GBV Educational

Programme to prevent GBV in the community. The following discussion will focus on providing an overview of each objective.

- **Explore factors sustaining GBV in the community.**

My study examined the factors that sustain gender-based violence (GBV) in Ward 8. My study noted that the prevalent form of GBV in Ward 8 is domestic violence and child marriages. Domestic violence manifests through sexual, physical, economic and sexual violence. These forms of violence were noted to be sustained by culture and religious beliefs, patriarchal norms, economic challenges, infidelity, drug and alcohol abuse. Thus, indicating that multiple factors sustain GBV in the community. These findings aligned with the literature reviewed in this study (MICs, 2019; Chadambuka and Warri, 2020; Mazhame and Mushunje, 2023; Wekwete et al. 2014). However, my study noted a new phenomenon on the understanding of causes of GBV, that the communal institutions indicated that gender equality was also a cause of GBV in the community. Thus, suggesting the limited understanding of GBV and the patriarchal influences in their understanding.

My findings align with the ecological theory used in this study. According to the ecological theory (Heise, 1998), multiple interconnected factors influence an individual to cause GBV or to be on the receiving end at the individual, relational, communal, and societal levels. The findings in the current study noted individual-level factors such as infidelity, drug and alcohol abuse, and employment status. At the communal level, there were factors like weak sanctions against GBV, patriarchal norms, culture, religion, and at the societal level there are economic hardships, political environment, and weak sanctions against GBV. Thus, I noted that communal institutions were also factors that were sustaining GBV through their insistence on using patriarchal, biased methods of resolving GBV. Therefore, the institutions influence individuals to be victims of violence through their power of influence in their methods and others to continue to use violence. My study findings indicate that the objective was fulfilled.

- **Investigate current efforts by these communal institutions to reduce GBV.**

This study explored the efforts of communal institutions in reducing GBV in Seke District, Ward 8, revealing their active involvement through various interventions. Traditional, family, and religious institutions, along with Behaviour Change Facilitators (BCFs), employ

methods such as traditional assemblies, mediation, dialogue, prayer, preaching, counselling, advice, silence, compliance, family conflict resolution, sahwira (community mediator), referrals to the police, and behaviour change campaigns. While these interventions offer a support system for GBV victims, their effectiveness is limited by the reinforcement of patriarchal norms. Despite this, these institutions play a crucial role in rural areas with limited access to professional services. Therefore, the study underscores the need for an intervention that will transform the behaviours and attitudes that reinforce GBV within communal institutions.

I also examined methods that communal institutions used to respond to GBV in Ward 8. The findings in this study showed that the communal institutions employed various methods depending on the institution which includes mediation, giving advice, dialogue, traditional assembly, family conflict resolutioners, compensation, praying, preaching, fellowships, silence and compromise, behaviour change campaigns and referrals to the Zimbabwe Republic of Police Victim Friendly Unit (ZRP VFU). These methods, while they are helping communal institutions to resolve GBV, I argue that some methods were reinforcing GBV thereby causing victims to continue experiencing GBV. The methods while offering support they lacked transformative action except for those used by behaviour change facilitators using behaviour change campaigns. Methods such used by the family institutions left women vulnerable in some instances where in-laws supported their sons and would not condom the action of violence. Some of their methods like silence and compromise also used by religious institutions stressed the importance for women to compromise in giving in to the sexual demands by their husbands to avoid rape, to maintain silence to avoid conflicts. These methods focused on altering the behaviour of women in response to violent behaviour without altering the perpetrator. Thus, leaving women enduring violence.

Moreover, methods used by the religious institutions that focused on prayer and preaching, while the teachings may have a positive effect these methods lacked transformative action on the part of the victim. The village assemblies used mediation and compensation, while they seem to be effective a closer examination revealed that the patriarchal norms were prevalent in the invention, hence favouring men who were many of the abusers in this study. The communal institutions also used the ZRP VFU to resolve GBV in certain cases, however, the patriarchal views prevalent in the organisation hampered the success of the

intervention. The department was noted to be preferring dialogue to resolve GBV and advising against pursuing litigation in cases where women were dependent on their husband as well as not attending to threats of violence. Additionally, the prevalence of corruption within the department limited the method as people would pay their way out of punishment. The findings in this study align with the ecological underpinnings of this study (Heise, 1998). They indicate that the communal institution's power (respected institutions) influences behaviours and norms that cause GBV. The findings also suggest the methods are weak in sanctioning violence.

However, the study also noted a positive effect of the behaviour change campaigns, which have influenced a change of behaviours in gender roles as men are now helping with house chores. Although these are positive steps in preventing GBV indicating the potential of Behaviour Change Facilitators. I argue that they are limited as there are only four BCFs in Ward 8 covering 30 villages (Chapter Six), hence unable to transform the broader patriarchal influence, cultural and religious beliefs that cause GBV. This is evidenced by the continuation of child marriages based on cultural and religious beliefs in this study noted in this study. My study managed to meet the objective of examining already existing methods in Ward 8 that communal institutions use to resolve GBV.

- **Using a participatory AR approach, develop an intervention aimed at reducing and ending GBV.**

The main aim of this study was to develop PAR research to prevent GBV. The above discussion was used as the basis for problem identification. Thus, the findings revealed that domestic violence and child marriages were the most prevalent forms of GBV. However, it also suggested a limited understanding of GBV as the noted some form of violence that did not involve intimate partners or occur in the family domain, such as economic violence through land grabbing and discriminatory norms on the access to land for women. A part of the problem identified that communal institutions' methods were reinforcing GBV through methods that lacked transformation of the offender. The communal institution's insistence on maintaining relationships had a negative effect as it used patriarchal lenses to address GBV. Therefore, the communal interventions needed more knowledge on GBV and an intervention that exposed the patriarchal biases within their methods.

I collaborated with a GBV Champion Committee that was created out of the participants who participated in the problem identification process. Together, we developed an Educational Programme using drama to increase awareness and transform the institutions. The rationale for creating an intervention that targeted the communal institutions instead of the victims and perpetrators in the community was to challenge the influence of religious, cultural beliefs and patriarchal norms prevalent in the methods they used. In addition, their insistence on maintaining relationships makes them more appealing to victims looking for resolution, hence transforming their methods would have a cascading effect of preventing GBV in the community. Using the ecological theory that relational and communal factors need to be addressed to influence change and prevention of GBV. I posit that communal institutions' weak sanctions against GBV are part of the causes of GBV hence, to fight against GBV, these institutions should be engaged and transformed.

The intervention used drama called '*Village Life*' to highlight the various forms of GBV, gender equality, communal methods of addressing GBV, and conflict resolution methods to equip them to address gender conflict. The storyline and scenarios were developed by the GBV Champion Committee based on the findings and their experiences. Together with the GBV Champion Committee we partnered with the youths to become the actors of the drama. These youths were members of the Ward 8 community. The educational method was implemented in three places to ensure engagement at the village, church, and ward centre, targeting all the communal institutions found in these settings. Therefore, the objective was achieved. The process of developing and implementing the intervention align with the community-based peace approach that guided the research in collaborating with the affected communities to come up with a community-based intervention that is specific to their challenges.

- **Evaluate the short-term outcomes of the intervention.**

The last objective of this study was to evaluate the GBV Educational Programme to assess the short-term results of it. I used a subjective evaluation using a qualitative focus group discussion. The rationale for using subjective evaluation was that the intervention focused on transformation through knowledge increase, thus, these perspectives could be offered by individuals based on their understanding. In addition, I could not assess the

transformation through observing the institutions resolving GBV since the Chief did not participate in the intervention.

The findings from the evaluation process indicated transformation of the mindset through an increase in knowledge on GBV, its causes, its types, patriarchal norms that reinforce GBV, conflict resolution skills. Participants indicated that their new understanding of GBV had broadened their understanding. The findings also established a transformation of approaches in resolving GBV. This was indicated in their reflections on how their institutions and methods reinforce GBV like scripture interpretation, leaving men in teachings of being a good partner, using *sahwira*/family friend in resolving GBV. The post-educational workshop on conflict resolution by one religious institution indicated the transformation of approaches through taking action.

I also noted that the transformation of norms that reinforce GBV took place through the understanding that gender equality was not a cause of GBV rather a solution. Thus, the belief was initially based on the belief that women should be lower than men; however, after the intervention, there was a transformation of thinking and understanding. In addition, the suggestion that future intervention should include violence against men indicates an understanding and shift of the belief that GBV was a topic for women and that men cannot suffer gendered violence. The discussion on how the advice that women receive from women advisors was reinforcing GBV indicates a transformation of norms wherein institutions recognise their patriarchal influences, which reinforces GBV.

The findings from the evaluation also indicated that the educational intervention empowered the action groups through discovering new talents and the capacity to use PAR in the future. The empowerment factor was also revealed in the post-educational workshop on conflict resolution by the United Methodist Church, highlighting the transformational effect of PAR in capacity building. Thus, aligning with the conflict transformation theory (Lederach, 2004) that to address conflict intervention should aim to transform attitudes and behaviours that promote violence in relationships. In this context, the study focused on the relationship between the individual and communal institutions. Thus, the intervention aimed to transform the patriarchal biases in the conflict resolution methods of addressing GBV in the community. The findings from the evaluation of the GBV Educational Programme indicate that transformation was initiated through the

increase in knowledge; hence, the objective of evaluating the interventions, assessing the short-term result, was addressed

## **11.2 RESEARCH METHODOLOGY**

This study followed an action research design and used qualitative methodology that made use of both primary and secondary data. My approach included a review of literature, interviews, narrative, observation, and focus group discussions. The study's aim of examining communal institutions resolving GBV meant engaging with the institution used qualitative methods. I used qualitative methods because their methods are not recorded or prescriptive they vary depending on the institution and context, thus qualitative research enabled them to contribute information specific to their institutions. The research was guided by the PAR design; thus, the first phase of problem identification used interviews, observation, focus group discussions and narratives to gain insights into factors sustaining GBV, methods used to resolve GBV by communal institutions.

The findings from the qualitative study were thematical inductively and deductively analysed to find common patterns and link them with the literature reviewed in this study. These findings were used to form an intervention. I collaborated with the GBV Champion Committee, which was created out of the participants in the problem identification phase (based on willingness and availability), to develop the GBV Educational Programme using drama. The GBV Champion Committee and the acting group became the action research teams of this study. The development of an intervention phase of this study relied on the findings of the first phase and the literature reviewed on similar community-based interventions to prevent GBV. We used focus group discussions in the planning and designing of the programme through continuous meetings in group settings. These group meetings were important, they enabled of to engage inclusively with participants from different institutions and backgrounds to share knowledge, experience and expertise to develop and implement the intervention. The implementation of the programme used drama performance rooted in theatre for development principles. According to TFD, drama is ideal in participatory learning processes as it enables people to follow the dramatic performances and be able to recollect and relate to the scenarios (Boal, 1979). Dramas stimulated participation during the implementation of the GBV Educational Programme.

