

GLOBAL JOURNAL OF INTERDISCIPLINARY SOCIAL SCIENCES

ISSN: 2319-8834

(Published By: Global Institute for Research & Education)

www.gifre.org

DETERMINANTS OF VIOLENCE AGAINST WOMEN AND GIRLS IN MUTARE URBAN, ZIMBABWE

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Abstract

Violence against women and girls is determined by various factors that are culturally accepted regardless of the negative consequences that ensue. The study was done in Mutare Urban using qualitative research methods with women in the reproductive age range being the target group. The study noted that physical abuse, sexual violence and emotional/psychological abuse are determined primarily by a culture of silence that is deeply embedded in patriarchal societies. Socio-cultural factors, religious beliefs, economic and policy implementation problems underlie a culture of silence that succeeds amongst the victims of violence. The study recommends economic empowerment of women and provision of information, education, communication and counselling with regards to the determinants of violence against women and girls to both males and females in communities. There is need for education about grievance processes and scaling up of policy implementation for the purpose of controlling violence that is perpetrated against women and girls.

Keywords: physical, sexual, emotional violence, Mutare, Zimbabwe

INTRODUCTION

UNFPA (2005) noted that violence against women and girls has emerged as a major issue on the international human rights agenda. This recognition has been achieved largely through the persistent advocacy efforts of women's organizations around the world. Such violence includes a wide range of violations of women's rights, including physical abuse, emotional abuse, and pornography, trafficking in women, rape, verbal abuse, economic abuse and issues of "structural violence" such as lack of access to schooling, education and resources (UNFPA 2005).

The United Nations General Assembly passed its first resolution on violence against women in November 1985. The next major turning-point in the development of an international consensus on the issue occurred when the United Nations Commission on the Status of Women convened a special working group to draft a declaration on violence against women (UNFPA 2006). Adopted by the General Assembly in 1993, the declaration provided, for the first time, an official United Nations definition of what constituted gender-based violence (GBV). Subsequently, the United Nations International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994, made strides towards appreciating the importance of protecting women and girls from all forms of GBV. It was affirmed in the programme of action that women's rights are an integral part of all human rights (UNFPA 2006, Diniz and D'Oliveira 1998). The ICPD was the first international forum to acknowledge that enjoyment of sexual health is an integral part of reproductive rights. It was noted that:

Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relationships and reproduction, including full respect for the physical integrity of the human body; require mutual respect and willingness to accept responsibility for the consequences of sexual behavior. (ICPD Programme of Action, para. 7.34, cited by UNFPA 2005).

Also, the Fourth World Conference on Women: Action for Development, Equality and Peace, held in Beijing, China, in 1995, progressed well towards sustaining the international community's focus and moved the agenda forward on women's rights issues, including GBV (UNFPA 2005). It was discovered after worldwide research that domestic violence is a serious problem. Furthermore, the United Nations called for a global action to end violence against women and girls; in particular, through the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), which Zimbabwe has also signed and ratified. However the problem is on implementation. The CEDAW defined GBV as:

... any act of 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 deprivations of liberty, whether occurring in public or private life (UN General Assembly, 1993:1).

Furthermore, the Southern African Development Community (SADC) heads of States on 14 September 1998 in Mauritius signed an addendum to the 1997 Declaration on Gender and Development on "The Prevention and Eradication of Violence against Women and Children" (cited by the Ministry of Women Affairs, Gender and Community Development 2011). They resolved to adopt measures aimed at enacting laws making various forms of violence against women, clearly defined crimes with appropriate penalties in order to prevent and eradicate domestic violence, but the problem still centres around implementation.

The larger population of Zimbabwe is in rural areas where they do not know anything about international, regional and national policies on GBV. Outreach programmes on GBV are not in fact reaching every Zimbabwean woman revealing that some people are not being educated. The criminal justice system particularly the police are sometimes treating domestic violence as family matters that require family members to resolve instead of taking appropriate legal measures. Some forms of GBV like spousal rape cause women to be shameful to report and as a result they became trapped in the culture of silence not knowing that they are promoting further violence. As a result, they are being affected regardless of the availability of all the statutory instruments.

