

MIDLANDS STATE UNIVERSITY



FACULTY OF ARTS

DEPARTMENT OF DEVELOPMENT STUDIES

**THE EFFECTIVENESS OF RURAL WOMEN EMPOWERMENT PROGRAMMES
IN REDUCING GENDER BASED VIOLENCE IN ZIMBABWE: THE CASE OF THE
RURAL WOMEN ASSEMBLY INITIATIVE IN WARD 15 OF NYANGA DISTRICT,
ZIMBABWE**

BY

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**A DISSERTATION SUBMITTED IN PARTIAL FULLFILMENT OF A MASTER OF
ARTS DEGREE IN DEVELOPMENT STUDIES**

2015

MIDLANDS STATE UNIVERSITY



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TITLE OF DISSERTATION : **A DISSERTATION SUBMITTED IN PARTIAL
 FULLFILMENT OF A MASTER OF ARTS DEGREE
 IN DEVELOPMENT STUDIES**

DEGREE PROGRAM MASTER OF ARTS IN DEVELOPMENT STUDIES

YEAR OF AWARD 2015

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APPROVAL FORM

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“The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case of the Rural Women Assembly Initiative in Ward 15 of Nyanga District, Zimbabwe”

Submitted by Takaitei Bote in partial fulfillment of the requirements for a Master of Arts Degree in Development Studies

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DEDICATION

I dedicate this dissertation to my family especially my daughter Mufaro Museka and my mother for their unconditional love. Above all I pay tribute to God Almighty for making this project possible.

ACKNOWLEDGEMENTS

The curtain has finally come down for me to complete my Masters' Degree Programme. It has been a meandering journey of one and half years, exciting, fun, challenging and a daunting task. I would like to thank God for the grace of life and the wisdom as I managed to do the all required assignments of this programme with the thoroughness it deserves. Special thank you goes to my supervisor Dr. I. Mudeka for the guidance, advice and critical feedback she provided which has taken me this far. Credit goes to all my Lecturers and MADS Study Group 2.1 2015 colleagues who all contributed immensely in ensuring that I complete my studies. Thank you goes to Barbara Leoben and her son Tafadzwa Chitemamwise for their valuable contribution in my research project. My appreciation goes to Mrs. Manyawu and family of Ward 15, Nyanga District for allowing me to use her home while I conducted my observations in Nyanga as part of my project data collection methodology. Special thanks go to the Nyanga District authorities, ActionAid and its partner staff for all the valuable information they shared with me to come up with this piece of work. My gratitude goes to Tawanda Mafemba and the rest of the Family AIDS Caring Trust Nyanga team for facilitating me to undertake my assignment. It is my hope that my research will become a useful tool to advance the work of women's empowerment in rural areas. Special mention goes to Mai Munashe of Crowbrough for letting me use her house as my library. I would like to acknowledge the love and patience shown by my daughter and mother during my studies. I deprived them of their needs and wants, as I sought to complete my studies. I am indebted to both of them and I promise to make it up to them. Appreciation goes to my sister, Betty Bote, whose support cannot be measured and may God bless her accordingly. Lastly, my sincere gratitude goes to Gracious Madyira, a friend and work colleague for her assistance with questionnaire templates and project presentation.

ACRONYMS

| | |
|-----------|--|
| ActionAid | ActionAid International Zimbabwe |
| BIP | Batters' Intervention Programme |
| CBO | Community Based Organization |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| DFID | Department for International Development |
| DOMCCP | Dioceses of Mutare Community Care Programme |
| DVA | Domestic Violence Act |
| FACE | Family Action for Community Empowerment |
| FACT | Family AIDS Caring Trust |
| FCTZ | Farm Community Trust of Zimbabwe |
| FHH | Female Headed Household |
| FGD | Focus Group Discussion |
| FGM | Female Genital Mutilation |
| GBV | Gender Based Violence |
| GEM | Gender Empowerment Measure |
| HEFO | Heath education and Food Organisation |
| IGPs | Income Generating Activities |
| ISAL | Internal savings and lending schemes |
| IPV | Intimate Partner Violence |
| IWD | International Women's Day |
| LRP | Local Rights Programme |
| M&E | Monitoring and Evaluation |
| MDGs | Millennium Development Goals |