Following the implementation of the intervention, I used a subjective evaluation to evaluate the effectiveness of the programme, looking at the short-term results. The evaluation process used focus group discussions. The findings noted that the interventions were successful in increasing awareness of GBV and its various manifestations. The current study also notes the transformation of patriarchal norms that noted that gender equality was a cause of GBV. The change of perception and increase of knowledge indicate that the programme was successful in collaborating with other interventions like SASA! SHARE and RRS in Uganda and Ghana that noted the same (Ellsberg et al. 2015; Ogum Alangea et al. 2020; Wagman et al. 2015; Abramsky et al. 2014). In these interventions, the net effect of an increase in awareness and change of norms was noted to decrease GBV; however, in this study, the same effect could not be established. This is a result that my evaluation lacked a sample of victims of GBV being helped by communal institutions to verify if the changes in their understanding of GBV and how their institutions are reinforcing patriarchy, or the use of conflict resolution skills, had a decreasing GBV effect. However, the post programme conflict workshop serves as evidence of the tangible point of reference of the success of the intervention.

The methods used in this study were effective in responding to the objectives considering the subjective nature of informal methods used in addressing GBV in rural communities. The educational drama as a medium of delivering the workshop was also effective as it promoted participation and engagements. The findings from the evaluation indicates the success of the methodologies used.

### **11.3 GENERATION OF KNOWLEDGE AND IMPLICATIONS OF THE STUDY**

While the study aimed at investigating communal institutions in resolving GBV and developing the PAR intervention to combat GBV, the study also aimed to create knowledge. The literature discussed in this study indicates that sources of help in rural settings in Zimbabwe have not explored the communal institutions or developed interventions to capacitate communities to fight GBV. My study addressed this gap through this study by providing evidence of communal institutions addressing GBV and developing an intervention thereof. Studies that explored the communal institutions in Zimbabwe and across Africa (MICs, 2019; Chadambuka and Warri. 2020; Simmons et al. 2020. Kholi et al. 2015; Odero et al. 2014) indicate that they are sources of help for GBV victims especially in rural areas however they do not explore the methods that

they use to address GBV. Thus, my study closed this gap by examining the methods used to resolve GBV, thereby contributing to the body of knowledge.

The knowledge generated by this study can be used to develop interventions for GBV prevention, particularly those aimed at initiating community-based interventions. The intervention can be used to advance communal institutions in transforming behaviours and norms that promote GBV. This study contributes to scholarly discussions of GBV and peacebuilding. It highlights that communal institutions are important in rural communities as they are sources of help used to resolve GBV in Seke District, Ward 8. The study noted that communal institutions are actively involved in addressing GBV through various methods. In addition, the study developed an intervention meant to prevent GBV using PAR. The use of PAR was instrumental in bringing about collaborations between the researcher and the participants, offering practical and affordable methods that communities can use to address GBV or other social problems in the community.

This study contributes to the body of knowledge on gender-based violence (GBV) by highlighting the crucial role of communal institutions in shaping responses to GBV. While much of the existing scholarship on GBV has predominantly focused on the relationship between men and women, this study moves beyond this binary framework to explore the relationship between victims/perpetrators and communal institutions. It is within this dynamic that communal institutions exert their influence on how individuals respond to GBV, the extent to which violence is tolerated, and how interventions are implemented or resisted.

While existing policies and legal frameworks primarily focus on punishing perpetrators, they fail to hold accountable the institutions that sustain GBV. The study finds that communal institutions such as family, traditional, and religious institutions have historically played a central role in either enabling or mitigating GBV. Despite state interventions such as policing and legal reforms, these institutions have remained deeply influential in shaping societal attitudes toward GBV. Historically, pre-colonial Sub-Saharan African communities relied on informal institutions such as family networks, kinship systems, and local chiefdoms for conflict resolution (Twikirize, 2014). These informal institutions continue to shape social norms and responses to GBV in rural Zimbabwe, particularly in Seke District, Ward 8, as revealed by this study's findings.

A particularly novel finding of this study is the emergence of Behaviour Change Facilitators (BCFs) as active participants in GBV prevention in Seke District, Ward 8. The existing literature on GBV and community mobilisation has not adequately documented the role of BCFs in addressing GBV at the community level. Originally introduced to combat the spread of HIV/AIDS through behaviour change campaigns (Gregson, 2012), BCFs have organically expanded their role to include GBV prevention, particularly in cases of child marriages and domestic violence. This study revealed that BCFs work closely with village heads and religious leaders to mediate and resolve GBV-related issues. The involvement of BCFs demonstrates that GBV interventions should not only focus on formal institutions but also recognise the evolving roles of community-based actors who wield influence over everyday social interactions.

A key takeaway from this study is the reframing of GBV as a collective social issue rather than an individual or private matter. The findings reinforce the idea that "it takes a village to fight GBV", as combating this form of violence requires multi-stakeholder engagement at various levels of society. By illustrating the role of communal institutions, this study challenges the dominant Western-centric models of GBV interventions, which often emphasize formal legal and policy frameworks while overlooking the enduring role of local institutions. The study highlights the need for interventions that integrate both formal and informal structures, ensuring that community-led solutions are central to the fight against GBV.

Moreover, this study contributed to the field of GBV prevention by examining factors sustaining GBV in Seke District, Ward 8, despite the constitutional provisions and policies offered by the government of Zimbabwe to protect people from the abuse. It also examined the methods that are used by communal institutions to address GBV, which inadvertently reinforce the challenge. The development and implementation of the GBV Educational Programme also contributes to the prevention efforts by providing evidence that indicates the potential of community-based interventions in addressing GBV.

The findings from this study on the GBV Educational Programme contribute to new scholarly knowledge about the effectiveness or lack of it of educational programmes in GBV prevention. The noted success in increasing awareness is evidenced by their understanding of the dynamics associated with GBV, conflict resolution skills. As well as the transformational effect of the programme through the change in behaviours and norms in gender roles and patriarchal

influence found in the methods used by communal institutions. Thus, suggesting that educational intervention could be used in GBV prevention and gender justice.

#### **11.4.1 The Impact of the GBV Educational Programme**

Education in GBV prevention is very important, as studies have indicated that a lack of awareness about GBV results in increased abuse (Wafula, 2018). Educational intervention helps people and communities understand GBV and recognising its pervasive nature in violating human rights, causing physical, mental, and economic challenges to both the individual and the community. In understanding its prevalence, forms, impacts, and available resources for support and intervention. There is, therefore, a need for further education, training, and awareness-building efforts to empower people to understand and prevent GBV. Thus, Lumidao et al. (2024) note that preventing GBV requires strategies that prioritize awareness, prevention, education, training, and establishing supportive mechanisms for survivors. I borrow from Arnold (1991) who explains that education empowers people to act for change and educational programmes foster participation. Thus, supporting the due of the educational programme to empower people for change and using drama, it fostered participation through discussions. The findings in this study attest to this, that the knowledge shared empowered them for change as transformation of behaviours, norms, and in the approaches they use to address GBV that reinforce patriarchal norms.

In transformational approaches, education promotes learning for critical consciousness and collective action in individuals and the collective to transform power relations in society (Arnold, 1991). The Educational intervention used in this study aimed to transform the relationship between communal institutions that sustain GBV through their methods used to resolve GBV. Thereby contributing to GBV prevention and promoting peaceful existence. Educational programmes are versatile and can be used in any setting and the content can be formulated to be content specific.

The GBV Educational Programme was implemented against the backdrop of a deeply entrenched patriarchal society, where women and girls are socialised to submit to male authority within both familial and societal structures. This gendered power imbalance is reinforced through cultural norms, social institutions, and economic structures, perpetuating male dominance and control over women. A significant manifestation of this control is the

practice of lobola (bride price), which, while traditionally intended to formalize marriage, is often perceived as a mechanism through which men assert ownership and dominance over their wives, thereby increasing women's vulnerability to violence (WHO, 2018; Girls Not Brides, 2016; Mashiri & Mawire, 2013). The societal expectation that women should remain under male authority at every stage of life normalises violence as a disciplinary and control mechanism, entrenching gender inequality and limiting women's autonomy.

The GBV Educational Programme catalysed transformation at both individual and institutional levels by exposing patriarchal biases, gaps in knowledge, and systemic corruption within communal institutions in Ward 8. A critical finding of this study was that many institutions had a limited understanding of GBV, particularly marital rape, which was largely unrecognised as a form of violence. The programme provided participants with a comprehensive understanding of GBV, its root causes, and its various manifestations, shifting previously held misconceptions about gender equality. One of the key contributions of the intervention was challenging the notion that gender equality fuels GBV, a perspective that had been previously held by some participants. By debunking this misconception, the programme reshaped perceptions of gender roles and norms, fostering a more nuanced understanding of the structural and social factors that sustain GBV. This transformation underscores the power of educational interventions in renewing mindsets and disrupting harmful beliefs that have historically legitimised violence.

The programme also addressed the prevailing culture of silence surrounding GBV, which had long created an environment of impunity and inaction. Prior to the intervention, discussions about violence against men were often avoided, reinforcing the stigma associated with reporting or addressing GBV. A particularly notable outcome of this shift was the expansion of GBV discourse beyond its traditional focus on violence against women. Participants expressed a desire for future interventions to also address issues such as violence against men, drug and alcohol abuse, and their role in exacerbating GBV. This evolution in understanding suggests that the intervention not only challenged patriarchal norms but also broadened the scope of gendered violence discussions, acknowledging that men, too, can be victims of violence.

Additionally, findings in this study also indicated that the intervention empowered people with conflict resolution and management skills to transform their initial response to conflict from

using violence, it also equipped communal institutions with knowledge to use conflict resolution skills evidenced by the post-intervention workshop by the United Methodist Church conflict resolution workshop. I also noted that the educational programme fostered critical thinking skills among participants, revealed during the implementation stage of the intervention through their ability to identify solutions that could be used to address GBV in the scenarios presented. This critical skill is important in sustaining sustainable changes in attitudes and behaviours towards GBV. Thus, the educational intervention successfully met the study's objectives but also points to the potential of educational programmes in transformation for change.