Musasa Project (2008) pointed out that violence against women is a substantial problem in Zimbabwe. It has been argued that women are at risk of violence by men known to them, within the privacy of their homes. One of the major obstacles is that much of what happens is not reported to the police, social welfare or other organizations. As such, there are no accurate figures on the extent to which women are vulnerable to different forms of abuse. It was noted by Musasa (2008) that police, courts and women organisations' records only represent the tip of the iceberg. A lot of factors underlie such a notion.

Violence against women has its roots in the power-inequalities between men and women (Garcia and Watts 2005, 2006). In Zimbabwe, the Musasa Project provides services for men and women experiencing abuse, works to challenge the acceptability of violence against women, and to reform the institutions that help support its perpetuation. In 1996 Musasa Project interviewed a representative random sample of 996 women about their experiences of physical, sexual, psychological and economically disempowering forms of abuse. Thirty-two percent of women reported experiencing physical abuse since the age of 16; 25% reported being kicked, bitten, slapped or beaten; 19% had been threatened with physical violence; 37% reported some form of sexual harassment or abuse (Garcia and Watts 2006)). Most often, the perpetrator was the woman's current or former partner. Twenty-five percent of married women reported being forced to have sex when they did not want to; 18% of women's partners had boasted about or brought home girlfriends.

Regardless of all the recommendations made at national and international level in terms of protecting women and girls from all forms of GBV, women are still being abused on the ground (UNFPA 2011). This is due to various factors such as cultural practices, which perceive women as subordinates to their spouses. The gender-based power inequalities between men and women in patriarchal societies contribute a lot to the violation of women's rights. Women may not be allowed to make decisions on matters that concern their reproductive health such as condom use as dual protection. One of the traditional beliefs in many societies is that women should remain quiet whenever they are violated of their rights especially those women in marriage. This culture of silence among women also perpetuates violence against them as men take advantage.

Methods

Study design

The study targeted women and girls in the reproductive ages (15-49 years) because they are more vulnerable to GBV. Mutare Urban was purposively selected because it was realised that violence against women and girls is common in the city. Qualitative methods were used in the study. Focus group discussions, key informant interviews and in-depth interviews were used to collect qualitative data.

Data Collection Methods and Tools

Sampling procedures

The sampling procedure was done in stages because different kinds of participants were required (women and girls who experienced violence who participated in the in-depth interviews, professionals from women organisations who were key informants and men and women who took part in the FGD). Therefore, the first stage was the selection of Mutare Urban and subsequently the researchers worked with women organisations in Mutare to purposively select ten (10) women and girls who experienced various forms of violence, two (2) professionals and ten (10) (5 men and 5 women). The sample constituted twenty-two (22) participants in total.

Focus Group Discussions

One FGD (using a FGD guide) was conducted with men, women and girls aged 15-24, 25-39 and 40-49 regardless of whether they experienced violence. The FGD had ten participants. The selection of the participants was based on availability and willingness to participate. The FGD was conducted to get a community perception about the determinants of violence against women and girls in Mutare Urban. The FGD was conducted in vernacular. One of the authors of this paper was a moderator whilst the other two were note-takers during the discussion. The FGD lasted one and half hours.

Key Informant Interviews

Two key informant interviews (one with a male and the other one with a female) were conducted with professionals from the women organisations in Mutare. The professionals were purposively selected. Key informant interviewees were experts who provided statistics on the prevalence of violence against women and girls in Mutare and its determinants.

In-depth interviews

Ten in-depth interviews were conducted with women who were purposively selected and volunteered to participate. In-depth interviews were conducted in order to obtain an in-depth understanding of the determinants of violence against women and girls right from those who were violated of their rights.

Data Management and Analysis

Qualitative data were captured through note taking and audio-taping. These data were transcribed, translated and typed. The Ethnography Software was used to analyse the data using the thematic approach.

