

A COMMUNITY-BASED RESEARCH

DOCUMENTING KNOWLEDGE, ATTITUDES, PRACTICES, AND BEHAVIORS ON GBV AGAINST YWAG 15-35 YEARS IN MWENEZI DISTRICT, WARD 18

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ACKNOWLEDGEMENT

This Community-Based Research (CBR) was conducted by the Development Agenda for Girls and Women in Africa (DAWA). Gratitude and acknowledgment go to the Ministry of Women Affairs, Community Development, Small and Medium Enterprises, National AIDS Council of Zimbabwe, the Zimbabwe Republic Police-Victim Friendly Unit, Ministry of Health and Child Care, and Mwenezi Ward 18 traditional leaders and political leaders who participated as Key Informant Interviews and in coordinating community Focus Group Discussions. We would like to extend special appreciation to men and women from the Ward 18 community who participated in Focus Group Discussions. Our special gratitude goes to Young Women and Adolescent Girls in Mwenezi Ward 18 for those who participated in the community-based research co-creation process, in co-organizing and facilitating Focus Group Discussions namely:

- 1) Mary Homela
- 2) Bridget Moyo
- 3) Josephine Mabaya
- 4) Linet Matava
- 5) Munashe Madhabhi
- 6) Ndinaishe Mazvihwa
- 7) Primrose Shoko
- 8) Sarudzai Zhou
- 9) Precious Mapepa
- 10) Silibaziso Rupingiro
- 11) Mercynage Chishoko
- 12) Kundai Chishaka
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ACRONYMS

CBR	Community-Based Research
CCW	Child Caseworkers
CSO	Civil Society Organisation
DAWA	Development Agenda for Girls and Women in Africa
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
DAC	District AIDS Coordinator
FGD	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immune Virus
MoHCC	Ministry of Health and Child Care
NAC	National AIDS Council
PEP	Post- Exposure Prophylaxis
VFU	Victim Friendly Unit
VHW	Village Health Workers
YWAG	Young Women and Adolescent Girls
ZRP	Zimbabwe Republic Police

EXECUTIVE SUMMARY

This report ethically presents the findings of a participatory, community-based research project conducted in Mwenezi, Zimbabwe, to document knowledge, attitudes, practices, and behaviors (KAPBs) regarding gender-based violence (GBV) against young women and adolescent girls (YWAG). The research prioritized informed consent, anonymity, and confidentiality throughout the data collection process.

Methodology

This research employed qualitative methodologies, utilizing desk reviews, focus group discussions (FGDs), and Key Informant Interviews to gather data.

Desk Review: A preparatory desk review analyzed relevant national and international gender frameworks such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Maputo Protocol, The High Level Political Compact on Ending GBV and Harmful Practices in Zimbabwe (2021-2030) and national constitution. Research publications on gender and politics were also included in the review from UN Women Spotlight Initiative and other related programs.

Focus Group Discussions (FGDs): Three FGDs were conducted across Ward 18 in Mwenezi District with young people and adults. These discussions, lasting around an hour each with 8-15 participants, aimed to facilitate debate and gather insights on shared experiences related to the study. All three FGDs were recorded and transcribed for analysis.

Key Informant Interviews (KIIs - implied): Stakeholders from implementing partners, government departments, local leadership, and relevant Civil Society Organizations (CSOs) were selected for key informant interviews. These were namely the National AIDS Council, the Ministry of Health and Childcare, the Zimbabwe Republic Police- Victim Friendly Unit, and the District Development Coordinator. Information obtained during the inception phase with DAWA facilitated the identification of these key stakeholders.

Key Findings

Some behaviors that perpetuate GBV in Mwenezi District, Ward 18 include:

- *Harmful traditional practices:* Encouraging practices like wife inheritance, polygamy, and child marriage.
- *Entrenched Gender Stereotypes:* Reinforcing gender roles that perpetuate male dominance and female subservience.
- *Victim-blaming:* Blaming survivors for the violence, rather than holding perpetrators accountable.
- *Silence and complicity:* Failure to report or speak out against GBV creates a climate of impunity and emboldens perpetrators.
- *Limited education:* Denying girls and women access to education, perpetuating ignorance and dependence.
- *Economic dependence:* Restricting women's economic opportunities, increasing reliance on abusive partners.
- *Social Norms that Normalize Violence:* Societal acceptance of violence to resolve conflict or maintain control creates an environment where GBV is tolerated.
- *Power imbalances:* Patriarchal structures that concentrate power in the hands of men perpetuate male dominance and control, increasing the risk of GBV.
- *Lack of accountability for Perpetrators:* Failing to hold perpetrators accountable perpetuates impunity.
- *Cultural and Religious Misinterpretations:* Misusing cultural or religious beliefs to justify GBV practices can legitimize harmful behaviors.
- *Early marriage and pregnancy:* Forcing girls into early marriage and pregnancy, perpetuating cycles of violence.
- *Limited Access to Support Services:* Lack of access to medical care, legal aid, and support services for survivors creates significant barriers to their social reintegration and justice.

Conclusion

- **Prevalence of GBV:** The study revealed that women and girls in Ward 18, Mwenezi continue to face various forms of GBV, including economic, physical, emotional, and sexual violence. Despite existing legislation and policies aimed at curbing GBV, these measures have not effectively protected women and girls from such violence.
- **Risk Factors:** Risk factors for experiencing GBV in Ward 18, Mwenezi include alcohol abuse by partners, low levels of education among survivors, cultural norms that condone violence, normative use of violence, use of mobile devices, and marital status.