However, the implementation of the programme was not without its challenges. These challenges include limited time and resources, a lack of cooperation from other stakeholders, and a lack of awareness and understanding of the importance of gender equality among some communal institutions. Using these findings, I recommend that future educational programmes to prevent GBV could use religious institutions and Behaviour Change Facilitators. The religious institutions as custodians of morals and the teachings that emphasise love could be harnessed to combat GBV and in collaboration with BCFs, using the behaviour change campaign. The potential of religious institutions' teachings was highlighted by KI L (chapter 7.5.4.3) who noted scriptures like 2 Corinthians 5: 17 that says "Therefore, if anyone is in Christ, the new creation has come: the old has gone, the new is here!" and Galatians 5:22, which indicates that in love there is joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. KI L indicated that they use these scriptures to resolve gendered conflict and against GBV. In addition, religious institutions' use of men's and women's fellowships (see Chapter Seven, section 7.5.4.2) can be used as educational platforms to raise awareness about GBV and promote behavioural change. These gatherings have the potential to challenge harmful norms and foster an understanding of gender equality. My viewpoint aligns with Binte and Thompson (2022), who argue that interventions should collaborate with religious institutions for sustainable methods of combating GBV.

### **Replicability**

My study's findings demonstrate that the GBV Educational Programme can be replicated in any community. There were indications from the findings that the communal institutions were planning to replicate the programme. This is evidenced by the post programme conflict

resolution workshop, although not using drama to deliver the message, the concept was the same to increase knowledge and cause transformation. However, I suggest that the intervention could use religious institutions and behaviour change facilitators as entry points into the community as well as use their spiritual lenses and behaviour change campaigns. This argument is based on my experience working with religious, family and traditional institutions as well as behaviour change facilitators. The religious and behaviour change facilitators were more engaged with the planning, development, designing and implementation of the programme. The traditional institution passively participated and the absence of the chief during the implementation also limited the programme's outreach. His participation would have enabled me to observe the traditional court hearings and assess whether there are any transformational changes.

Thus, I argue that future interventions could replicate the intervention through the religious institutions. Considering that 80% of the country's population is Christian (ZimStats, 2022), they have the potential to effect transformation in their spheres of influence. The institution's teachings on love, which emphasise peace, and nonviolence (Galations 5:22-23) to influence behaviour change and norms that cause GBV. In addition, religious institutions act as society's moral compass, hence they could guide the morale campaign against GBV. According to Ebstyne et al. (2020), religious institutions have the potential to provide a transcendent self-narrative that leads to virtue formation and moral action within social contexts. Consequently, pointing to their ability to address GBV.

This argument aligns with the ecological theory that relational, communal and societal institutions have the power to influence individuals to be victims or perpetrators. Therefore, using this understanding, interventions should take advantage of the power within the religious institution to influence behaviours, attitudes and Change. According to Galtung (1990), violence can be addressed when interventions aim to address the attitudes and behaviours that reinforce and sustain violence, hence, any intervention to prevent GBV should target that. The potential of religious institutions in GBV prevention is religious institutions is demonstrated by the interfaith group Under the Fellowship of Christian Councils and Churches in Eastern Africa (FECCLAHA), working in peacebuilding in the Great Lakes and Horn of Africa. The interfaith organisation has engaged in grassroots mobilisation for peace (Opongo, 2023). This collaboration of religious groups shows the power of inter-faith-based drive for social change, making them ideal partners in the fight against GBV.

This is however suggesting that traditional institutions cannot prevent GBV. However, in the context of Seke district where people pay with a goat or US\$40.00 for the chief's court to hear and try one's case making the institution inaccessible to some. Moreover, the traditional institutions also represent the African Traditional Religion (ATR) in their communities hence they can be part of interfaith based led intervention initiatives.

## **11.5 THEORETICAL FRAMEWORK**

The study was informed by the ecological theory (Heise, 1998), conflict transformation theories (Lederach, 2003), and community-based peace approaches (de Coning, 2016). The ecological theory notes that several factors cause GBV. This was demonstrated in this study where the findings revealed that there were several factors sustaining GBV. These factors include religious, cultural beliefs, patriarchal norms, infidelity, drug and alcohol abuse, and economic and political causes. Thus, GBV in Seke District is caused by multiple factors. The ecological underpinnings were also revealed in the communal institution's methods used to resolve GBV, which ended up sustaining and reinforcing GBV; hence, the communal institutions also influenced individuals to be victims or perpetrators.

This study developed a PAR intervention meant to challenge the patriarchal elements in the communal institutions that reinforce GBV, increase knowledge on GBV, gender equality, and conflict resolution methods. The development and implementation of the GBV Educational intervention was in collaboration with the communal institutions meant to effect social change. The collaboration with affected communities to address conflict aligns with the community-based peace approach that argues for the capacitation of affected communities to address challenges in their context. Community-based peace approaches value the contribution of local knowledge to the development of intervention, participatory methods, and contextual interventions to promote peace. My study valued local knowledge in the development of the intervention evidence in my collaboration with the GBV Champion Committee and drama action group and used a participatory research design to guide the study.

The findings from the evaluation process of the educational intervention indicated that the programme had a transformational effect. The GBV Educational programme, using drama transformed behaviours and norms within individuals and institutions. It also empowered communal institutions with conflict resolution skills and PAR skills and empowered the youthful

action group by realising their acting talents. Thus, the findings align with the conflict transformation theory, which argues that interventions must address the behaviours and attitudes that reinforce conflicts to promote peace. The findings of this study, therefore, aligned with the theories and approaches that informed and guided it.

However, one of the theoretical contributions of this study is its proposition that conflict transformation theory should be broadened to include the relationship between individuals and the institutions within their ecosystem. Traditionally, conflict transformation focuses on altering interpersonal and structural relationships that perpetuate violence. However, this study demonstrates that communal institutions function as both enablers and potential mitigators of GBV, thereby requiring interventions that explicitly target institutional transformation. Addressing GBV is not only about changing relationships between men and women but also about redefining the role of institutions that legitimise structural and cultural violence.

## **11.6 LIMITATIONS OF THE STUDY**

Based on the findings of this study, there are several limitations that I have noted. Firstly, the small sample size of 227 individuals out of 1103 households in Ward 8 limited the study's findings and the transformational drive it was meant to effect. As a result, the findings could not be generalised to the entire population of the Ward. The participation of 3 traditional leaders out of 30 and the absence of the Chief further limited the effectiveness of the educational intervention. Secondly, the perception that GBV is a women's issue affected engagement with some village heads. Thirdly, the absence of community-based organisations' input in the study limited the intervention programme, as their contributions could have benefited and legitimised the programme. Their contributions would have also guaranteed continued engagement, as they have the resources and time to implement intervention over a long period. Moreover, the time of the research limited the assessment of the transformational effects of the GBV Educational Programme. Thus, future studies should consider how these limitations could be addressed to ensure successful PAR and GBV prevention.

On a personal level, I was perceived as inexperienced or too young to understand the spiritual dimensions found in traditional court hearings and religious settings. For example, during a traditional court hearing, a woman went into a trance. When I asked what was happening, I

was told that I was a "child," so I could not understand what was happening. Similarly, interactions with women advisors from the religious institutions revealed that they thought I was too young to understand why they used prayer, compromise, and silence in resolving GBV. This was highlighted when I asked if prayer was effective in transforming the perpetrator.

## 11.7 RECOMMENDATIONS

The following are recommendations for future study:

- Interactions with KIs and focus group discussions (FGDs) revealed that women inadvertently perpetuate patriarchy, socialising women to normalise violence and men to use violence. Future research should focus on investigating the role of women in reinforcing patriarchy to change attitudes, behaviours, and contradictions that contribute to GBV.
- Engagement with BCFs in Ward 8 revealed that these are influential actors in communities fighting GBV. Future research should focus on investigating their role in fighting GBV and designing participatory interventions that use BCC strategies. These BCFs work with so much commitment, making them strategic actors in preventing GBV in rural communities.
- Research should challenge religious leaders' training institutions on how to produce leaders who do not promote GBV through scripture interpretations.
- Based on the findings of this research, communal institutions perpetuate GBV through their methods that focus on perseverance and endurance. There is a need for more programmes to engage these institutions, transforming them into gender-based violence champions in their spaces.
- GBV intervention programmes should intervene early to disrupt the development and reinforcement of gender equality and the normalisation of violence at the community level, involving children and all members of the community.
- All traditional leaders should be trained on GBV issues. They should be trained to enable them to handle GBV cases sensitively. There should be workshops aimed at conscientising leaders about emerging GBV research issues.
- Communal institutions should collaborate with the Victim Friendly Unit officers in reporting GBV cases within their community. The VFU should also educate these institutions on the constitutional provisions that protect women and men from GBV.
- Based on the findings from the study, interventions by the BCFs were more effective in changing behaviours and attitudes. Thus, BCFs should also be recruited, not just

from community members but also from church leaders and village leaders, so that they can also participate in changing the drivers of GBV in their community.

- Engagements with the religious institutions by the ZRP VFU so that they do not perpetuate the culture of silence regarding GBV cases and encourage their members to use the ZRP VFU instead of labelling the institutions as unbelievers, thereby protecting the perpetrators.
- Workshops or campaigns should emphasise peace from the home and the use of nonviolent methods for conflict resolution.
- Based on the findings of this study, it is recommended that activists, feminists, and researchers who want to explore GBV-associated research use community-based intervention using participatory AR because of its nature and advantages to the community.

## **11.8 CONCLUSION**

Gender-based violence (GBV) remains a challenge in communities across Zimbabwe, including the Ward 8 community. This study indicated that the factors that cause GBV are multiple at all stages of the ecological system, influencing individuals to be either victims or perpetrators. Although the literature reviewed only states that communal institutions address GBV, they do not highlight the methods used. This study examined methods used by communal institutions to address GBV using qualitative methodologies. It was revealed that they employ methods such as traditional assemblies, mediation, family conflict resolution, prayers, preachings, fellowships, compromise, silence, referrals to the police and behaviour change campaigns. These interventions have a restorative principle aiming to maintain relationships and promote forgiveness and reconciliation. However, they end up reinforcing GBV because they prioritise the relationship over justice or transformation of the victim. Therefore, the study noted that a combination of factors sustaining GBV, such as patriarchal norms, religious and cultural beliefs, infidelity, alcohol and drug abuse, economic, and political factors with patriarchal influences within communal institutions' methods they increases the vulnerability of women to violence.

