

# CONCLUSIONS AND RECOMMENDATIONS



Ministry of Women Affairs Gender and Community Development officers during the 4Ps Campaign, Chimanimani, Zimbabwe.

Photo courtesy of MWAGCD

## Extent

### Conclusions

Key emerging findings of this research include that

- Zimbabwe has high prevalence of IPV both in lifetime and the 12 months before the survey, with emotional IPV, being the most common form of VAW.
- Disaggregating the prevalence of the different forms of VAW by province shows that VAW dynamics are not homogenous throughout the country. Hot spots for VAW were identified through zoning of the provinces by the prevalence reported. Mashonaland Central has particularly high prevalence of IPV both in lifetime and in the 12 months before the survey.
- There is remarkable underreporting of VAW as indicated by the fact that the majority of women who experienced physical IPV or rape by a non-partner did not report this to the police or health care facilities.
- However a discrepancy identified is the differential reporting of violence with women being more ready to disclose IPV experience compared to the rate of disclosure of perpetration by men.

We recommend the following:

- Provincial statistics from this report should be used to gauge the levels of VAW across the country and inform programmes.
- To curb further escalation of VAW in hotspots like Mashonaland Central which has shown consistently higher levels of violence there is need to accelerate interventions to curb abuse within intimate relationships. In addition, future research is needed to establish the motivating factors that fuel flagrant violations of women's rights in the province.
- Prevention efforts at national and provincial level need to be accelerated and particularly provide interventions to curb abuse within intimate relationships.
- Provision of psychosocial support should be made a priority in responding to VAW. More resources should be allocated towards a health sector response that places mental health services at the centre.
- Further research is necessary to understand the underreporting of VAW in Zimbabwe. Service

providers including police and health facilities need to improve on victim-friendly service delivery.

- VAW campaigns need to empower women and encourage them to speak out and seek help.
- It is necessary for future research to probe why women in Zimbabwe were more likely to report IPV experience while men were more likely to report non-partner rape.

## Patterns and drivers

### Conclusions

- Age, education and employment status are socio-demographic associated with IPV experience and perpetration. Child abuse experience and alcohol consumption by men increases risk of adult IPV perpetration.
- VAW is driven by conservative attitudes by women and men towards gender relations. Both women and men express acceptances of gender equality in the public but do not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom.
- VAW does not currently feature dominantly in public discourse. The absence from discourse in turn implies it is not on the political agenda as a social need that requires to be addressed first and foremost at the level of leadership.
- Politicians do not address VAW holistically in their discourse. Missing from the discourse are the key forms of emotional and economic violence. There is a general lack of depth on VAW response and support. There is little reference to support for VAW survivors, legislative or political responses and advocacy. There is little reference to the effects of VAW on women's health. Only four of all speeches make the link between VAW and HIV.

We recommend the following:

- VAW prevention campaigns need to take into consideration the identified risk groups and target these. In particular, work-place based initiatives will go a long way in targeting the employed men who are more likely to be perpetrators.

- Violence against women can be a reflection of male chauvinism in the society. The government can start by streamlining the education curriculum from primary level to include the teaching of positive gender attitudes that can promote a culture that does not tolerate violence against women.
- It is time for the Zimbabwean government to consider prioritising VAW as a matter of national security. This calls for high level involvement by government and allocation of budgets to address VAW over and above the political will expressed to ensure gender justice and equality.
- Given the findings reported in chapter three that show that emotional and economic IPV are most predominant in the past 12 months, politicians ought to address these more in discourse. Politicians also need to refer to the underlying causes and effects of VAW.

## Effects

### Conclusions

- Women survivors of VAW in Zimbabwe suffer a range of effects including physical injury, hospitalisation, loss of days from work, STI symptoms, economic hardships, stigmatisation, unplanned pregnancies out-of pocket expenses and larger societal costs.
- VAW also has intergenerational effects because children in abusive homes are negatively affected.
- Social stigmatisation for women survivors and fear of family fragmentation hampers them from leaving abusive relationships.

We recommend the following:

- Health systems strengthening to respond to VAW is essential. Health practitioners need to be trained to provide victim friendly services to survivors. Inclusion of the health sector in the VAW referral system should be mandatory.
- Programmes should prioritise child rehabilitation programs as a form of VAW prevention strategy. There is need for the introduction of school based VAW prevention initiatives.
- Campaigns should aim to change conservative attitudes towards gender relations and should encourage communities to be more supportive to VAW survivors.

## Protection

### Conclusions

- Shelter services in Zimbabwe are not proportionate to the need by VAW survivors.
- Both women and men are relatively aware of the DVA and provisions for protection orders.
- Administrative data falls short in depicting the true extent of VAW within the Zimbabwe community.