- **Institutional Responses:** The responses to GBV by the health, police, and education sectors were found to be largely reactive rather than proactive. There is a lack of clearly defined long-term programs to address GBV, weak coordination among the sectors, and a gap between policy availability and implementation due to cultural norms and resource constraints.
- **Challenges:** The study identified challenges such as institutional capacity limitations, officers' varying levels of training in GBV issues, and the influence of cultural and religious norms that perpetuate violence against women.

Recommendations

- **Capacity building:** Train service providers, community leaders, Village Health Workers, Neighborhood and Police Constabulary, and activists on GBV response.
- **Collaborate with traditional leaders:** Engage them in GBV prevention and support to reconstruct existing social norms that normalize GBV.
- **Community engagement and awareness:** Educate communities on GBV effects, gender equality, and human rights.
- **Community-based initiatives:** Support grassroots initiatives and peer support groups.
- **Economic empowerment:** Implement income-generating projects and vocational training for YWAG.
- **Education:** Promote girls' education, literacy programs, and gender-sensitive curriculum.
- **Engage men and boys:** Involve them in GBV prevention, challenging harmful gender stereotypes to transform masculinities.
- **Mobile services:** Provide outreach services, including health and legal aid, in remote areas.
- **Policy implementation:** Enforce policies and laws protecting YWAG from GBV.
- **Safe and Brave spaces:** Create safe and brave spaces for YWAG to share experiences and access support. There is a need for more halfway homes where survivors can seek shelter and support.
- **Strengthen justice systems:** Improve access to justice, police sensitivity, and legal protections.
- **Support services:** Establish accessible counseling, legal aid, and healthcare services.

INTRODUCTION

This report provides findings, data analysis, conclusions, and recommendations for the CBR done on documenting the knowledge, attitudes, practices, and behaviors in Mwenezi ward 18 towards GBV against YWAG. This study was conducted in May 2024. The sections below will provide relevant context for the research by providing a literature review, methodology, data collected, data analysis, conclusion, and recommendation

1.1 BACKGROUND

In Zimbabwe, forms of violence, including GBV against YWAG, are on the rise and persistent, with a notable increase during the COVID-19 lockdowns, and this has retracted all the gains that were initially made in ending GBV in Zimbabwe. To address this, there is a need to re-engage communities, to challenge existing gender, social, economic, and legal inequalities that are driven by existing cultural, religious, and social norms. There is also a need to improve the capacity of YWAG to collect data and engage in evidence-driven advocacy on ending GBV.

1.2 OBJECTIVES

This research aims to achieve the following objectives:

- Enhance the capacity of YWAG leaders to engage in GBV research and policy advocacy at community and national levels.
- Increase awareness and adoption of good practices that address identified KAPB gaps and limitations, ensuring young women can inform GBV prevention strategies and access necessary support within their communities.

1.3 GBV SITUATION IN ZIMBABWE: 1900-2024

Gender-based violence (GBV) has been a tenacious issue in Zimbabwe over the decades dating back to as far as pre-colonial Zimbabwe, with significant challenges faced by both women and men alike. For one to examine the developments of Gender-Based Violence (GBV) in Zimbabwe from 1900 to 1980, it is essential to reflect on the historical context and societal dynamics that influenced the prevalence and reporting of such incidents. From 1980 to 2024, the trends reveal a complex landscape of progress, setbacks, and ongoing efforts to address this critical issue of GBV especially in the deeply patriarchal rural areas.

1.3.1 COLONIAL ERA (1900-1965)

In Southern Rhodesia (Zimbabwe) during the height of colonialism, there were significant power imbalances and systemic oppression imposed by the colonial authorities. This affected both men and women but not at the same level as women, who were already at the bottom

strand of the ladder, felt the brunt of oppression. The effects of colonization, including land dispossession, forced labor, and discriminatory policies, had a profound impact on the social fabric of the country. The institutionalization of oppression influenced the attitude and reporting of GBV over the years to this present day, it has become part of gender and social norms.

1.3.2 LIBERATION STRUGGLE (1965-1980)

The continued oppression of black people led to the rise of the black consciousness movement which intensified from around 1965. This period between 1965 and 1980 marked the intensification of the liberation struggle against colonial rule in Zimbabwe. The fight for independence was characterized by widespread human rights abuses, including acts of violence against women and girls. Women actively participated in the liberation movement but also faced gender-based violence within both the liberation forces and the colonial authorities. From within the struggle, young women provided *morale*¹ for the liberation fighters while from colonial authorities they were sexually violated. During this period Zimbabwe, then known as Rhodesia, experienced various forms of gender-based violence under colonial rule. The legacy of this period included entrenched patriarchal norms and inequalities that contributed to the perpetuation of GBV.

1.3.3 POST-INDEPENDENCE PERIOD (1980-2000S)

Following independence in 1980, Zimbabwe made strides in enacting laws and policies aimed at promoting gender equality and combating GBV. However, during the economic and political challenges of the late 1990s (ESAP) and early 2000s (land reform), instances of GBV reportedly increased due to social upheavals and deteriorating living conditions. Some of the key developments include:

- i. **The constitution of Zimbabwe (1980):** This constitution enshrined gender equality and prohibited discrimination based on sex.
- ii. **The Married Persons Act (1988):** It protected women from domestic violence and allowed them to seek legal recourse.
- iii. **The Sexual Offences Act (1990):** The act criminalized sexual offenses including rape and sexual assault.
- iv. **The Domestic Violence Act (1995):** Provided legal protection for victims of domestic violence and allows for restraining orders.
- v. **The Zimbabwe National Gender Policy (1997):** Aims to promote gender equality and addresses GBV.
- vi. **The Criminal Law (Codification and Reform) Act (1998):** Reformed the criminal justice system to better handle GBV cases.