The study also developed and implemented a GBV Educational Programme using drama aimed to expose patriarchal traces found in communal institutions' methods, increase awareness on GBV, its causes, types and manifestations and conflict resolution skills. The evaluation process using focus group discussions revealed that the educational programme

was a success, and it cause behaviour, and norms change in gender norms that reinforced GBV such as the view that gender equality caused GBV, men should not talk of GBV as victims, and husbands cannot rape their wives. It also transformed institutions in reflections on their methods, causing GBV. Thus, the study was able to address its main and subobjectives.

Despite a scarcity of research on communal institutions addressing GBV in Zimbabwe, evidence suggests their involvement in sustaining or mitigating GBV through various methods. This study explored the role of communal institutions in the GBV discourse, acknowledging their significance, to develop strategies that transcend GBV perpetuation. In conclusion, effective PAR must identify the problem, develop interventions in collaboration with the participants, implement the intervention and evaluate the intervention. Throughout the process, the researcher should reflect on the methodology, their positions, create an engaging and inclusive environment, allow the participants to take a lead role in the development of the intervention, and provide the needed knowledge. This study recognises that the causes of GBV may vary according to communities, thus, interventions should be context specific.

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# APPENDICES

## APPENDIX A: INTERVIEW GUIDE FOR KEY INFORMANTS

Date of interview: -----

Name of institution: -----

Name of person interviewed: -----

Their position in the institution: -----

1. What is GBV?
2. What types of GBV do you handle?
3. How many cases of GBV do you attend per month?
4. What are the causes/factors causing GBV?
5. Who are the main victims of GBV in this community?
6. What are the commonly used channels to address GBV in this community?
7. How does your institution address GBV cases?
8. Are your institution's methods effective?
9. What is the punishment for GBV in your institution?
10. What are the challenges that you encounter in responding to and preventing GBV?
11. What would you suggest the community do to end GBV?

## APPENDIX B: QUESTIONS FOR FOCUS GROUP DISCUSSIONS

Geographic location -----

Date -----

Translation necessary for the interview,      yes      no

If yes, the translation was from----- to -----

Sex of FGD participant: male, female

Age of FGD participants: 18-21 years

22-25year

26-30years

31-40 years

40 years and above

1. What is GBV?
2. What types of GBV do you handle?
3. Who are the most trusted sources of help for victims of GBV?
4. What types/forms of GBV are experienced in this community?
5. What are the causes/factors causing GBV?
6. Who are the main victims of GBV in this community?
7. How do the family, traditional, religious institutions and BCFs respond to GBV?
8. Any other methods that are used in the community to resolve GBV?
9. Are the methods used by the communal institution effective?
10. What would you suggest the community do to end GBV?

Time: One hour

## APPENDIX C: QUESTIONS FOR EVALUATION FOCUS GROUP DISCUSSIONS

Geographic location -----

Date -----

Translation necessary for the interview , yes or no

If yes, the translation was from----- to -----

Sex of FGD participant: male or female

Age of FGD participants: 18-21 years

22-25year

26-30years

31-40 years

41 Years and above


1. To what extent did the programme contribute to enhancing your knowledge and understanding of GBV?
2. What is it you liked about the programme?
3. Was the programme effective?
4. How can the programme be improved?

Time: One hour

## APPENDIX D: GATEKEEPER'S LETTERS

MINISTRY OF LOCAL GOVERNMENT AND PUBLIC WORKS

All communications should be addressed to  
"The District Administrator"  
CnrMharapara/Mangwende  
Makoni  
Chitungwiza  
Tel 0242-31274/31315



ZIMBABWE

Office of the District Administrator  
Ministry Local Government and  
Public Works  
P O Box 48  
SEKE

09 March 2022

To whom it may concern

REF: APPROVAL TO CARRY OUT A RESEARCH PROJECT.

This letter serves to confirm that Blessing Hodzi a student studying PHD in Public Administration - specializing in peace at Durban University of Technology, South Africa. Registration number (22173803) has been approved to carry out a research project in Seke district Ward 8. The research topic is: **communal institutions resolving Gender- Based Violence:**  
Offer her any necessary support.

Yours sincerely

N. Chapwanya

FOR District Development Coordinator - SEKE

DISTRICT DEVELOPMENT  
COORDINATOR  
SEKE

10 MAR 2022

P.O. BOX SK 48, SEKE  
ZIMBABWE TEL: 21197



**Institutional Research Ethics Committee**  
Research and Postgraduate Support Directorate  
2<sup>nd</sup> Floor, Berwyn Court  
Gate 1, Steve Biko Campus  
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375

Email: [lavishad@dut.ac.za](mailto:lavishad@dut.ac.za)

[http://www.dut.ac.za/research/institutional\\_research\\_ethics](http://www.dut.ac.za/research/institutional_research_ethics)

[www.dut.ac.za](http://www.dut.ac.za)

15 March 2022

Ms B Hodzi  
12597 Unit N. Seke  
Chitungwiza  
Harare  
Zimbabwe

Dear Ms Hodzi

**Communal Institutions resolving Gender-Based Violence: a case of Seke Ward 8, Zimbabwe**

Ethical Clearance number **IREC 304/21**

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that **FULL APPROVAL** is granted to Phase I-IV of your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

---

Prof J K Adam  
Chairperson: IREC

ALL communications should be addressed to **The Secretary**

Telephone: 2-708398, 2-735188,  
2-790932  
www.women.gov.zw



Zimbabwe

Ministry of Women Affairs,  
Community Small and Medium  
Enterprises Development  
P. Bag 7726 Causeway  
Harare

**Ref: Blessing Hodzi**

**18 March 2022**

Durban University of Technology

Min. of Women Affairs, Community,  
Small & Medium Enterprises Dev.  
PERMANENT SECRETARY

21 MAR 2022

P. BAG 7726, CAUSEWAY  
HARARE, ZIMBABWE

**RE: PERMISSION TO CONDUCT A RESEARCH ON "COMMUNAL INSTITUTION  
RESOLVING GENDER BASED VIOLENCE: A CASE OF SEKE WARD 8."**

Please be advised that your request to conduct research on "Communal Institution Resolving Gender Based Violence: A case of Seke Ward 8" is approved.

The approval is on the condition that the information obtained will be used strictly for academic purposes and you will be required to share your research project with the Ministry.

We wish you well in your studies.

Eng .F.Gondo

**ACTING SECRETARY FOR WOMEN AFFAIRS, COMMUNITY, SMALL AND  
MEDIUM ENTERPRISES DEVELOPMENT.**

## APPENDIX E: DRAMA SCENES

### Scene 1

The portrayal of 'Village life' commences with a church service, during which the congregation receives teachings from the book of Genesis 2: 18, which states, "Then the LORD God said, 'It is not good for the man to be alone; I will make him a helper suitable for him,'" and 1 Peter 3:7, which reads "Likewise, husbands, live with your wives in an understanding way, showing honour to the woman as the weaker vessel, since they are heirs with you of the grace of life, so that your prayers may not be hindered". These selected verses carry connotations of male dominance and present women in a position of vulnerability, potentially contributing to GBV within the community. Pastor Garwe, during the sermon, emphasises the traditional role of women as helpers to men, rather than as heads of their families. He suggests that striving for equality has led to conflicts and physical confrontations in many households. The sermon serves as a pivotal point, setting the stage for subsequent scenes that shed light on the issue of GBV within the community.

### Scene 2

Scene two depicts an instance of physical violence, triggered by a heated conflict between Mai 2 and Baba 2. Mai 2 returns home at 7 p.m. to find her husband visibly upset, demanding to know where she's been. She explains that her boss had required her to stay later than her usual 4 pm departure time, but this explanation only further incites her husband's anger. He accuses her of infidelity and disrespecting him because she was earning more than him. The situation escalates as he insists on obtaining her earnings, which she intends to use for her small business. This disagreement spirals into a broader dispute, with Baba 2 asserting that Mai 2 is neglecting her financial responsibilities towards the children's education and household needs. Mai 2, in response, reminds him that she is not the family's head and implores him to assume the role of provider, much like other husbands. In a fit of anger, Baba 2 storms out of the house, only to end up in a bar, drowning his frustrations in alcohol. He eventually returns home, where he rudely awakens his wife to reignite their earlier quarrel. However, this confrontation takes a violent turn, with Baba 2 resorting to physical violence. Mai 2 managed to escape, seeking refuge at one of the community workers' homes.

### Scene 3

Scene 3 exposes child marriage, Mary, a 13-year-old grade seven girl, who stays with her parents. Mary and her parents are members of the Johane Marange sect. Mary is in her early pubescent and some elderly members of the church now lustfully look at her. With time, her father negotiates with Mr. Chimuti on him marrying the 13-year-old and making his wife. Mary falls pregnant, but due to the church doctrine, may not have her pregnancy registered with the ministry for pre- and post-natal medical help. As her pregnancy approaches the due date, Mary is returned to her parents' place for the birthing process. The church midwife tried her level best to save the mother and the child, but nature wanted one of them and Mary succumbed. The grieving, newly minted grandmother, pained by the loss of her child, went to report to the local police. The scene ends when Mary's father is summoned to the police.

### Scene 4

Scene four exposes the challenging response of both the church and the traditional institution to the issue of marital rape. It unfolds with Mai Vee courageously reporting a case of marital rape to Village Head Soko. She recounts her husband's late-night arrivals, often inebriated, and his relentless demands for sexual intimacy. Mai Vee explains that, despite reluctantly complying in the past, she had finally refused his advances one week prior, which resulted in her husband forcibly engaging in non-consensual intercourse. In response to Mai Vee's account, village head Soko calls for a meeting of the village committee to address her case. During the session, which also includes Baba Vee, the committee questions Mai Vee about her reasons for denying her husband his conjugal rights. She expressed that her fatigue and emotional state were not well, as she had lost a close relative during that time. The committee then turns to Baba Vee, probing why he resorted to force. Baba Vee, in return, questions the very concept of marital rape. The committee acknowledges that such matters are being discussed, even if they were not in the past. Their decision is for the couple to return home and resolve the issue within the family. After the meeting, Mai Vee seeks counsel from her pastor's wife about the matter. She is advised to continue yielding to her husband's sexual demands to prevent such conflicts. Mai Vee returns home and tries to implement the advice, however, the strain of constantly acquiescing without respite becomes increasingly burdensome. The scene concludes with Mai Vee deep in thought, gazing at the local police substation.