Ethical considerations

Participants had freedom to participate in the study. They were not coerced, deceived or induced the time informed consent was being sought. Privacy and confidentiality was ensured and emphasised in the study. Before signing consent forms, participants were told about the following: the purpose and objectives of the research; what was expected of a research participant; expected risks and benefits; the fact that participation was voluntary and that one can withdraw at any time with no negative repercussions; anonymity of the data collected in order to enhance confidentiality; and the name and contact information of the investigators to be contacted for questions or problems related to the research. All participants aged 18 years and above signed consent forms. In addition, parental consent forms and individual ascent forms were signed for participants under the age of 18 years

Results

Socio-demographic variables of the women and girls who took part in the in-depth interviews

The study noted that of the ten respondents who participated in the in-depth interviews eight of them were in the age range 15-35 years, and the other two were slightly above forty years. Three out of those ten participants were girls, the other three were divorced and the remaining four were in abusive and traumatising marriages. It was also revealed by the study that seven respondents who took part in the in-depth interviews were in the Apostolic sects and the other three were; two in the Mainline churches one in Pentecostals. The study found out that nine of those women in the reproductive age range were unemployed and had primary education as the highest level of education attained.

Forms of Violence against Women and Girls

Although there are various forms of violence against women and girls worldwide, this study looked at three; physical violence, sexual violence and emotional abuse that were commonly experienced and reported by the respondents.

Determinants of Violence against Women and Girls Socio-cultural beliefs

It was revealed by the study that violence against women and girls is based on socio-cultural beliefs that give rise to gender norms and social values where men and women are expected to assume accepted roles and responsibilities. Such norms and values socialize males to be aggressive, powerful, controlling and remain dominant whilst women are expected to be passive and submissive to their partners regardless of their ability to contribute meaningful ideas. This situation results in power inequality between men and women.

One participant had this to say:

I am not allowed to make any decision including those that I know I should make especially when it comes to what is required in the kitchen. Instead, if I do that my husband beats me, he uses vulgar words even if children are there and he constantly tells me that he paid bride-price and as such I am his property which is quiet for life.

Another male participant who took part in the FGD echoed:

Women should always be aware that they left their original families to join other families and as a result, they can not make decisions in those "new" families. They should listen to their husbands and if they fail, they face the consequences.

One of the key informants revealed that:

Surely women and girls are abused in various ways in this community. The worst case we heard was a woman who lost her life after she was severely stabbed by a knife for refusing unprotected sex with her husband whom she knew that he had girlfriends. The husband was saying that he had the responsibility of making all decisions in his family.

The fact that women are culturally expected to be submissive to their husbands was supported by another participant from the FDG who pointed out that:

I have never heard in my life my father appreciating and accepting my mother's initiatives. I am not yet married and my experience, based on what I perceive in my family, is that women are not capable of making good decisions for the family. But is it true? The abuse is more common among married women. Whether it is true or not, I would not want to conclude but I think my mother is being abused by her husband. Why is it that in formal organizations, women are now holding positions of power that require decision making everyday? If they can do that, what about in small families with just a few members

A key informant also revealed that:

The problem originates from socio-cultural and traditional beliefs, ignorance of the law, one's level of education and to some extent lack of information, education and communication (IEC). I have seen that most married and uneducated women do not know that spousal rape, which in most cases is perpetrated without protection is a crime. How can you expect a mature woman to remain quiet when she is regarded as a "sex machine" that needs no protection by her husband only for the reason that he paid bride-price? Women need to be educated on this subject.

Culture of silence

The study noted that despite the high prevalence of various forms of violence against women and girls, there is a culture of silence around the issue. Socio-cultural, resource and service-related reasons keep this issue in the shadows. Victims may be afraid to speak out as they lack the services and support systems to give them the help they need. Also, victims may consider it unnecessary to break the culture of silence if the state lacks appropriate judicial systems and measures to punish offenders adequately. Additionally, the fact that most women are not economically empowered and therefore rely on their spouses for their economic wellbeing yet their spouses abuse them contributes to the culture of silence.

One of the in-depth interview participants pointed out that:

I can not say anything because I am a woman. I experienced three miscarriages in my life because of physical abuse. I am now tired of reporting the cases because sometimes the police just treat that as family matters that can be solved at family level. As such, it is better to close my mouth. The Almighty God will intervene.