| | |
|----------|---|
| MSE | Micro and Small Enterprises |
| MWGCD | Ministry of Women Affairs, Gender and Community Development |
| PHC | Primary health care |
| RWA | Rural Women Assembly |
| SADC | Southern African Development Community |
| SDC | School Development Committee |
| SGBV | Sexual and Gender Based Violence |
| SRHR | Sexual and Reproductive Health Rights |
| TCOE | Trust for Community Outreach and Education (TCOE) |
| VAWG | Violence Against Women and Girls |
| VFU | Victim Friendly Unit |
| VIDCO | Village Development Committee |
| UNDP | United Nations Development Programme |
| UDHR | Universal Declaration of Human Rights |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Populations Fund |
| USAID | United States Agency for International Development |
| WEE | Women Economic Empowerment |
| WHO | World Health Organization |
| ZDHS | Zimbabwe Demographic Health Survey |
| ZFU | Zimbabwe Farmers' Union |
| ZIMASSET | Zimbabwe Agenda for Sustainable Socio-Economic Transformation |
| ZIMSTAT | Zimbabwe National Statistics Agency |
| ZRP | Zimbabwe Republic Police |

ABSTRACT

Gender based violence (GBV), a universal challenge that has left no stone unturned globally, has reared its ugly head in Zimbabwe, affecting more women than men. Although several players such as government and civic society organisations have united to implement various programmes that include campaigns to bring an end to GBV, it remains a never ending phenomenon. Driven by the need to help fight GBV, this study sought to establish the effectiveness of rural women empowerment programmes in reducing GBV using a case study of a Rural Women Assembly Initiative of Ward 15, Nyanga District, Zimbabwe. Using mixed research methodologies combining qualitative and quantitative, the Sarah Longwe and the Harvard gender analytical frameworks to measure the empowerment of women, the study revealed that poverty, a patriarchal society that discriminates women and normalization of GBV were the key drivers of GBV in Nyanga. The research unearthed that the RWA initiatives have helped improve women's economic status with some contributing to household income resulting in them receiving some recognition at both household and community levels. The RWA has become a formidable force in the community enabling more women to report on GBV. The study found out that the RWA has reduced GBV to a limited extent. The study concluded that the RWA has not adequately addressed the empowerment of women resulting in the little impact with regards to reducing GBV. The women have achieved mostly the three levels of empowerment namely welfare, access and conscientisation to some extent. However RWA members are limited in terms of control of resources, participation in decision making while the IGPs they are running are not economically viable. Levels of awareness and conscientisation with regards to GBV are still limited among the RWA groups, men and other community members in Ward 15 and elsewhere in Zimbabwe. The research therefore recommended the strengthening of the RWA movement structurally and institutionally for it to effectively fight against GBV.

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CHAPTER 1: INTRODUCTION

1.0 Introduction

Gender-Based Violence (GBV) has been acknowledged to be prevalent and universal in the Sub-Saharan Africa, Zimbabwe included. GBV has impacted negatively more on women than men. Violence against women is a universal problem affecting millions of women every day (Oyediran and Isiso-Abarubo, 2005). Several studies indicate that women and girls are at a higher risk of experiencing violence compared with men and boys (Wekwete et.al, 2014).

Various researches done concerning the causes of GBV argue that the major causes of GBV range from patriarchal societies, socio-economic policies to harmful cultural practices which discriminate women resulting in them failing to actively participate in development and triggering GBV in the process. Research has also shown that a multitude of factors ranging from individual, societal to structural factors are associated with GBV in particular for spousal GBV according to Abramsky et.al (2011), Nyamayedenga et.al (2010), Oyediran and Igingo-Abanihe (2005) and USAID (2012). It is in this vain that this research seeks to study the effectiveness of economic and social empowerment initiatives called the Rural Women Assembly implemented in Ward 5 of Nyanga District in bid a to understand how they have contributed to the reduction of GBV.