## Scene five

Scene five sheds light on emotional violence and the family's response to it. It begins with a heated argument between Baba John and his wife over allegations of infidelity. Baba John, upon noticing his wife's tears, questions the reason for her distress. She explains that she discovered messages on his phone suggesting he is involved in an affair and is even promising marriage. Baba John's initial response is defensive and harsh, demanding to know why she was going through his phone. He justifies his actions, claiming that he is not the first man to consider polygamy. He then threatens her that if she keeps going through his phone and questioning him, he will beat her. In response to this emotional turmoil, Mai John decides to seek support and reports the matter to her mother. She intends to involve her father's sisters in addressing her husband's behaviour. Her mother offers advice, encourages Mai John to endure as all men are like that, includes her husband in prayers, and hopes for a change through divine intervention. She also advises her to refrain from going through her husband's phone. Mai John's mother expresses reservations about involving her aunties, citing past issues and characterising them as unhelpful when she joined the family. Mai John returns to her home, where a family friend (sahwira) pays a visit. As they engaged in conversation, an idea dawned on her. She contemplates seeking the sahwira's assistance, as he has a track record of mediating and resolving family disputes.

## Scene six

Scene six portrays individuals returning from a village meeting, and as they encounter Nhamo on his way home, they observe him in shock as he passes by. After he has moved past them, they initiate discussions about his unexpectedly early return, given that he was arrested for statutory rape (sleeping with a girl below the age of 16). One person within the group questions why Nhamo is back so soon, and someone else speculates that his family may have intervened by paying off the prosecutor to prevent the case from progressing further. Another person chimes in, suggesting that the girl's family may have accepted lobola (bride price), leading to the withdrawal of the case against Nhamo. As they continue their journey back home, the villagers engage in a conversation about Nhamo's case, their curiosity piqued by the lack of clarity surrounding the circumstances of his release.

## APPENDIX F: THE PLAY

### Scene 1

The scene begins with a hymn. Pastor Garwe opens his bible on the pulpit, and he clears his throat. Suddenly, people stop singing.

**Pastor Garwe:** *Mangwanani akanaka sangano dzvene raMwari. Nhasi chiverengo chedu tichachiwana kubva kubhuku raMavambo naPeter vekutanga.* (Good morning, dear brothers and sisters in Christ. Today, we gather to reflect upon the teachings from the Holy Scripture, specifically from the book of Genesis and 1 Peter.

[Congregation (members of the community and church leaders) nods]

**Pastor Garwe:** *Ngatiendei kuna Mavambo 2 verse 18, inoti, "Hazvina kunak kuti munhu agare ari woga; ndichamuitira mubatsiri akamukwanira".* (Let us turn to Genesis 2:18, which reads, "Then the Lord God said, 'It is not good for man to be alone; I will make him a helper suitable for him'").

[He pauses, and some members of the congregation exchange knowing glances.]

**Pastor Garwe:** *Iyi Nyaya inotiratidza nzvimbo yemukadzi kuti vakadzi vabatsiri kubva mubhuku dzvene.* (This passage emphasizes the traditional role of women as helpers to men, a concept deeply rooted in our faith.)

[Some congregation members nod in agreement while others seem contemplative.]

**Pastor Garwe:** *Ngativerengei kubva kuna Peter vekutanga pachitsauko 3 verse 7, inoti "saizvozvo varume, garisanai nevakadzi venyu zvinoenderana neruzivo, muchikudza mukadzi sekumudziyo usina simba, sevadyiwo venhaka yenyasha dzeupenyu pamwe navo; kuti minyengetero yenyu irege kudzivirirwa".* (Now, let us read from 1 Peter 3:7, which states, "Likewise, husbands, live with your wives in an understanding way, showing honour to women as the weaker vessel, since they are heirs with you of the grace of life, so that your prayers may not be hindered").

**Pastor Garwe:** (*vachifunga*) maverse ataverenga anotiratidza kuti baba ndiye musoro, ndiye anotonga mai mubatsiri anofanira kutongwa. Ngatikoshesei zvinotaurwa neshoko tigone kuri tevedzera muhupenyu hwedu. ((Thoughtfully) These verses hold within them connotations of male dominance and present women in a position of submissiveness. It is very important to recognise the power of the word and the role it plays in our lives.

[He glances at the congregation, whose expressions range from agreement to uncertainty.]

**Pastor Garwe:** (*nekutenda*) *tinofanira kuita zvinotaura shoko raMwari. Bhaibheri riniti murume ndiye musoro vemba vanotungamirwa naMari.* ((with conviction) Our sacred duty is to uphold the values and traditions that have guided us for generations. We believe in divine order, with men as the heads of their families, guided by God's wisdom.

[Some congregation members nod fervently, while a few exchange uneasy glances.]

**Pastor Garwe:** (*vachikwidza izwi*) zvekuita simuka tienzane mudzimba nekuti kwave nema equal right hazvishande mudzimba. Ngatirangarirei zvino taurwa nemharidzo. (raising his voice) Striving for equality in your homes, my dear friend, has led to conflicts and physical confrontations in many households. We must remember our roles as dictated by the scriptures.

**Pastor Garwe:** (*Mukupedzisa*). *Ndinoti ngatirangarire nzvimbo dzedu zvinogona kutibatsira kupedza dambudziko remhirizhonga mudzimba* (concluding). Today's sermon serves as a solution to domestic violence. Let us remember our roles. Let us remember our duty to honour these teachings as we navigate the challenges of our daily life.

[He closes his bible, and the congregation remains in deep contemplation as the scene ends.]

## Scene 2

The scene opens with Mai 2 entering the room (her home), and he faces exhaustion. Baba 2 is seated, his anger barely contained.

**Baba 2:** *Ukubvepi nguva ini. Inguvai dzaunosvika, 7pm chaita utadze kuuya kuma4 chii.* ((agitated) Where have you been, woman? It is 7 pm! You were supposed to be home by 4!)

**Mai 2:** *Sorry Baba 2. Murungu anditi ndinonoke kuuya nekuti anga ane zvaanga achiita* (Weary) I'm sorry, Baba 2. My boss asked me to stay late today. It was beyond my control).

[Baba 2's anger flares, and he slams his hand on the table.]

**Baba 2:** *Unofunga ndiri fuza handiti, mazuvano uri kudzoka nguva dzaunoda. manje ndiri kuziva zvauri kuita.* (You think I'm a fool? You have been staying late too often already I know what's going on!)

**Mai 2:** *Baba 2 handina zvandiri kumboita ini kuenda kubasa kuti ndichengete mhuri yangu.* (Desperate) Baba 2, please, I'm not doing anything wrong. I need to work to support our family.

[Baba 2's anger escalates as he points a finger at her.]

**Baba 2:** *Vachideedzera. Nekuti ukutambira mari zhinji kudarika ini vakundi jairira, manje kwete ini.* ((shouting) You're earning more than me, and that is why you are disrespecting me! I won't stand for it!)

**Mai 2:** *Hazvisi zvekuti ndatadza kukuremekedza, kungota mari yacho toida kutanga kabhindauko.* ((defensive) Baba 2 It is not about disrespect. I want to use the money for our small business).

[Baba 2 rises, his voice trembling with anger.]

**Bba 2:** *Ndipe mari yako yavatambira izvezvi, handiti ndini baba vemba ino.* (Give me your pay right now! I'm the head of this family!)

**Mai 2:** *Aaah Baba 2 haungatora mari yangu yako iripi, itaiwo sevamwe varume vano Chengeta mhuri dzavo.* (Baba 2, you can't just take my money. You need to contribute to the family too, just like other husbands do).

[*Nehasha Baba 2 anobuda mumba asi paanozodzoka anenge adhakwa.* (Baba 2's temper flares, and he abruptly storms out of the house.)

[Time passes, and he returns, reeking of alcohol. He rudely awakens Mai 2]

**Baba 2:** *Unofunga ungatadza kundeteerera manje iwewe* ((Slurring) You think you can defy me?)

**Mai 2:** *Nhai Baba 2 ngatitaure mangwana tazorora uye hasha dzapera* ((Fearful) Please Baba 2, let's talk in the morning. We are both tired and upset).

[*Nehasha Baba 2 vanotanga kurova mukadzi, mai 2 vanozotizira kwacommity worker.* (Baba 2's anger escalates, and he starts beating Mai 2. Mai 2 manages to escape to the community worker's house.)]

**Community worker:** *ko chii chiri kuitika mai 2?* (what is going on mai 2?)

Scene3

The scene starts with Mary complaining to her mother that men at church were looking at her inappropriately.

**Mary:** *Amai vasikana vekuchurch vanga vachindinyeya kuti ndiri kuroorwa manje manje.* (Mum, the girls at church were gossiping that I will get married soon)

**Mary's mum:** *Ko sei vari kutaura zvakadaro? Ini ndoda uendere mberi nechikoro.* (Why would they say that? I want you to go to high school).

**Mary:** *Pamwe inyaya yekuti varume vekuchechechi vari kunditarisa uye kunditi ndiri mudzimai vawo.* (Maybe it is because the men at church have been looking at me and calling me their wife.)

**Mary's mum:** *Ndichataura nababa vako* ((thoughtful) I will talk to your father).

[*Mary anobuda achienda kuno chera mvura apawo baba vake vachisvika pamba kubva kumunda* (Mary walks out going to fetch water while her father returns from the fields)]

**Mary's mum:** *Maswera sei shewe.* (Good afternoon, my husband!)

**Mary's Father:** *ndaswera. Ndipei chikafu change.* (Afternoon! Can I have my food).

[*Mary's mother sets the table with food*]

**Mary's mum:** *Shewe ndanga ndichida titaure Nyaya yekutsvaga nzvimbo yeMary nekuti varume vekukereke vatanga kumutarisa tarisa.* (My husband and I wanted to talk about Mary going to high school because the men at church are starting to notice her.)

**Mary's father:** *Ko totambisirei mari, kana pane akutoda nezvake ngaabva aroorwe.* (Why waste money if they are starting to notice her? Then we should marry her off)

**Mary's mum:** *nhai shewe...* (but my husband...)

[She was cut short.]

**Mary's father:** *Mary ari kuzoorwa ndizvo ndataura. Ndiyo tsika yedu yekuchurch saka Hapana anopikisa.* (Mary is getting married, end of story. This is what everyone in our church goes through, and I will not defy it).

[Baba vaMary vanoonekwa vachiita nhaurirano navaChimuti kuti aroore Mary. VaChimuti murume ane makore 55 uye ane vakadzi vashanu. (Mary's father is then seen negotiating marriage for her daughter with Mr Chimuti, a 55-year-old church member with five wives)]

[*Marry anoroodzwa.* (Mary is sent off to the Chimuti to stay with her husband)]

[Mary anoonekwa ane pamuviri asi nekuda kwekuti kereka haivatendere kuti aende kuchipatara anodzoserwa kumba kwamai vake uko kwaonoendeswa kwambuya nyamukuta. Mary anoshaya achisununguka mwana. (Mary gets pregnant, but due to the church doctrine, she cannot go to the hospital. She is taken to the church midwife by her mother, but she dies while giving birth.