We recommend the following:

- Government should allocate more resources to existing shelters and for the establishment of new shelters.
- Public awareness campaigns should aim to sensitise communities about the DVA and VAW related laws.
- The Zimbabwean government should adopt the VAW Indicators and commit to allocating resources for periodic VAW studies and dedicated surveys

## Prevention

### Conclusions

- Women and men are relatively unaware of the VAW campaigns. The main source of information about VAW campaigns are from community meetings. Outreach of campaigns has been limited and often excludes the rural residents.
- While the majority of women and men find the campaigns empowering, a greater proportion of men compared to women feel indifferent about the campaigns.

We recommend the following:

- There is need for greater outreach efforts in VAW campaigns especially the 4Ps campaign which promotes equal access to campaign information between women and men. Rural, urban and informal communities should be reached. Also critical is the reach to the youth who in this study were shown to be higher risk groups.
- Co-ordinators of campaigns need to develop strategies that centre on community mobilisation and use of the electronic media. The print media needs to improve on covering campaigns.
- There is need to engage the employed through work based initiatives because often they do not

participate in the community events because these are held when they should be reporting for duty.

- There is need for more concerted effort to change attitudes of men in general but also to make them more receptive of campaigns and campaign messages.

### Integrated approaches

#### *Conclusions*

MWAGCD has successfully launched the National GBV Strategy and is currently disseminating it to the different districts across the country. Challenges in VAW prevention programming include the fact that MWAGCD does not have adequate resources to fully

discharge its duties. Plans are under way to develop a comprehensive GBVIS which will help various actors and stakeholders to access information on VAW in the country.

#### *Recommendations*

MWAGCD and ADVC should consider adopting the VAW Indicators and using the results from this research as a baseline to set targets, indicators, time frame and a strong monitoring and evaluation framework for the National GBV Strategy. More concerted efforts are required to mobilise funds through lobbying for budgetary allocations to ensure the implementation of both the National GBV Strategy and the ADVC Strategic Plan.

### Annex 1: Actual numbers and proportions describing sample

Characteristic	Women		Men	
	Number	%	Number	%
<b>Province</b>				
HARARE	526	15.8	342	10.5
MANICALAND	493	14.8	532	16.3
MIDLANDS	438	13.2	529	16.2
MASVINGO	367	11.0	404	12.3
MASHONALAND WEST	325	9.8	457	14.0
MASHONALAND CENTRAL	319	9.6	256	7.8
MASHONALAND EAST	292	8.8	151	4.6
MATEBELELAND NORTH	202	6.1	206	6.3
MATEBELELAND SOUTH	194	5.8	195	6.0
BULAWAYO	170	5.1	202	6.2
Total	3326	100	3274	100
<b>Age</b>				
18-20	357	10.8	348	10.6
21-24	398	12.0	437	13.4
25-29	618	18.6	525	16.0
30-34	547	16.5	476	14.5
35-39	382	11.5	421	12.9
40-44	249	7.5	285	8.7
45 -49	198	6.0	182	5.6
50 - 54	183	5.5	139	4.2
55 or older	388	11.7	460	14.1
Total	3320	100	3273	100
<b>Highest standard of education completed</b>				
No schooling	274	8.2	157	4.8
Primary school incomplete	449	13.5	305	9.3
Primary school complete (grade7/std5)	940	28.3	717	21.9
O Level	1380	41.6	1688	51.6
A Level	104	3.1	216	6.6
Further degree/Qualification incomplete	70	2.1	146	4.5
Further degree/Qualification complete	104	3.1	40	1.2
Total	3321	100	3269	100
<b>RELIGION</b>				
Traditional	162	4.9	691	21.2
Moslem	40	1.2	26	0.8
Roman Catholic	408	12.3	452	13.8
Protestant	669	20.2	489	15.0
Pentecostal	1001	30.2	647	19.8
Apostolic sect	626	18.9	372	11.4
Other Church	281	8.5	268	8.2
None	125	3.7	320	9.8
Total	3312	100	3265	100

Characteristic	Women		Men	
	Number	%	Number	%
<b>Nationality</b>				
Zimbabwe	3257	98.1	3226	98.6
Southern	60	1.8	36	1.1
African	4	0.1	7	0.2
Other	0	0	2	0.06
Total	3321	100	3271	100
<b>Worked to earn money in last 12 months</b>				
No	2556	77.0	1923	59.2
Yes	765	23.0	1324	40.8
Total	3321	100	3247	100
<b>Have you ever had sex</b>				
No	289	8.9	335	10.5
Yes	2974	91.1	2869	89.5
Total	3263	100	3204	100
<b>Age at sexual debut</b>				
12 and younger	19	0.7	37	1.3
13	19	0.7	30	1.1
14	45	1.5	38	1.4
15	141	4.8	117	4.2
16	242	8.3	253	9.0
17	245	8.4	172	6.1
18	406	13.9	297	10.6
19	498	17.1	385	13.7
20 and over	1304	44.7	1474	52.6
Total	2919	100	2803	100
<b>Ever in an intimate relationship</b>				
No	245	7.4	436	13.3
Yes	3081	92.6	2838	86.7
Total	3326	100	3274	100
<b>Currently in an intimate relationship</b>				
No	780	24.1	620	19.4
Yes	2459	75.9	2580	80.6
Total	3239	100	3200	100
<b>Currently living with intimate partner</b>				
No	504	20.5	628	24.3
Yes	1955	79.5	1952	75.7
Total	2459	100	2580	100