¹ During pungwes, young women were obliged to give sexual motivation to the freedom fighters.

- vii. **The Zimbabwe Women's Bureau Act (1999):** It established the Women's Bureau to promote women's empowerment and address GBV.

While these laws and policies marked important steps forward, their implementation and effectiveness were often limited by various challenges. These challenges included inadequate resources, societal attitudes, and lack of political will. Nevertheless, they laid the foundation for future advancements in addressing GBV in Zimbabwe.

1.3.4 MID-2000S TO PRESENT (2005-2024)

In the mid-2000s, Zimbabwe witnessed a growing awareness of GBV as a pressing social issue. Efforts were made to strengthen legal frameworks and support services for survivors of violence. Despite these initiatives, challenges persisted, including underreporting of cases, cultural barriers, and gaps in enforcement mechanisms. In recent years leading up to 2024, there have been notable developments in addressing GBV in Zimbabwe. Legislative reforms, awareness campaigns, and strategic partnerships have been key components of the national response to combat violence against women and girls.

- i. **The Domestic Violence Act (Amendment) (2000):** Strengthens protection for victims and expands the definition of domestic violence.
- ii. **The Sexual Offences Act (Amendment) (2001):** Increases penalties for sexual offences and expands the definition of sexual assault.
- iii. **The Zimbabwe National Gender Policy (2004):** Reiterates commitment to gender equality and addressing GBV.
- iv. **The Criminal Law (Codification and Reform) Act (Amendment) (2005):** Further reforms the criminal justice system to improve handling of GBV cases.
- v. **The Protection from Domestic Violence Act (2006):** Replaces the 1995 Act, providing stronger protections and remedies for victims.
- vi. **The Zimbabwe Gender Commission Act (2015):** Establishes the Zimbabwe Gender Commission to promote gender equality and investigates GBV complaints.
- vii. **The Criminal Law (Codification and Reform) Act (Amendment) (2019):** Criminalizes cyberbullying and online GBV.
- viii. **The National GBV Strategy (2020-2024):** Outlines a multi-sectoral approach to prevent and respond to GBV.
- ix. **The GBV Prevention and Response Act (2022):** Consolidates laws and policies, strengthening protections and services for survivors.
- x. **The High level Compact on Ending Gender Based Violence and Harmful Practises in Zimbabwe (2021-2030)**

2. METHODOLOGY

The research used a qualitative methodology that was designed to understand and document the Knowledge, public Attitudes, Practices and Behaviours of communities with regards to GBV against YWAG in Mwenezi. The study engaged traditional leaders, Mwenezi ward 18 community members (women and men between the age of 15 to 70) ,stakeholders and YWAG who were previously trained by DAWA including policy makers during the design, data collection, validation of results and documentation. The research documented how the community wants to address the issue of GBV, and what initiatives can work for the best for them. In line with GDPR regulations the research team ensured confidentiality of respondents by avoiding recording personally identifiable information, thus, all the raw data in this report was anonymized.

2.1 DATA COLLECTION METHODOLOGIES

The following data collection methodologies were used to collect data for this research.

2.1.1 DESK REVIEW

This formed part of the preparatory analysis conducted prior to initiating the detailed study. At a broader level, this included carrying out desk review of DAWA's key documents. Inevitably, a literature review of other research of similar nature such as the previous research into GBV such as

- The National Gender Policy
- Takunda Resilience Food Security Activity, Outcome Mapping Baseline Report
- UNAIDS Indicator Registry on SGBV
- The High level Compact on Ending Gender Based Violence and Harmful Practises in Zimbabwe (2021-2030)

Other key documents that assisted in the development of this report include international and national gender frameworks including the CEDAW, Maputo Protocol, National Constitutions, gender policies, and research publications on gender and politics amongst others key documents. Findings from these reviews were triangulated with KII data to produce this report.

2.1.2 FOCUS GROUP DISCUSSIONS

Focus Group Discussions (FGDs) were conducted with mainly YWAG, CCW, and adult community members to allow them to add their voices to the issues under study.³ FGDs were held, and they facilitated discussion and debate among the respondents on common shared

positions. Each FGD lasted around an hour and had 15 to 25 respondents drawn from across the sampled wards. All FGDs were recorded and transcribed.

Ward	Type of Focus Group Discussions				Total
	YWAG	Men	Women	Leaders	
18	27	20	33	2	82

2.1.3 KEY INFORMANT INTERVIEWS

The key informants were selected from implementing partners, government departments, local leadership and other relevant CSOs, as key stakeholders and respondents of this study. Documents and information shared by DAWA during the Inception Phase enabled the Consultants to do stakeholder mapping for data collection at district and ward/community levels. A key informant guide was used to conduct the study to the following KIIs:

#	Type of Key Informant	District	Ward	Total
1	National AIDS Council	1	0	1
2	CCW	0	3	3
3	ZRP	1	0	1
4	MWASME	1	0	1
5	MoHCC	1	0	1
6	Headman	0	1	1
7	Village head	0	3	3

2.1.4 DATA ANALYSIS

Data was analyzed through a combination of thematic and narrative analysis methods, suitable for the qualitative method. This allowed triangulation of the data obtained from desk review, FGD, and KIIs. Thus, report writing has been a continuous process throughout the data collection time. This ensured that all important facts were included and not forgotten by the time the full draft was compiled.