[*Mai vaMary vano mhanya kumapurisa.* (Due to the pain of losing her child, Mary's mum is seen rushing to the police)]

**Mary's mum:** *Mwana wangu kani, Seiko Seiko!* ((Crying) My child, my daughter, why?)

**Police Officer:** *Chiiko imi amai imi? Ko muri kucheme? Muri kutitira ruzha taura nya yenyu tinzwe.* (Hey, what is going on? Why are you crying? You are disturbing us. Stop crying and speak).

[Vanotaura Nyaya yavo kusvika Mary ashaye. (Mary's mum narrates her story)]

[*mapurisa anobuda achinotsvaga baba vaMary.* (Police officers are seen looking for Mary's father at his compound)]

#### Scene 4

The scene opens with mai Vee standing nervously before the village head Soko and the village committee members. Baba Vee is also present.

**Mai Vee:** *Samusha, ndauya nenyaya yangu yekumbunyikidzwa pabonde nemurume wangu.* ((Hesitating) Village head Soko, I have come to report a case of marital rape).

[The village committee listens attentively]

**Village head Soko:** *Endererai mberi mai Vee, chii chakaitika.* (Please. Go, go on, Mai Vee. Tell us what happened).

Mai Vee: Murume wangu anogara achiuya kumba kwasviba uye akadhakwa osvika achida bonde. Pese apa ndanga ndichimupa asi musu uno ndakaramba ndipo akandi bata chibharo. (My husband, Baba Vee, often comes home late, drunk, and demands intimacy. I have been complying, but a week ago, I could not do it. He forced himself on me, and it was non-consensual).

**Committee Member 1:** *Tiudzei kuti nei mainyima murume bonde.* (Mai Vee, can you explain why you denied your husband his conjugal rights?)

**Mai Vee:** *Ndanga ndakaneta uye ndainge ndichango rasikirwa nehama yepedyo saka pfungwa dzaisave panzvimbo.* (I was exhausted, and I had just lost a close relative. I was not in the right emotional state).

[The committee turns to Baba Vee]

**Committee Member 2:** *Mubvunzo kuna baba Vee. Ko iwe sei vakambunyikidza mukadzi?* ((Directing the question to Baba Vee) And why did you resort to force?)

**Baba Vee:** Ko zvekunzi unobata mukadzi wako chibharo zvakatanga rini? Ikodzero dzangu semunhu akaroorwa kupihwa bonde. ((Defensive) What is this talk of marital rape? A husband has rights, and a wife must comply).

[The committee members exchange looks, acknowledging the complexities of the issue]

**Village head Soko:** *Ndizvo zvakutaurwa mazuvano asi kareko kwainge kusina zvakadai. Zvisinei endai muno taurirana kumba.* ((contemplative) These are matters we are discussing now, even if they were not in the past. Our decision is for the couple to return home and resolve the issue within the family).

[musangano vaperwa Mai Vee anoenda kwamai mufundisi kuno tsvagawo zano. (after the meeting, Mai Vee seeks counsel from the pastor's wife).]

**Pastor's wife:** *Kuchengetedza runyararo murume haanyimwe bonde mupe nguva dzose dzaanenge achida.* (offering advice) To keep the peace, it may be wise to continue yielding to your husband's desires, Mai Vee).

[*Mai Vee vanodzokera kumba vachinoteedzera zvavakange vaudzwa asi zvinoramba zvichiva shungurudza.* (Mai Vee returns home and tries to implement the advice, but the strain of constantly yielding becomes overwhelming.)]

[*mutambo unopenderwa apo mai Vee anenge akagara akatarisa paporisi achigaya kuti oenda ono mhan'ra here zvichizodii.* (The scene concludes with Mai Vee deep in thought, gazing at the local police substation, contemplating her options)]

## Scene 5

The scene opens with Baba John and Mai John in a heated argument.

Baba John: *Ko chii newe? Ukuchemei?* (What's the matter with you, woman? Why are you in tears?)

Mai John: **Ndaona mamessage muphone mako nehure rauri kuda kuroora.** ((emotional) I found messages on your phone, Baba John. Messages about another woman and marriage promises).

[Baba John's demeanour turns defensive]

**Baba John:** *Wanga uchiitei nephone yangu handiti ndeyangu?* (Why were you going through my phone, invading my privacy?)

**Mai John:** *Nemisodzi, ndinenge ndichida kuziva chinoita uti tsika tsika paphone ipapo.* ((Tearful) I was worried, Baba John. I just want to know the truth).

[Baba John's anger flares]

**Baba John:** *Ukaramba uchivhura phone yangu nekundibvunza zvisina basa ndoda kukurova.* ((Threatening) Well, if you keep snooping and questioning me, I will teach you a lesson you won't forget. I will beat you?)

[*Nestress mai John vanoenda kuna mai vawo.* (Distraught, Mai John decides to seek support from her mother)]

**Mai John:** *Amai murume vangu arura nechihure otoda kuparadza mhuri yedu.* (Mother, I don't know what to do. Baba John's actions are tearing our family apart).

**Mai John's mother:** Mwanangu varume vesendizvo vari, iwewe shingirira nemba yako, unamate Mwari ndiye anochinja munhu. Asiwo usabate phone yemunhu. (My dear, all men are like that. Endure, include him in your prayers, and hope God will change him. You should also stop going through his phone, it only causes more trouble).

[She hesitates]

**Mai John's mother:** *Zvekuti uaidze ana tete vako vakubatsire, handione pane chinobuda ini, Havana kumbobvira vandibatsiravo kumashure uko.* (As for involving your father's sister. I have my reservations. They have not been helpful in the past. They may not be the solution).

[*Mai John anodzokera kumba kwake apawo sahwira anobva avashanyira.* (Mai John leaves her mother's home, and a sahwira visits her)]

**Sahwira:** *pane vanhu here pano.* (anybody home!)

**Mai John:** *Ooh! Ndimi, ndini zvangu ndiripo* (Ooooh, it is you, I'm the only one around).

[*vachitaura havo mai John akatanga kuona kuti sahwira aiogona kumubatsira. (as they continue to talk, an idea dawns on Mai John that the Sahwira could help)*]

#### Scene 6

The scene begins as the group of villagers encounters Nhamo on his way home.

**Villager 1:** *Honai, haasi Nhamo here uyo?* (He is back so soon.)

[*vano tarisa vachishamisika. (Villager 2 looks surprised and puzzled)*]

**Villager 2:** *Asi zvine manenje, haasi riye here vekusungwa nemnya yekudanana nekamuform 2 kaya. (That is strange, was he not arrested for statutory rape?)*

**Village 3:** *Pamwe mhuri yavo yakabhadhara muchuchisi mazuvano mari yako. (Maybe his family paid off the prosecutor to hush it up.)*

**Villager 4:** *Hazvina kunzi here mhuri yemusikana yakatambira roora, ndipo pakuzono dzimisa Nyaya. (Or perhaps the girl's family accepted lobola, and they decided to drop the charges.*

[The group continues walking, their curiosity piqued.]

**Villager 1:** *Zvinhu zvacho hazvinzwisike. Tofanira kuti titsvage kuti chii chakaitika. (It is so unclear. We need to find out what happened)*

**Villager 2:** *Hongu!* (Yes!)

## APPENDIX G: POST GBV EDUCATIONAL PROGRAMME ACTIVITIES

**Seke North Circuit- PPRC week  
Conflict resolution procedures and mechanisms within our charges**

Conflict: a serious incompatibility between two or more opinions, principles, or interests

Charge: refers to a group of churches or congregations that are grouped under the spiritual leadership of a single pastor or team of pastors. This grouping is often referred to as a "charge conference", where a licensed or ordained minister is appointed as pastor in charge.

Conflict resolution: procedures and mechanisms are steps taken to manage and resolve disputes constructively and respectfully. The process of resolving disputes or disagreements between individuals, groups, or organisations. It involves finding a mutually acceptable solution that addresses the needs and concerns of all parties involved.

And one point or the other, in our daily interactions with each other in our charges, conflict is a natural part of human relationships. It can arise from various sources, including different values and goals, miscommunication and misunderstandings, competing interests or needs, cultural and personality differences, unresolved issues, changing circumstances, or expectations. We should, however, confront conflict positively as an opportunity for growth, learning and deeper understanding.

When we are faced with a conflict as a charge, we look up to Jesus for guidance. The key question to answer is "What would Jesus do?". In Matthew 18: 15 to 17, Jesus gives us a formula for resolving conflicts. The following are the words of Jesus \*Moreover, if your brother sins against you, go and tell him about his fault between you and him alone. But if he will not hear, take with you one or more that by the mouth of two or three witnesses, every word is established, and if he refuses to hear them, tell it to the church. But if he refuses to hear the church, let him be to you like a heathen and a tax collector. \* The Bible teaches us several clear procedures and mechanisms that Jesus taught in solving conflicts.

1. Keep the matter confidential. If a problem is shared with only those directly involved, confidentiality is upheld, and this avoids gossip. The Bible is against gossipers. Proverbs 11:9
2. Keep the circle small\* Don't overshare the problem. If your brother sins against you, go and tell him about his fault between you and him alone. The first step is for one of the two people involved to initiate a face-to-face dialogue. Be bold and take the first step in communicating about the conflict. Most conflicts are solved at the two-person level.
3. Be straightforward\* "Tell him his fault." Jesus tells us to be forthright and to love honestly. Ask God for wisdom. Don't be afraid, even when meeting the other person, begin your time with prayer. Bringing your worries before the Lord is very important. Sometimes it is very difficult to tell someone the very heart of the matter. But restoration and improvement can only come when issues are lovingly yet presented. Proverbs 27v6.
4. Be forgiving. "If he hears you, you have gained a brother." Work on the problem, don't figure out who is right or wrong in the dispute. Finding out who is to blame will not help to solve the problem. Focus on working out the solution to the problem rather than figuring out who is to blame. Once the matter is resolved, we should wholeheartedly forgive. Forgiveness and restoration are the happy conclusion. But what if the individual " will not hear you or openly disagree with your side of the story.
5. Take with you two or more trusted believers and seek help in solving the dispute\*. Each part to the conflict should come forward for help in a spirit of prayer and humility, willing to submit to God's will of being a peacemaker and willing to be corrected. Those of us who bear the name of Christ should joyfully conform to the will of Christ. If both parties are sensitive to Godly principles, an amicable solution becomes achievable.
6. Let's say the conflict still exists and is not solvable by the channels listed above. The next step would be to bring the matter to the church leadership. The church leadership should explain the matter to the pastor in charge, who should decide how best to address the conflict. The goal of tackling the matter at this high level is to get a clear understanding of the problem, solve the problem, correct the parties, if necessary, forgiveness and restoration of the parties.