# References

- A situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005-2010, A Call for Reducing Disparities.
- Anti-Domestic Violence Council Strategic Plan 2012-2015
- Centre for Disease Control and Prevention. Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA (2004) p. 3
- Combined Report of the Republic of Zimbabwe in terms of the Convention on the Elimination of All forms of Discrimination against Women (CEDAW), 2009
- Costs of Gender Based Violence in Zimbabwe. A study commissioned by SIDA Zimbabwe and conducted by Triconsult Pvt Limited, Dr Neddy Matshalaga, moderator, November/ December 2009.
- Criminal Law (Codification and Reform) Act of 2006
- Domestic Violence Act (Chapter 5:16) 2007
- Fox, S. 2003. Gender Based Violence and HIV/AIDS in South Africa. Centre for AIDS Development, Research and Evaluation
- Gender and Media Progress Study. Zimbabwe Country Report: 2010. Gender Links. South Africa.
- Harare Civil Court records 2011
- <http://countryoffice.unfpa.org/zimbabwe/2010/11/20/2892/gender/> retrieved 26/11/12
- [http://countryoffice.unfpa.org/zimbabwe/2011/11/28/4281/zimbabwe\\_committed\\_to\\_end\\_gender\\_based\\_violence/](http://countryoffice.unfpa.org/zimbabwe/2011/11/28/4281/zimbabwe_committed_to_end_gender_based_violence/)
- <http://www.endvawnow.org/en/articles/652-survivor-centred-approach.html> retrieved 26/11/12.
- <http://www.musasa.co.zw> retrieved 24/11/12
- [http://www.zwla.co.zw/index.php?option=com\\_content&view=article&id=53&Itemid=92](http://www.zwla.co.zw/index.php?option=com_content&view=article&id=53&Itemid=92)
- Jewkes, Abrahams, Mathews, Seedat, et al, (2009). Preventing rape and violence in South Africa: Call for leadership in a New Agenda. MRC Policy Brief. Johannesburg, South Africa: Medical research council: Gender & Health Research Unit and crime Violence and Injury Lead programme.
- Low Morna, C. and Jambaya Nyakujarah, L. (2010). SADC Gender Protocol Barometer 2012. Johannesburg, South Africa: Gender Links
- Low Morna, C.; Rama, K.; Makamure, L.; and Makaya, M. (2013). SADC Gender Protocol Barometer 2013. Johannesburg, South Africa: Gender Links
- Made Pat. and Jambaya Nyakujarah, L. (eds.) (2012). SADC Gender Protocol 2012. Barometer Zimbabwe. Johannesburg, South Africa: Gender Links.
- Makoni Rural District Council case summit entries 2012.
- Ministry of Justice and Legal Affairs Provincial Courts Records 2011 to 2012.
- National Baseline Survey on Life experiences of Adolescents, Preliminary Report 2011, ZIMSTAT.

National Gender Based Violence Strategy 2012-2015 “operationalising the 4ps Campaign: Prevention, Protection, Programmes and Participation.”

Population Council (2008), “Sexual and Gender-based Violence in Africa - A literature review”, available at:

[http://www.popcouncil.org/pdfs/AfricaSVAW\\_LitReview.pdf](http://www.popcouncil.org/pdfs/AfricaSVAW_LitReview.pdf)

SA Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007).

Southern African Gender Protocol Zimbabwe Barometer 2012

The Labour Relations Act as amended 2002

UN General Assembly. 2006b. Rights of the Child: Report of the Independent Expert for the United Nations Study on Violence against Children. New York: UN.

Walby, S. (2005) Violence against women: a statistical overview, challenges and gaps in the data collection and methodology and approaches for overcoming them. New York, United States of America: UN Division for the Advancement of Women

[www.cdc.gov](http://www.cdc.gov) retrieved 19/11/12

[www.women.gov.zw](http://www.women.gov.zw) retrieved 9/12/12

Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011-2015.

*Zimbabwe National Statistics Agency (ZIMSTAT), and ICF International. (2012). Zimbabwe Demographic and Health Survey 2010-11.* Calverton, Maryland: ZIMSTAT and ICF International Inc.

*Zimbabwe National Statistics Agency (ZIMSTAT), and ICF International. (2007). Zimbabwe Demographic and Health Survey 2005-06.* Calverton, Maryland: ZIMSTAT and ICF International Inc.

Zimbabwe Republic Police Annual Report 2012.