2.2 LIMITATIONS

While the research adhered to the ethical considerations, planned methodology, social stigma, and cultural norms were a key factor that influenced the data collection process. The sensitive nature of GBV, coupled with existing social stigma and cultural norms, may have limited the willingness of some participants, particularly YWAG, to openly discuss their experiences and

perspectives. This could have resulted in underreporting or incomplete data, particularly regarding personal experiences or attitudes deemed socially unacceptable.

3. FINDINGS

GBV against Young Women and Girls (YWAG) in Mwenezi District, Ward 18 rural is a significant concern. Research has shown:

3.1 KNOWLEDGE OF GBV

This CBR investigated the knowledge levels of the community regarding Gender-Based Violence (GBV). The analysis focused on three key variables that influence knowledge: understanding of GBV and its impact, beliefs about GBV, and awareness of support services and resources. The first component assessed participants' comprehension of different forms of GBV (physical, emotional, sexual) and their associated consequences for survivors and the community. The second variable explored participants' existing beliefs and attitudes surrounding GBV, including potential justifications or normalization of such behaviors. Finally, the third component examined participants' knowledge of available resources and support services for GBV survivors.

It is important to acknowledge that a limited understanding of GBV and its impact is often influenced by several factors. Prevailing societal expectations regarding gender roles (traditional gender roles) can contribute to the normalization of certain behaviors that constitute GBV. Deeply ingrained cultural beliefs and norms may shape attitudes towards GBV and potentially hinder help-seeking behavior by survivors. Finally, insufficient access to accurate information on GBV can hinder community awareness and understanding of the issue.

3.1.1 LIMITED UNDERSTANDING OF GBV AND ITS IMPACT

The study identified a concerning lack of comprehensive understanding regarding Gender-Based Violence (GBV) and its impact on various community stakeholders. Discussions with Young Women and Adolescent Girls (YWAG), adult community members, and traditional leaders revealed that there was a significant knowledge gap regarding GBV, with some participants encountering the concept for the first time during the research. This suggests a need for targeted GBV awareness campaigns. Moreover, participants displayed varying responses to GBV. Notably, some adults expressed a belief that GBV *represents a spiritual test requiring prayer and fasting*, a view potentially held across religious denominations. This perspective likely discourages reporting of GBV incidents. The research identified a potential link between religious beliefs and under-reporting of GBV. Discussions with adults revealed a concerning viewpoint that associates GBV with spiritual challenges, suggesting a need for collaboration with religious leaders to address this perception and promote help-seeking behavior.

‘some of this violence comes from where we were born, some spirits don’t want us to be married hence we have to be strong and steady fast praying for the husbands...’

Mid-Aged woman - FGD

This viewpoint shapes the reporting patterns and the VFU confirmed that very few cases are reported. And those that are reported are done not by the victims but by the witnesses and neighbors.

Discussions with elderly women highlighted the persistence of potentially harmful traditional beliefs. Some participants attributed GBV to a perceived lack of respect from YWAG towards their husbands, potentially justifying violence or infidelity. This perspective reinforces victim-blaming and hinders efforts to promote gender equality.

Young Women and Adolescent Girls revealed a concerning perception of GBV as a strictly internal family matter. This perspective, characterized by a sense of secrecy and pressure to protect the perpetrator (often the primary breadwinner), can be a significant barrier to reporting abuse.

The perception of GBV as a private family matter, coupled with potential pressure from family members, can lead to the normalization of abusive behaviors. When reporting is not seen as a viable option, the cycle of violence can continue unabated.

‘...during COVID-19, we were locked down together with the perpetrators of violence, many of us, especially young women were sexually violated by our parents and caregivers... reporting wasn’t easy because movement was restricted and reporting a breadwinner isn’t that easy...this shapes our understanding of GBV...’

YWAG- FGD

The study identified a concerning degree of normalization of Gender-Based Violence (GBV) within the community. Discussions with participants revealed several key findings:

- **Desensitization to GBV:** Both YWAG and some community leaders displayed a concerning level of desensitization to GBV. Their experiences and prevailing social norms may have led them to perceive GBV as a common practice, with limited recognition of its broader societal and psychological impact beyond physical pain.
- **Gender Norms and Victim Blaming:** Traditional gender roles emerged as a significant factor influencing perceptions of GBV. The belief that women should be submissive, and that wife-beating signifies love normalizes violence and reinforces victim-blaming.

- **Marital Entitlement and Sexual Violence:** Discussions revealed a troubling lack of understanding regarding marital rape. The perception that wives lack agency to refuse sex, even when feeling unsafe, highlights a critical gap in knowledge about sexual consent within marriage. Similarly, the expectation of unprotected sex within marriage disregards women's right to bodily autonomy and safe sexual practices.

Across the FGD participants it was untenable that GBV can be perpetrated by women to men because according to gender norms, women should be and are submissive to men no matter the relationship status. However, a deeper discussion with traditional leaders and the community members revealed that some men disclose to them that they are being violated physically, verbally, and emotionally by women, especially their wives. To loosen the gravity of such GBV, they quickly concluded that it is because those men would have been bewitched hence the focus is not on addressing the GBV but unbewitching the men.