People never see things the same way somebody else does, but that doesn't have to disrupt the unity within the church. Handling conflict in a loving, peaceful, mature, and forgiving environment allows God to work in incredible ways.

In the name of the Father the Son and of the Holy Spirit.

Amen.

Presenter: Mrs Speaker A

## APPENDIX H: LETTER OF INFORMATION FOR INTERVIEWS

### LETTER OF INFORMATION FOR INTERVIEWS

Title of the Research Study: Communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

Principal Investigator/s/researcher: Blessing Hodzi, M.Sc.

Co-Investigator/s/supervisor/s: Dr. S. Kaye, PhD

#### Brief Introduction and Purpose of the Study:

Hello, how are you? My name is Blessing Hodzi, I am a student at DUT doing research for my PhD in Public Management studies. I would like to invite you to participate in the research, which aims at investigating and understanding the role of four communal institutions: the family, religious institutions, community-based organisations and traditional courts, in resolving GBV. The study will work with those who are 18 years and above and you are free to ask any questions about the study. You are entitled to discuss the study with your family and friends and are under no obligation to commit at this stage. For this purpose, a copy of the Letter of Information document is given to you to take home.

**Outline of the Procedures:** This study aims to investigate and understand the role of four communal institutions: the family, religious institutions, community-based organisations, and traditional courts, in resolving GBV, considering that despite the statutory instruments to deal with GBV, it is not ending but increasing. The study will be based on Action Research and a Qualitative research approach. Research Objectives are to find out what is sustaining GBV, investigate the role of communal institutions in resolving Gender-based violence, identify previous efforts by these communal institutions in ending violence against women, using a participatory action research approach to come up with strategies aimed at reducing GBV and

evaluate the short-term outcomes of the intervention. I will carry out interviews with the community leaders, such as pastors, chiefs and Community Based Organisations operating in Ward 8 representatives. In total, I will interview 15 people to answer research questions on what is sustaining GBV, what are the current strategies being used to end GBV and what can be proposed to combat GBV. I will purposively select the interviewee because the participants should be able to effect change within their institutions. I will use the interview guide with set questions. These interviews will be based on the principle of volunteerism and the information obtained will be used for research only. The interviews will be private and safe as well, while observing the COVID-19 regulations.

**Risks or Discomforts to the Participant:** Foreseeable risks of the research will be stress caused by the retelling of certain violent episodes during the participant's life.

**Explain to the participant the reasons he/she may withdraw from the Study:** You shall not be forced to participate. If you want to withdraw from research, I shall respect your wishes and those who would have withdrawn shall not be affected in any way. Since there is a possibility of igniting traumatic experience, the researcher shall respect any issues should you choose to withdraw.

**Benefits:** The aim of the research at the end is to be able to transform relations between men and women; hence, participants are likely to benefit from harmonious and peaceful coexistence with their counterparts. GBV is a cancerous animal that has eroded women's rights as well as disempowered them. It is my aim that through this research, I will work towards gender equality and the elimination of all forms of violence. To the researcher, I believe I am going to benefit immensely through enrichment of knowledge, and as a woman personally this will benefit me at large. Academically, it will aid me to be able to work on Gender topics and collaborate with local organizations in publishing relevant materials.

**Remuneration:** There will be no monetary or any other form of remuneration given to participants, having understood that remuneration may facilitate people to act differently as compared to without remuneration.

**Costs of the Study:** The study will be free of costs; participants are not expected to pay anything.

**Confidentiality:** Confidentiality shall be maintained; your name shall not be disclosed, and data will be presented in such a way that will protect you to avoid backlash and stigma.

**Results:** A copy of the completed research will be given to the community churches and the chief to disseminate to participants. I will also have a group meeting to inform all the participants of the final product, as well as communication of new findings.

**Research-related Injury:** Participants shall be referred to the Seke Rural Community-Based organization and pastors for counselling if the research would have activated Post Traumatic Stress Disorder (PTSD).

**Storage of all electronic and hard copies, including tape recordings,** I will be responsible for keeping of Data collected and information collected shall be kept for 5 years in case there is a need to revise and review the study. It is kept under lock and key and in a password-protected computer.

Persons to contact in the Event of Any Problems or Queries:

Please contact the researcher on +26377381568, my supervisor, Dr. S. Kaye, on +27720703603, or the Institutional Research Ethics Administrator on 031-3732375. Complaints can be reported to the Director: Research and Postgraduate Support, Dr L Linganiso, on 0313732577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).

## **TSAMBA YEHURUKURO YEBVUNZURUDZO [Shona]**

Musoro vetsvakurudzo: communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

**Muongorori:** Blessing Hodzi, M.Sc.

Mudzidzisi: Dr. S. Kaye, PhD

Pfupiso yechidzidzo:

Makadii? Zita ndinoitwa Blessing Hodzi, ndiri mudzidzi vechiremba vedzidzo maringe nerunyararo. Ndinokukaiwokutitizoitaongororonetsvakurudzoyemhirizhongamudzimba. Banza rechidzidzo ichi ndere kunzwisisa to nekutsva kurudza donzo remapazi ari munharaunda mukugadzirisa nyaya dzemhirizhonga mudzimba. Mapazi anoti chichi, mhuri, kwamambo uye zvemabazi mawevo arimo munharaunda. Zvaita kuti ndide kuita tsvakurudzo iyi inyaya yekuti bumbiro remutemo rakaiswa kupedza mhirizhonga mudzimba asi nanhasi mhirizhonga mudzimba idambudziko ranetsa. Tsvakurudzo iyi ichange ichishandisa inonzi Action Research neQualitative kuita tsvakurudzo idzi nekuti zvinotendera mutsvaki kuti abvunze vanhu maonero, zvikonzero nemafungiro avo kudambudziko iri uye zvekuona nekuita zvingaitwa kuti dambudziko iri ripere.

**Zvichangezvichiitwa:** Tsvakurudzo iyi ichange ichiita nhaurirano nevakuru vemaboka, uyezve kuita rondedzero yenyaya. Vanchevachi taurwa navo vachangopa mafungiro avo nemaonero avanoita padambudziko iro, zvisanganikwa uye zvekupa zvingaitwa kupedza dambudziko iri. Tsvakurudzo iyi ichashanda nevanhu makumi mashanu nenhanhatu vachasarudzwa nemudzidzi. Ndichange ndichiita nhaurirano nevakuru venzvimbo kuti tione mafungiro avo kuti dambudziko iri riri kukonzwerwa nei uye ringapera sei.

**Zvipingaidzokunevachapindura:**Tsvakurudzo kana chidzidzo ichi chichagona kukonzera kushushikana kwepfungwa mushure mukurangaridzwa zvakamboitika nedambudziko remhirizhonga mudzimba.

**Zvikonzerozvinoitamupinduriasiyetsvakurudzoiyi:** Vapinduri havasi kuzomanikidzwa. Saka kana vakada kuzoregedza kuita tsvakurudzo iyi neni vanotenderwa kusiya. Ndicharemekedza zvishuwo zvavo zvekusiya nekuti panogona kuita dambudziko rekushungurudzwa nepfungwa kuburikidza nendangariro dzinorwadza.

**Mabhenefiti:** Chinangwa chetsvakurudzo kuunza shanduko pahukama hwemunhukadzi nemunhurume saka mabhenefiti azvo ndeekunza kugarisana zvakanaka zvisina mhirizhonga kuunza runyararo munharaunda.

Iniwo ndichabatsirikana neruzivo uye zvekubatsirikana mukunyora zvimwe zvine rengopamusoro pemhirizhonga mudzimba.

**Mubhadharo:**Hapana muripo vemari kana umwe zvavo nekuda kwekuti mubhadharo unogona kuita kutitsvakurudzo isabuditsa nyaya Chaiyo nekutivanhu vanenge vakuda kufadza mutsvaki nemhinduro dzisiri chaidzo.

**Mutengovezvidzidzo:**Chidzidzo chichange chiri chemahara vapinduri havasi kutarisirwa kubhadharwa muripo.

**Zvakawanzika:** Tsvakurudzo ichachengetedza mazita evapinduri kuitira pasazoita rusarura uye zvevapinduri vagadzikane. Zvivanikwa zvetsvakurudzo zvichanyorwa zvisingashandise mazita chaivo evapinduri.

**Zvivanikwa:**pachaitwa kopi ichapiwa mambo nemafundisi kuti azopa varimunharaunda. Ndichaita ungoro yekupedzisira tichiita hurukuro dzezvabuda mutsvakurudzo.

**Tsvakurudzo-nezvinokuvadza:** Vapinduri vachaendeswa kuvafundisi nebazi remunharaunda rinokwanisa kutaura nevanhu vanenge vashungurudzika.

**Kuchengetedzwakweruzivo:** ndichange ndichi chengetedza ruzivo rwunenge rwabuda muongororo. Ndichachengetedza ruzivo urwu kwemakore mahanu kuitira gadziriso

Vanhu vekubata kubvunza kana kupira zvichemo:

Ndibatei pa +26377381568, kana kuti Foromani Dr. Kaye on +27720703603 kana kuti the Institutional Research Ethics Administrator on 031 3732375. Zvichemo zvinoendeswa kune mukuru veResearch and Postgraduate Support Dr L Langaniso on 0313732577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).

## **APPENDIX I: LETTER OF INFORMATION FOR FOCUS GROUP DISCUSSIONS**

Title of the Research Study: Communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

Principal Investigator/s/researcher: Blessing Hodzi, M.Sc.

Co-Investigator/s/supervisor/s: Dr. S. Kaye, PhD

Brief Introduction and Purpose of the Study:

Hello, how are you? My name is Blessing Hodzi, I am a student at DUT doing research for my PhD in Public Management studies. I would like to invite you to participate in the research, which aims at investigating and understanding the role of four communal institutions: the family, religious institutions, community-based organizations and traditional courts, in resolving GBV. The study will work with those who are 18 years and above and you are free to ask any questions about the study. You are entitled to discuss the study with your family and friends and are under no obligation to commit at this stage. For this purpose, a copy of the Letter of Information document is given to you to take home.