Another participant echoed:

I am not educated. If I report him to the police, he will chase me out of home and I lose marriage. As a result I will try to contain the vulgar words he always uses against me.

Another FGD participant asserted that:

Women should be economically empowered in order for them to have a say in households because money is everything. Men can be quiet and listen to their spouses if they themselves do not have money. Additionally, economically empowered women whose rights are violated can use their money to pursue justice, hence breaking the culture of silence.

One of the key informants had this to say:

The culture of silence is partly caused by the bureaucratic nature of the judicial system in the country even with cases such as sexual violence that require accelerated speed as the victims are exposed to sexually transmitted infections (STIs). When a woman or a girl is rapped, it is important to take the matter seriously without delay because this involves another person's health. Also those responsible officials should be trained on how to handle case of violence against women and girls.

Educational Level

It was noted in the study that education of women and girls is important for them to be able make decisions that can accepted by their male partners. Those who are not educated are more vulnerable to GBV.

One of the participants reported that:

I am not educated, I do not have money, I do not have a job and I do not know all of my rights. So my spouse takes advantage to physically and sexually abuse me.

A participant who took part in the FDG had this to say:

I know that spousal rape is there in households and is common among the uneducated women as they feel inferior to their spouses. They do not know their rights as well as the legal consequences of that act. Some time ago one woman told me that her husband could not let her rest and that she did not want to bear children any more. She was complaining of relationship dissatisfaction and gynecological problems. She only managed to tell me that because she is my friend and when I tried to help her I realized that she did not want to incriminate her husband despite the unwanted pregnancy and the STI she once contracted.

Supporting the relationship between education and GBV, one of the key informants had this to say:

We observed that most women and girls who experience GBV have primary education only. These women have lower chances of enjoying higher standards of living and as such; they remain in the poverty trap hence more vulnerable to forms of GBV. They are also looked down upon and they have lower chances of coming up with supported initiatives resulting in doubting their potential.

Another key informant supported the above point buttressing that:

Women who end at primary education are ignorant. They do not know the law. Some of them do not know that they are sexually abused to such an extent that they experience unwanted pregnancies, which in most cases are illegally aborted. In some cases, their neighbours report for them.

Marital status

The results of the study indicate that GBV was mostly perpetrated by husbands or former husbands of the participants since most of the victims were married or formerly but divorced because of abuse.

One of the participants had this to say:

I am married and have nothing to say if he sexually and physically abuses me. Remember he paid bride-price. Even if I go back to my original family, they will tell me to go back to my husband because they say that they nolonger have anything to give him if he demands his bride-price back.

One of the victims of emotional abuse reported that:

I am tired of this marriage. Just imagine that my husband does not allow me to visit my original family. He says that members of my family are witches and if I visit them, automatically, he will be bewitched. How can that be? I am not a witch and I shall never be one. Honestly, I am an isolated woman. Furthermore, I do not have friends because of him.

ISSN: 2319-8834

Another victim of emotional abuse echoed:

I divorced him because of his actions. I was feeling lonely the time I was married because he would reject me in front of others. I am feeling better now.

These results were also supported by a participant from the FDG who had this to say:

Sometimes I wish I could stay alone. Men are abusive to such an extent that you regret being married. If you can look at me now, you notice that I do not have two teeth. I lost them two years ago when my husband hit me with a small wooden bar. Five years ago I experienced premature labour because he beat me with clenched fists whilst I was pregnant.

Another participant from the FDG had this to say:

Married men claim that they pay bride-price as an excuse for solely deciding when to have sex with their spouses. That also extends to the fact that women can not comfortably ask for condom use even if they know that their spouses are in extra marital relationships. As such, married women are now more vulnerable to STIs.

One of the key informants buttressed that:

Most of the reports about GBV are from married women. One woman who reported recently said that when her husband spends at least a night out, he shouts at her continuously that she is not given time to ask where he was. She also said that even if she wants to maintain her marriage, she is afraid of getting infected. We later found that she attempted to commit suicide as a way of escaping her problems.