3.1.2 BELIEFS THAT GBV CONSTITUTES A PRIVATE FAMILY MATTER OR A NORMALIZED ASPECT OF LIFE

The strong association of GBV and norms greatly influences the view that it is a private matter and a normal part of life. The Shona culture is quick to say “*chakafukidza dzimba matenga*”², “*kusafukura hapwa*”³, and “*nhumbu mukadzi mukuru hairevi chayadya*”⁴ to conceal the extent of GBV within the home and family. The discussion with women revealed that when they go to the in-laws seeking redress, they are told to be strong since they paid lobola and if they go to their parents, they are told to be even stronger because that’s how marriages are and also most fathers do not tolerate daughters who come back from marriages, especially with children.

This belief is prevalent even amongst the YWAG who have witnessed women being violated, the issue getting reported and nothing happening to the perpetrator except humiliation of the survivor and hero-worshipping of the perpetrator.

...a case is reported to the village head, he invites both parties, the perpetrator is asked to pay a chicken or a goat to the survivor and the case is considered closed...at the end, it's better to die silent than expose oneself to stigma and discrimination associated with reporting...

YWAG

² Every home has its own secret, keep yours

³ Don't tell everyone of your problems you lose dignity

⁴ A mature woman doesn't open easily on her family problems

Many victims/survivors are discouraged from reporting because of how the cases are handled at the village court. They reviewed that the village court is the closest to reporting to the Police one must travel to Neshuro, Maranda, or Rutenga which costs money. In some cases, they are given a summons by the police to serve the perpetrator because the police say they do not have transport, thereby increasing the incidences of GBV. This cost just forces the survivors to go to the village courts.

...at one point a girl was raped and the village court asked the perpetrator to marry the girl as compensation...the girl got married to her abuser...

YWAG

Such cases reinforce the belief that GBV is a private matter that has been normalized over the years. There are, however, some positive deviances who find the agency to report to the police and seek justice no matter how slow the wheels of justice turn, and the cost associated.

3.1.3 LACK OF AWARENESS ABOUT SUPPORT SERVICES AND RESOURCES

Another determinant of knowledge is the level of awareness about support services and resources available for GBV. The review of literature and discussions with key informants and community members revealed that indeed there are few support services in rural Zimbabwe as compared to urban areas. The critical question therefore becomes: are the rural population aware of the support services regardless of their prevalence?

The study identified a critical yet under-resourced support system within the community: the Child Care Workers (CCWs). While valued by residents, the research revealed limitations in their effectiveness. Limited resources often restrict their services primarily to Post-Exposure Prophylaxis (PEP) provision. Additionally, reports of abuse by a CCW towards a dependent orphan erode community trust in the system. This highlights the need for a capacity-building intervention to equip CCWs and Village Health Workers (VHWs) with the necessary skills and resources to effectively respond to GBV cases.

The research underscores the continued importance of traditional extended family structures, particularly aunts and uncles, as the initial point of contact for GBV survivors. Strengthening family-based support systems through targeted interventions that promote responsive and supportive family dynamics is crucial. These interventions could include workshops on healthy communication, conflict resolution, and recognizing GBV. Additionally, fostering collaboration between families and formal support systems can create a **coordinated referral pathway** for survivors.

Village heads emerged as another significant institution within the support system hierarchy, despite acknowledged shortcomings. Their continued influence necessitates incorporating

them into GBV prevention and response strategies. Collaborations with village heads could involve training in identifying and responding to GBV cases, as well as promoting referral to appropriate services.

The research also highlights the role of hospitals and police in addressing GBV. However, their utilization appears to be primarily for severe injuries or after repeated incidents, suggesting a potential **under-reporting** of less severe cases. Community sensitization campaigns could raise awareness of available support services and encourage earlier help-seeking behaviors.

...in most cases, women and men alike lie about the source of the injury even when they go to the hospital to protect the perpetrator who are often close family members...

Village Health Worker

Healthcare providers reported a concerning trend of **under-reporting** of GBV incidents. Women experiencing GBV injuries often attributed them to household accidents (e.g., falls while doing chores). Conversely, men rarely sought medical treatment, opting for traditional healing methods. When men did utilize healthcare services, they often fabricated causes for their injuries, such as claiming to be hurt while tending to livestock. These findings suggest the presence of a significant **stigma** associated with GBV. Social perceptions may portray men who experience GBV as weak or emasculated, leading them to avoid help-seeking behaviors.

The research also identified a knowledge gap regarding support services among young women and adolescent girls (YWAG) experiencing relationship violence. Many participants acknowledged facing violence even before marriage. However, their lack of awareness about resources available to single women in relationships creates a significant barrier to seeking help.

...if we report that we are being abused by our partners the only advice we get is just leave him and get someone else and sometimes you don't want to leave because you love that person...

Mid aged woman

The fact that they are not referred to other services but are advised to change their partner since they are not married limits their exposure to other providers.

3.2 PUBLIC ATTITUDES TOWARDS GBV

Public attitudes towards GBV in Mwenezi, Ward 18 rural are demonstrably complex, shaped by a confluence of factors including entrenched cultural beliefs, rigid gender roles, and limited exposure to accurate information. The research identified several concerning themes as follows :

3.2.1 STIGMA AND SHAME SURROUNDING GBV SURVIVORS

The discussions revealed a pervasive culture of stigma and shame surrounding GBV survivors. This phenomenon likely contributes to under-reporting and creates significant barriers to help-seeking behaviors. Discussions with respondents across various wards revealed that survivors who bravely report their experiences may face social ostracism, including shunning by family, community members, and peers. This social isolation can exacerbate feelings of shame and prevent survivors from accessing essential support services.

...when one goes to the water point, others quickly disperse leaving her alone and generally the gossiping around the village at times is hard to bear, especially for our parents...