**Outline of the Procedures:** This study aims to investigate and understand the role of four communal institutions: the family, religious institutions, community-based organisations and traditional courts, in resolving GBV, considering that despite the laws put in place to end GBV,

it remains a problem. I will carry out Focus Group Discussions with two (men and women) groups of 20 people. This group will consist of men and women who are advisors in different denominations. These people offer marital counselling or marriage advice to their fellow community members. The researcher aims to find out what is sustaining GBV and what can be done to end it. I will also carry out an FGD with a Sunday school teacher to find out what can be done to reduce GBV. The rationale behind this group is that socialization comes through teaching. Members of the community will also be engaged to find out the role of the family institution in resolving GBV. I believe that through these discussions, we will be able to come up with an intervention that is community-owned.

**Risks or Discomforts to the Participant:** Foreseeable risks of the research will be discomfort or shyness in elaborating on personal perspectives.

**Explain to the participant the reasons he/she may withdraw from the Study:** Participant shall not be forced to participate. Thus, should they want to withdraw from research, I shall respect their wishes and those who would have withdrawn shall not be affected in any way. Since there is a possibility of igniting traumatic experience, the researcher shall respect the participant's issues should they choose to withdraw.

**Benefits:** The aim of the research at the end is to be able to transform relations between men and women; hence, participants are likely to benefit from harmonious and peaceful coexistence with their counterparts. FDGs will create a platform for people to talk about GBV as a community and engage with different stakeholders. GBV is a cancerous animal that has eroded women's rights as well as disempowered them. It is my aim that through this

research, I will work towards gender equality and the elimination of all forms of violence. To the researcher, I believe I am going to benefit immensely through enrichment of knowledge and as a woman personally, this will benefit me at large. Academically, it will aid me to be able to work on Gender topics and collaborate with local organizations in publishing relevant materials.

**Remuneration:** There will be no monetary or any other form of remuneration given to participants, having understood that remuneration may facilitate people to act differently as compared to without remuneration.

**Costs of the Study:** The study will be free of costs; participants are not expected to pay anything.

**Confidentiality:** Confidentiality shall be maintained; names of participants shall not be disclosed and data will be presented in such a way that will protect participants to avoid backlash and stigma.

**Results:** A copy of the completed research will be given to the community churches and the chief to disseminate to participants. I will also have a group meeting to inform the participants of the final product, as well as communication of new findings.

**Research-related Injury:** Participants shall be referred to the Seke Rural Community-Based organization and pastors for counselling if the research would have activated Post Traumatic Stress Disorder (PTSD).

**Storage of all electronic and hard copies, including tape recordings** I will be responsible for keeping of data collected and information collected shall be kept for 5 years in case there is a need to revise and review the study.

Persons to contact in the Event of Any Problems or Queries:

Please contact the researcher on +26377381568, my supervisor, Dr. Kay, on +27720703603 the Institutional Research Ethics Administrator on 031 3732375. Complaints can be reported to the Director: Research and Postgraduate Support, Dr L Linganiso [on0313732577orresearchdirector@dut.ac.za](mailto:0313732577orresearchdirector@dut.ac.za).

TSAMBA YEHURUKURO MUMAPOKA [Shona]

Musoro vetsvakurudzo: communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

**Muongorori:** Blessing Hodzi, M.Sc.

Mudzidzisi: Dr. S. Kaye, PhD

Pfupiso yechidzidzo:

Makadii? Zita ndinoitwa Blessing Hodzi, ndiri mudzidzi vechiremba vedzidzo maringe nerunyararo. Ndino kukokaiwo kuti tizoita ongororo netsvakurudzo yemhirizhonga mudzimba. Banza rechidzidzo ichi nderekunzwisisa to nekutsvakurudza donzo remapazi ari munharaunda mukugadzirisa nyaya dzemhirizhonga mudzimba. Mapazianoti chechi, mhuri, kwamambo uye zvemabazi mamwevo arimo munharaunda. Zvaita kuti ndide kuita tsvakurudzo iyi inyaya yekuti bumbiro remutemo rakaiswa kupedza mhirizhonga mudzimba asi nanhasi mhirizhonga mudzimba idambudziko ranetsa. Tsvakurudzo iyi ichange ichi shandisa inonzi Action Research neQualitative kuita tsvakurudzo idzi nekuti zvinotendera mutsvaki kuti abvunze vanhu maonero, zvikonzero nemafungiro avo kudambudziko iri uye zvekuona nekuita zvingaitwa kuti dambudziko iri ripere.

**Zvichangezvichiitwa:** Tsvakurudzo iyi ichange ichiitwa vanhu vari mumapoka mapoka kuitira vaite nhaurirano vachitaura maonero avo. Ndichakumbira kushanda neboka remadzimai nerevarume avo vanonzi ana chipanga mazano mumakereke avo kuti vatipe zvavanosangana

nazvo mukugadzirisa dambudziko remhiri zhonga pakati pemadzimai nevarume uyezve vatipewo mafungiro avanoita kuti dambudziko iri ripere.

**Zvipingaidzo kuneva chapindura:**Tsvakurudzo kana chidzidzo ichi chichagona kukonzera kushushikana kwepfungwa mushure mukurangeridzwa zvakamboiti kane dambudziko remhirizhonga mudzimba.

**Zvikonzero zvinoita mupinduri asiye tsvakurudzo iyi:** Vapinduri havasi kuzomanikidzwa. Saka kana vakada kuzoregedza kuita tsvakurudzo iyi neni vanotenderwa kusiya. Ndicharemekedza zvisiwo zvavo zvekusiya nekuti panogona kuita dambudziko rekushungurudzira nepfungwa kuburikidza nendangariro dzinorwadza.

**Mabhenefiti:** Chinangwa chetsvakurudzo kuunza shanduko pahukama hwemunhukadzi nemunhurume saka mabhenefiti azvo ndeekunza kugarisana zvakanaka zvisina mhirizhonga kuunza runyararo munharaunda. Iniwo ndichabatsirikana neruzivo uye zvekubatsirikana mukunyorora zvimwe zvizverengo pamusoro pemhirizhonga mudzimba.

**Mubhadharo:** Hapana muripo vemari kana umwe zvavo nekuda kwekuti mubhadharo unogona kuita kuti tsvakurudzo isabuditsa nyaya Chaiyo nekuti vanhu vanenge vakuda kufadza mutsvaki nemhinduro dzisiri chaidzo.

**Mutengo vezvidzidzo:** Chidzidzo chichange chiri chemahara vapinduri havasi kutarisirwa kubhadhara muripo.

**Zvakawanzika:** Tsvakurudzo ichachengetedza mazita evapinduri kuitira pasazoita rusarura uye zvevapinduri vagadzikane. Zvivanikwa zvetsvakurudzo zvichanyorwa zvisingashandi semazita chaivo evapinduri.

**Zvivanikwa:**pachaitwa kopi ichapiwa mambo nemafundisi kuti azopa varimunharaunda. Ndichaita ungoro yekupedzisira tichiita hurukuro dzezvabuda mutsvakurudzo.

**Tsvakurudzo-nezvinokuvadza:** Vapinduri vachaendeswa kuvafundisi ine bazi remunharaunda rinokwanisa kutaura nevanhu vanenge vashungurudzika.

**Kuchengetedzwa kweruzivo:** ndichange ndichichengetedza ruzivo rwunenge rwabuda muongororo. Ndichengetedza ruzivo urwu kwemakore mashanu kuitira gadziriso

Vanhu vekubata kubvunza kana kupirazvichemo:

Ndibatei pa +26377381568, kana kuti Foromani Dr. Kay on +27720703603 kana kuti the Institutional Research Ethics Administrator on 031 3732375. Zvichemozvinoendeswa kune mukuru veResearch and Postgraduate Support Dr L Langaniso on 0313732577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).

## APPENDIX J: CONSENT FORMS

Full Title of the Study: communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

Names of Researcher/s: Blessing Hodzi

Statement of Agreement to Participate in the Research Study:

You hereby confirm that you have been informed by the researcher, Blessing Hodzi

About the nature, conduct, benefits, and risks of this study and of this informed consent have been explained to you in a language that you understand- Research Ethics Clearance Number:

- You also received, read and understood the above written information (Participant Letter of Information) Regarding the study.
- You are aware that the results of the study, including personal details regarding your sex, age, date of birth, initials, and diagnosis, will be anonymously processed into a study report.
- Given the requirements of research, you agree that the data collected during this study can be processed in a computerised system by the researcher.
- You may, at any stage, without prejudice, withdraw my consent and participation in the study.
- You have had sufficient opportunity to ask questions and (of your own free will) declare yourself prepared to participate in the study.
- You understand that significant new findings developed during this research may

Relate to your participation will be made available to you.

---

Full Name of Participant      Date      Time      Signature      /      Right

Thumbprint

\_\_\_\_\_  
Full Name of Researcher      Date      Signature      \_\_\_\_\_

\_\_\_\_\_  
Full Name of Witness (If applicable)      Date      Signature      \_\_\_\_\_

\_\_\_\_\_  
Full Name of Legal Guardian(If      applicable)      Signature      \_\_\_\_\_

I, Blessing Hodzi here with confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

CHITENDERO [consent, Shona]

Musoro veongororo: communal institutions resolving Gender-based violence: a case of Seke Ward 8, Zimbabwe

Zita remutsvakurudzi: Blessing Hodzi

Chirevo chekubvumira kuita chikamu mutsvakurudzi iyi:

Muno bvuma kuti maudzw anemuongorori Blessing Hodzi maererano nezvinotarisiwa, mabhenefiti nezvinokuvadza zvinovanikwa mutsvakurudzo, Research Ethics Clearance

Number: 2&3

- Mapihwa uyezve manzwisisa tsamba iri pamusoro inotaurane zvetsvakurudzo ino.
- Munoziva kuti zvivanikwa zveongoro iyi maererano nemakore, zuva ramakabarwa zvichange zvisinga zivikanwe.
- Maringe netsvakurudzo ino mabvimira kuti ruzivo rwacho rwushambadzirwe nekombiyuta.
- Munogona kusiya tsvakurudzo kana kukanzura chibvumiro chenyu cheronguva kana danho zvisinakutya.

Mabvunza munbunzo maringe neongotoro iyi saka munoti ndinoda kuvavo muongororo iyi zvisina kumanikidzwa.

Manzwisisa kuti rumwe ruzivo rwunga vanikwa mutsvakurudzo iyi maringe nekuvamupinduri muchaziviswa.

Ini, Blessing Hodzi Ndinobvuma kuti vapinduri vaudzwa zvese zvine chekuita netsvakurudzi

Zita remupinduri      Zuva    Nguva    Signature      /      Rwerudyi

chigunwe

Zita remutsvakurudzi    Zuva    Signature

Zita remuhwitinisi      Zuva    Signature