Another male participant who took part in the FGD echoed:

Paying bride-price is enough evidence that men have every right to do what they want to their spouses. That involves beating them if they are not listening to men's demands.

Employment status

Unemployed women are more vulnerable to GBV as pointed out by a participant who said that:

I am not employed and I sometimes wish all women were employed because unemployment had made me to be a victim of GBV for quite a long time. I think that would be better in terms of reducing chances of being victims of GBV. I personally observed that there is a relationship between unemployment and vulnerability to physical abuse. My husband always says that I contribute nothing in the family.

Another participant from the FDG echoed:

Poverty is related GBV. Most unemployed women are poor that they get sexually abused in return for financial gains and in most cases without protection as the abusers claim that they paid for the services. The problem is that they experience unwanted pregnancies in addition to STIs.

A male participant who took part in the FGD had this to say:

The main duty of women is attend to children and household chores. Formal employment can make them prostitutes. They should wait for their husbands to for support.

The results were also supported by a key informant who said that:

Poverty seems to be the biggest contributor to physical abuse among women. We receive a very few reports of GBV from women who are employed. Additionally, there are many women who compromise their health in exchange for little money.

Religious beliefs

In religious groups, people are socialized to behave in certain ways that will identify the socialized as part and custodians of such regions. Religious beliefs are just like socio-cultural beliefs which make people accept what is agreed upon regardless of whether the believers' rights are violated or not. As such, the study noted that religious beliefs also determine violence against women and girls.

A participant who took part in the in-depth interviews reported that:

I am in an Apostolic church. I was forced into a polygamous marriage at fourteen years of age to a man who is four times older than me. I had no say because as women, we are not allowed to argue in the church. When I got pregnant for the first time, I almost died due to pregnancy related complications.

A participant who took part in the FDG echoed:

My first sexual experience was forced. I was affected the same way as many other women in our Apostolic churches who are still quiet. I do not know what happened to me as we are not allowed to visit clinics but I am experiencing problems with arousal and I do not enjoy sex at all.

One of the key informants had this to say:

Sometimes you tend to wonder why most women in Apostolic churches are reluctant to report cases of physical abuse that are perpetrated against them by their spouses. Most of them just quietly commit suicide, which does not solve anything.

Another key informant pointed out that:

It is known in Zimbabwe that Apostles are in polygamous marriages and many of their daughters are in arranged marriages but the victims do not report. Women in Apostolic churches are made to believe that forced marriage is not a crime at all even if the husband is four or five times older than the wife.

Discussion

The study focused on determinants of three forms of GBV, which are: physical abuse, sexual violence and psychological/emotional abuse. The findings are consistent with other studies of GBV (World Bank 1993, UNCEF 2011, WHO 2005, 2010). Physical abuse was commonly perpetrated against women and girls in Mutare Urban with the majority of the participants who took part in the in-depth interviews reporting that they once became victims of such abuse. This finding is consistent with other research findings which noted that that 60% of women worldwide ever experienced physical violence in their studies (Musasa Project 2008, UNFPA 2005 2011, WHO 2005, Ellsberg and Betron 2010, UNICEF 2011). Additionally, the study revealed that that the majority of the victims of physical abuse were married, unemployed, and had primary education. It should be highlighted that although physical abuse is well specified in The Zimbabwe Domestic Violence Bill of 2006, most victims of physical abuse do not report the cases due to various reasons. Factors such as socio-cultural norms and values that perceive the abuse as normal; poverty among women caused by poor education and unemployment; ignorance of domestic laws and reporting procedures that promote the culture of silence regardless of the prevalence and negative consequences of physical abuse were noted.

Sexual violence either by a stranger or spouse is another form of GBV that was noted in Mutare Urban. The study also noted that sexual violence against women and girls is related to the victims' level of education, socio-cultural and religious beliefs, marital status as well as their poor understanding of the legal procedures to be followed when one's rights are violated. Most women do not know that their husbands can rape them due to their beliefs as a result of socialisation. They believe that once a husband has married and paid bride-price then there nothing called spousal rape. However, even those who know that spousal rape is a crime as defined in the Sexual Offenses Act Revised in 2001, The Criminal Law (codification and reform) Act, 2006, Chapter 9.23 and the Domestic Violence Bill of 2006, they are reluctant to report the cases for fear of stigmatisation in their families and the community at large (UNFPA 2011).