YWAG

Discussions with women revealed experiences of judgmental and unsupportive healthcare staff, creating a significant barrier to seeking medical attention. This highlights the need for sensitization training for healthcare providers to ensure compassionate and trauma-informed care for GBV survivors.

Furthermore, limited resources emerged as another critical challenge. Survivors often face difficulties accessing essential services such as legal aid and counseling. These limitations further restrict their ability to heal and seek justice.

The discussions with village heads shed light on the complex interplay of financial dependence and power dynamics within relationships. In many cases, survivors' economic dependence on their abusers creates a significant obstacle to seeking help. This financial vulnerability can lead survivors to refuse referrals to police or legal aid, even when village courts attempt to impose fines on perpetrators.

3.2.2 BLAMING VICTIMS FOR THE VIOLENCE THEY EXPERIENCE

The research identified deeply entrenched social and gender norms that contribute to the normalization and minimization of GBV. These norms often portray GBV as an exertion of power and control, rather than a fundamental violation of human rights. Furthermore, certain religious beliefs, as previously noted, may frame GBV as a divine test rather than a criminal act. This perspective trivializes the issue and discourages reporting. Consequently, many

community members view GBV as a minor issue, easily resolved between the perpetrator and survivor, further hindering access to justice.

Discussions with men revealed a disturbing trend of internalized victim-blaming across genders. During the FGD, a tendency to attribute responsibility for GBV to survivors, suggesting they may have provoked the abuse was highlighted. Equally concerning, some women echoed these sentiments, questioning the motives of survivors who speak out against their abusers. This behavior can be interpreted as a reflection of deeply ingrained gender stereotypes that portray female defiance as disrespectful or lacking discipline. Furthermore, victim-blaming comments regarding a survivor's attire reinforce the harmful notion that clothing choices somehow justify sexual violence.

...these days girls do not know how to dress, if they are sexually violated, let us not only blame the rapist but also ask what she was wearing...some clothes attract men...even at home, no sane man can just decide to beat the woman, what would she have done to be beaten...

Elderly man

The research identified the complex interplay between traditional initiation practices and GBV. While some community members expressed belief in the overall value of these practices, concerns were raised regarding the potential for young men to misinterpret or misuse the training they receive. The ZRP officer's observation regarding the increased risk of sexual violence upon completion of these practices highlights the need for a nuanced approach.

The discussion with all groups revealed that even at resource centers like the police, the survivors are often asked what they would have done to be beaten, what they were wearing, or what the time was when they were sexually violated. This attitude by the public results in survivors struggling with self-blame, self-doubt, and low self-esteem, making it difficult for them to recover and seek help.

3.2.3 TOLERANCE FOR VIOLENCE AS A MEANS OF RESOLVING CONFLICTS

The study has revealed that tolerance for violence as a means of resolving conflicts is multifaceted and deeply rooted in Zimbabwean culture, especially in the countryside. Desk review has shown that this tolerance is rooted in the country's historical context. Violence has been used as a means of resolving conflicts throughout Zimbabwe's history including during the colonial era and the liberation struggle. This historical context view is being perpetuated by the continued polarization of the country where political tensions and violence have been part of Zimbabwe's recent history during every election, contributing to a culture

of violence. This is further ingrained into cultural beliefs that view violence as a way of maintaining honor and dignity.

This is supported by the discussions with men who revealed that they were raised as strong alpha males through violence from both within the household and outside, hence its part of their culture. They concurred that the doctrine of Ubuntu/Unhu meant that it takes a village to raise a child, if they were caught off-the acceptable norms, they tolerated violence from whoever saw them as acceptable and a show of love.

Another view of tolerance was birthed by a lack of trust in authorities resulting in many taking matters into their own hands. The discussion with men highlighted this mistrust.

...you report a case to the police who come and arrest the suspect, and in no time that person is released and comes back to the community with more threats arguing that he knows who is who in the legal fraternity...next time do you think one will report?

Mid aged woman

This tolerance of violence is shared across the community with some parents expressing anger at the outlaw of corporal punishment in schools to the extent that some go and beg the school authorities to beat their children for them to grow up with good behaviors.

3.3 PRACTICES AROUND GBV

Early marriages and high pregnancy rates amongst young girls in Mwenezi, Ward 18 rural are indeed a manifestation of GBV. These practices perpetuate harm and exploitation, reflecting a broader culture of gender inequality and violence.

3.3.1 EARLY MARRIAGE AND PREGNANCY AMONG YOUNG GIRLS

According to UNICEF, UNESCO, and the Zimbabwe National Statistical Agency (ZIMSTAT), the statistics for early marriages and teen pregnancies are scary. According to UNICEF (2020), 24% of girls in rural Zimbabwe are married before the age of 18 years and 12% give birth before the age of 15 years. ZIMSTAT (2019) has it that 114 per 1,000 girls aged 15-19 have given birth or are pregnant. These are not just figures but indicate a high prevalence of early marriages and pregnancies amongst young girls in rural Zimbabwe, often resulting from gender-based violence, poverty, and limited access to education and opportunities.

Closer to home, the conversations with the community members in their diversity and the KII confirmed that early marriages and teen pregnancies are rampant. The YWAG suggested that they are forced into marriages by their parents at times:

...my friend was walking with her boyfriend from a wealthy family and they got late to get home...they didn't even have sex but upon getting home, she was chased away by her parents to go back where she was...she had no option but to be forced into marriage just for the parents to get bride price...