1.1 Background to the study

Gender based violence (GBV) is a global challenge and has emerged as a serious international human rights and development issue. It is a manifestation of underlying gender inequalities and power imbalances between men and women and it knows no borders, spans across countries, races, cultures, classes and religions. Hence, it is affecting communities in many countries, and Zimbabwe is not spared.

The United Nations Declaration on the Elimination of Violence Against Women (1993) defined gender-based violence (GBV) as:

.....any act of violence that results in, or is likely to result in physical, sexual or physical harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in the public or private sphere.....

For purposes of this study, GBV has been given different names by various scholars reviewed. GBV will be interchangeably used as domestic violence, spousal violence and intimate partner violence (IPV) (UN, Mashiri, 2013, Kim et.al 2007 and 2009, Sharma and Gupta, 2004) and Chuma, 2012). GBV encompasses a wide range of abuses that range from sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution, torture, and insertion of objects into genital openings to attempted rape (Mashiri, 2013). In addition, female genital mutilation (FGM) and other harmful cultural practices including early marriages which systematically increase maternal morbidity and mortality are forms of GBV against women (Mashiri 2013).

Sharma and Gupta (2004) have summarised GBV into eight categories namely physical, sexual, verbal, social, emotional, financial, intellectual violence and other forms of violence. The two authors define physical violence as that which may include assault, serious injuries or burns, among others. Sexual violence is that which robs the dignity of a woman not only due to indecent behaviour but it may take the extreme form of rape. Female Genital Mutilation (FGM), which is the removal of the clitoris and other parts of a woman's or a girl's genitalia often practised in African countries, is considered sexual violence. Verbal violence according to Sharma and Gupta (2004) means indecency or the use of abuse and filthy language against a woman or her near and dear ones. Social violence is defined as that which includes demeaning, disparaging and humiliating a woman, her parents, relatives and

friends. Emotional violence is that which leads to internal deprivation of love and affection, concern, sympathy and care and includes depriving a woman of the custody of her children (Sharma and Gupta, 2004). Financial violence is that which means depriving a woman of financial means and bare necessities of daily life. It also includes taking away the assets which a woman possesses or earns. Intellectual violence is that which denies a woman of her rights to take part in decision making and discussion of pressing issues. Other forms of violence may include denial of access to medical, education, health facilities, reproductive rights, among others (Nigan, 2002 cited in Sharma and Gupta, 2004).

GBV has caused death to victims and acute physical, psychological and social consequences to survivors. The survivors often experience psychological trauma, which ranges from depression, terror, guilt, and shame to loss of self-esteem (Sharma and Gupta, 2004). They may be rejected by spouses and family members, ostracised, subjected to further exploitation or punishment. They may also suffer from unwanted pregnancies, unsafe abortion, sexually transmitted diseases, sexual dysfunction and chronic infections leading to pelvic inflammation diseases and infertility according to the two authors. GBV victims have also been deprived economically, for instance, they may not be allowed to work by their spouses.

In Zimbabwe, levels of GBV remain a cause for concern and a major barrier to women's active participation in development and this is mainly influenced by the gender inequality and patriarchal structures that promote male supremacy in Africa (Radiotlonaneng, 2013). Literally, patriarchy means the rule by male head of the family where societal elders have legitimate power over others in the family as the central social unit (Pilcher and Whelehan, 2004 in Mashiri, 2013). Through social construction, men are normally the leaders of those social units. Patriarchy therefore explains the reasons for the treatment of women, given that it is the systematic domination of women which reduces women's chances of success in life

(Mashiri, 2013). In other words, patriarchy is best defined as men's control and power over women and other socio-economic resources. This control has led to the perpetuation of GBV by men on women.