Musasa Project (2008) pointed out that emotional abuse is difficult to quantify and is the least reported to legal authorities. It includes forced isolation, constant criticism, control, rejection, degrading, terrorizing, corrupting and exploiting. Emotional abuse is motivated by urges for power and control. This study noted that women and girls are emotionally abused especially in the form of forced isolation and prevention from contact with original family members and friends. The study is consistent with a survey by Musasa Project in 2008 in which one participant pointed said that: "I do not have friends because if I visit them my husband says that I have boyfriends. If my friends come to visit, he says that they are teaching me about boyfriends. He starts beating me using fists and sometimes he uses a branch from a tree."

Conclusion

Violence against women and girls is common in Mutare Urban. Such violence is largely dependent on a culture of silence which is also caused by factors such as socio-cultural norms and values, poverty among women, religious beliefs, little or no education and poor policy implementation on matters regarding GBV. It is therefore important for Zimbabwe to implement programmes aimed at economically empowering women and girls. Furthermore, the culture of silence which is deeply embedded in women and girls should be broken through the provision of IEC on the determinants of GBV and its negative effects among the victims. Zimbabwe ratified international and regional policies aimed at curbing GBV and that should be enforced.

Contribution of Authors

Festus Mukanangana conceived the idea and drafted the topic and objectives of the study. He jointly collected data, prepared the manuscript, analysed data with co-authors. He unconditionally approved the manuscript.

Oliver Gore jointly analysed data and prepared the manuscript with the other authors. He formatted the manuscript. He unconditionally approved the manuscript.

Collet Muza jointly collected data with Festus. He also jointly analysed data and prepared the manuscript with the other authors. He unconditionally approved the manuscript.

References

Diniz, S.G. and D'Oliveira, A.F. (1998) Gender Violence and Reproductive Health. International Journal of Gynaecology and Obstetrics, 63 (1) S 33-42.

Ellsberg, M. and Betron, M. (2010) Preventing Gender-Based Violence and HIV: Lessons from the Field, Spotlight on Gender 1-4.

García-Moreno, C. and Watts, C. H. (2006) Women, violence and HIV/AIDS in Zimbabwe. A service of the U.S. National Institutes of Health. International Conference on AIDS, 2006.

García-Moreno, C. and Watts, C. H. (2005) WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on Prevalence, Health Outcomes and Women's Responses. Geneva: WHO Publications.

Ministry of Women Affairs, Gender and Community Development. A Baseline Situation Analysis of Women in Zimbabwe, 2012 Draft Report, 2012.

Musasa Project. (2008). Domestic Violence and HIV/AIDS: Two linked epidemics. Harare: Musasa Publishers.

UNFPA. (2006). Report on Forms of Gender Based Violence in Sub-Saharan Africa South Africa,.

United Nations. (1993). The United Nations Declaration on the Elimination Violence against Women. Geneva: UN General Assembly 1993:1.

UN General Assembly. Universal Declaration of Human Rights, 10 December 1948, 217 A (III), available at: http://www.unhcr.org/refworld/docid/3ae6b3712c.html [accessed 14 December 2014].

UNFPA (2005). State of World Population. The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals. New York:

UNICEF. (2011). The State of the World's Children 2011, Adolescence: An Age of Opportunity. New York: UNICEF.

UNFPA. (2011). Child Marriage by Sub-National Regions. New York:

World Bank. (1993). World Development Report: Investing in Health, New York, Oxford University Press.

World Health Organization. (2005). Violence against Women: A Priority Health Issue. Geneva: WHO Briefing Kit on Violence and Health.

World Health Organization. (2005). Determinants of Gender Based Violence and Its Health Impacts. WHO Publications.

Zimbabwe National Statistics Agency (2010-2011). Zimbabwe Demographic and Health Survey 2011. Calverton: Central Statistics Office (Zimbabwe) and Macro International.