YWAG

In some cases, as noted earlier, some marriages are a result of rape, for instance the rape is reported to the village court where the village head will instruct that the perpetrator pays the family by marrying the girl. No regard is paid to the survivor, in some cases she is not even invited to the court except to testify and leave. This is the state confessed by both men and women as another cause of child marriages. This is not to dismiss the general delinquencies of the youth resulting from peer pressure, and the new crises of drug and substance abuse.

The practice of marrying children to alleviate poverty is still alive and well in Mwenezi. Parents are forcing their children into rich families and in many cases returnees from South Africa. This trend violates young girls not only by forcing them into marriages but sexual neglect. The discussion with men has it that these girls are married off in December during the festivities when migrants return home for holidays and are left behind alone with a pregnancy for another year till the next holiday. This, they claimed put these young women at risk of sexual abuse by men and they give in since they will be sexually starved.

It was also noted some mothers were putting their daughters at risk by bringing different men home and others even coaching their daughters in prostitution. A community noted that in their village there was a woman who had her boyfriend, and she did not inform him about her HIV status. After the boyfriend found out he later raped this woman's daughter to revenge.

3.3.2 LIMITED ACCESS TO EDUCATION AND ECONOMIC OPPORTUNITIES

A similar situation obtains for girls' education in rural Zimbabwe, limited access to education is another practice that perpetuates gender-based violence against girls and young women. UNESCO (2019) posits that 57% of girls in rural Zimbabwe are out of school by the age 18 years; 40,000 girls dropped out of school between September 2021 and September 2022; and that the gender parity index for gross enrollment in secondary education is 0.83 indicating a significant gender gap.

The gendered access to education is a practice as old as history where women were considered not fit to be educated since they would get married into another family. The discussion with mothers revealed that due to poverty levels which have risen due to the drought that is there most of the girls are dropping out of school. They indicated that if funds do not permit it is best to keep the boy child in school whilst we train girls to do other things because of the behaviors of their daughters. They indicated that.

...I need to educate the boys at all costs because these girls at times turn out to be useless, we all know what happened to one family whose daughters never went past form three when they were pregnant, not only that family but many families are being disappointed by these girls...very few boys drop out due to mischief but financial problems...

Elderly man

Such institutionalization of gender-based violence is so entrenched to the extent that the girls themselves no longer consider education as an avenue of empowerment. The discussion with the YWAG created a rather bleak future for them; they had not witnessed a single wedding in the last 8 years in their ward. They do not have positive deviances to emulate, the best they make of education is to cross to South Africa.

3.4 BEHAVIORS

3.4.1 LOW REPORTING RATES OF GBV INCIDENTS

Regardless of all the glaring and harsh experiences of gender-based violence, there are still worryingly low reporting rates of GBV incidents. This low reporting is influenced by several factors as already shown including but not limited to stigma and shame; fear of retaliation; lack of trust; limited access; cultural and traditional beliefs including norms; and power dynamics.

GBV Incidences as reported between January - April 2024 in Ward 18, Mwenezi					
Rape Juvenile	Rape Adult	Sex with a minor	Indecent assault	DVA (Physical Abuse)	Total
4	2	2	2	5	15

**Source - ZRP VFU Officer*

The discussions with the respondents across the spectrum revealed power dynamics as the other reason why low reporting of GBV rate incidents persists. They indicated that the imbalance of power between survivors and the perpetrators makes it difficult for survivors to speak out and seek help. This imbalance emanates from the point of dependence where the survivor may be depending upon the perpetrator economically. The YWAG pointed out that.

...some of us are orphaned and stay with aunts and uncles, they are the ones who send us to school including their children... if I am sexually violated, how can I report him? Who will pay for our fees if he gets imprisoned? What will the other kids who depend on him say and do to me? What if he gets away with it and is released, how will we live?

YWAG

The discussions showed that such a scenario obtains in many households especially rampant during the COVID-19 era, many silent survivors are dying inside because of the power imbalance and the fear of being ostracized. The other reason such behaviors persist is because they haven't seen any perpetrator of GBV being locked away. Some girls pointed out previous negative experiences when reporting incidents or seeking help. These experiences were in the hands of those who are meant to give help, like being blamed because of the way they were dressed when they were violated.

3.5 EFFORTS TO ADDRESS GBV AGAINST YWAG IN MWENEZI, WARD 18 RURAL

Regardless of the high incidence rates of gender-based violence in the communities, and the entrenchment of GBV in cultural and social norms, there are efforts by the community, civil society, and the government to address GBV. The extent and effectiveness of the efforts varied and would require strengthening. There are several initiatives including awareness campaigns; education and economic empowerment initiatives; support services and counseling for survivors.

3.5.1 AWARENESS CAMPAIGNS AND COMMUNITY OUTREACH PROGRAMS

The discussions with both stakeholders and the community revealed that indeed there are several awareness campaigns and community outreach programs by civil society in collaboration with government departments. The most common partners that do outreaches are Plan International Zimbabwe, Campaign for Girls Education (CAMFED), Mwenezi Development Training Centre, Junior Achievers Zimbabwe (JAZ), Development Agenda for Girls and Women in Africa (DAWA), Musasa project, SCORE, Regai Dzive Shiri all in collaboration with Ministries of Women Affairs, MoHCC and ZRP-VFU,

The discussions revealed that it is through these efforts that services like counseling, reporting, and access to information reach the hard-to-reach areas. The discussions with the communities revealed that even though efforts are made, which they appreciate, they are rather too few to change the prevailing norms that perpetuate GBV. It was noted by one of the headmen that.

...if there are no outreaches by the government and partners we don't know where we will be with regards to lack of information...the only challenge is

their frequency, they usually come once a quarter which is not enough to change the norms and beliefs...

Village Head -FGD

The communities are thus calling for increased frequency of the awareness campaigns as they save them on time and costs of traveling to services.

3.5.2 EDUCATION AND ECONOMIC EMPOWERMENT INITIATIVES

The government through its Basic Educational Assessment Module (BEAM), CAMFED, and Plan International's block granting projects where they are paying school fees for girls is an initiative hailed as key in addressing gender-based violence in Mwenezi. As noted, limited access to education has been pointed out as a barrier to reporting by the survivors as they lack agency. The discussions revealed that girls who completed the ordinary level, regardless of their passes, are more likely to have the agency to report GBV as compared to those who dropped out.

The other hindrance to reporting that is being addressed is the economic opportunities. It has already been noted that the economic dependence of the survivor on the perpetrator is a major barrier to reporting. Civil society needs to support YWAG with economic opportunities. The discussions with the YWAG, however, revealed that if resources permit, they wish to venture into different income-generating projects.

3.5.3 ENGAGING MEN AND BOYS IN GBV PREVENTION EFFORTS

There is a general sentiment that men are being left out in many efforts to address GBV, they are not treated as allies as such they watch and see how far the efforts will go. They end up viewing efforts to address GBV as a threat to the balance of power that they held since times immemorial.

The discussions with men revealed that engaging them will make them allies thereby reducing the perpetration of GBV, increasing support for survivors, and creating a culture of accountability. This also enhances community engagement and ownership, supports sustainable behavior change, and ultimately improves the overall impact of GBV prevention efforts.

3.5.4 POLICY AND LEGAL REFORMS TO PROTECT SURVIVORS AND HOLD PERPETRATORS ACCOUNTABLE.

As noted earlier, there are several policies and legal reforms to protect survivors and hold perpetrators to account. On the legal frameworks, there is The Domestic Violence Act (2007) and the Sexual Offences Act (2001) which criminalizes GBV. As noble as the frameworks are, they are hardly known in the countryside. The discussions with the young women revealed that they are not aware that GBV is a criminal offense. This is because since they

were born, they have not witnessed or heard of anyone who was locked up for perpetuating GBV. In any case, they think GBV is a way of life, part of their culture, and permissible in their religion, in the worst case, GBV is the expression of love.

The ignorance of the law is not only limited to the young women but also the duty bearers, and village heads, who often preside over gender-based violence cases. The discussions with them pointed to a lack of knowledge of the legal and policy frameworks around GBV in Zimbabwe. As such the light sentences the village court can give (chickens) perpetuated the behaviors. As such, the village leaders called for urgent training in legal and policy frameworks that protect young women.

4. CONCLUSIONS

This CBR in Mwenezi, Zimbabwe, revealed a concerning prevalence of gender-based violence (GBV) against young women and adolescent girls (YWAG). Several key factors contribute to this issue:

- **Entrenched Social Norms:** Deeply rooted cultural beliefs and rigid gender roles normalize GBV, portraying it as an exertion of power or a test of faith, rather than a human rights violation.
- **Knowledge Gaps:** Limited access to information on GBV, gender equality, and human rights hinders positive social change and perpetuates harmful stereotypes.
- **Victim Blaming:** A pervasive culture of victim blaming across genders discourages reporting and creates a climate of shame and self-doubt for survivors.
- **Inadequate Support Systems:** Limited access to essential services like legal aid, counseling, and healthcare for survivors creates significant barriers to healing and justice.
- **Stigma Within Institutions:** Victim-blaming attitudes and judgmental behavior by healthcare providers and law enforcement officials further discourage help-seeking behaviors.
- **Financial Dependence:** The economic dependence of many survivors on their abusers creates a power imbalance that hinders them from seeking help or leaving abusive relationships.

5. RECOMMENDATIONS

Addressing GBV against Young Women and Girls (YWAG) in rural Zimbabwe requires a multi-faceted approach. Recommendations include:

- Empower Stakeholders: Invest in capacity-building for Health service providers, community healthcare workers, community leaders, and activists to deliver effective GBV response strategies.
- Mobilize Communities: Raise awareness through educational campaigns on GBV's impact, gender equality, and human rights. Support grassroots initiatives and peer support groups for YWAG.
- Promote Economic Independence: Implement income-generating projects and vocational training programs to empower YWAG economically.
- Invest in Girls' Education: Prioritize girls' education, literacy programs, and gender-sensitive curricula to dismantle harmful stereotypes.
- Challenge Gender Norms: Engage men and boys as allies in dismantling harmful gender norms that perpetuate GBV.
- Expand Service Accessibility: Provide mobile outreach services, including healthcare and legal aid, to reach remote areas.
- Strengthen Support Systems: Establish accessible safe shelters and comprehensive support services (counseling, legal aid, healthcare) for GBV survivors.
- Enhance Legal Frameworks: Enforce existing policies and laws protecting YWAG from GBV, while advocating for strengthened legal frameworks.
- Improve Justice Systems: Enhance access to justice for survivors by improving police sensitivity and legal protections.

Recommended further research areas

- Investigating the effectiveness of existing programs (DREAMS, Sister to Sister) in reducing GBV and HIV risk among YWAG in Mwenezi
- Exploring the specific cultural beliefs and practices that contribute to GBV against AGYW in Mwenezi.
- Research how to engage religious sects in promoting gender equality and preventing child marriage.
- Conduct research on analyzing the impacts of climate change and GBV amongst YWAG in Mwenezi

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