The violence experienced by women takes place mostly within the privacy of their homes and to a large extent, has contributed to a culture of silence across the societal strata. This is supported by the findings of the Zimbabwe Health Demographic Survey of 2010—2011, which claims that a total of 34.7% of interviewed women reported to not have told anyone that they were facing GBV. The perception of violence against women as being essentially a domestic and family related issue has contributed, in large measure, to the serious gap in public health policy making and the resulting lack of appropriate response (UNFPA, 2013).

According to Damba et.al (2013), most cases of violence against women in Zimbabwe are domestic and included among the perpetrators are consensual partners, spousal relationships, members of the women's families and other close acquaintances. The most common form of domestic violence is spousal GBV, sometimes loosely called domestic violence which is the main focus of this research. One of the striking truths about the nature of violence experienced by girls and women is that the great majority of the cases, are perpetrated by male partners with whom they have intimate or interdependent relationship (UNFPA, 2013). This therefore means that contrary to the conventional wisdom that the family is a safe haven of love and support, girls and women are at greatest risk of violence from the very members of their household who are socially responsible for their protection and welfare, which makes GBV a complex matter in Zimbabwe.

The level of domestic violence suffered by men is insignificant and cannot warrant any form of intervention, a men's forum on gender organisation Padare Enkundleni, was reportedly quoted in the media (Radio Dialogue 17 December 2013). Padare argues that despite growing

sentiments that males were equally exposed to GBV as females, men are the drivers of GBV and cases where they are abused are not so pronounced. According to Padare therefore, emphasis should be put on integrating information on why they abuse women.

.....Men and boys are always viewed in high esteem and they become violent when that esteem is under threat..... (Munyaradzi Nhongo of Padare, 17 December 2013).

According to estimates provided by the UN (United Nations 2013), one in three women worldwide has experienced physical or sexual violence. Despite the enactment of several gender responsive laws and policies such as the Domestic Violence Act of 2007 in Zimbabwe, women and girls continue to be victims in 99% of GBV cases, especially in the private sphere (Ministry of Women Affairs and Community Development and Gender Links, 2013). At least 68% of women in the Southern African Development Community (SADC), Zimbabwe included, have experienced GBV (ActionAid Safe Cities Baseline Report, 2013).

According to the Zimbabwe Demographic and Health Survey (ZDHS 2005-06), one in four women reported that they had experienced sexual violence and three women aged between 15 and 49 have experienced physical violence since the age of 15. Nyamayedenga et.al (2010), analysing the results of the ZDHS (2005-06), found out that 47% of married women aged 15-49 had experienced some form of spousal violence with 28% having experienced physical violence, 29% emotional violence and 18% sexual violence.

The levels of spousal GBV are high with the ZDHS (2010-11) reporting that 30% of all women aged 15-49 reported that they had experienced physical violence since the age of 15. According to the ZDHS report 2010-2011, 27% of women had experienced violence since the age of 15, of which nine out of 10 cases were perpetrated by the women's spouse, partner or boyfriend.

Overall, 48% of women of the reproductive age in Zimbabwe who are in a union experience some form of GBV, i.e. physical, emotional, sexual and overall GBV according to Wekwete et.al (2004). More specifically 27% of the women living with partners report physical violence, 26% sexual violence and 25% emotional.

The Zimbabwe media is every day full of news on GBV with the Zimbabwe Republic Police (ZRP) reporting that nine out of 24 murder cases recorded countrywide in February 2012, were as a result of domestic related violence (The Herald, 29 February 2012). In 2013, the ZRP reported that 51 people killed in the first 10 months of 2013 were mostly victims of domestic violence and armed robberies (The Herald, 15 November 2013).

The feast of the civil society organisations advocating for the empowerment and marginalised groups globally and in the Southern African region has brought the status of women to the forefront among policy makers across the region, Zimbabwe included. The annual mobilization of women throughout the world around the theme 16 Days of Activism Against Gender-Based Violence from 25 November to 10 December is an indication of remarkable efforts to increase the awareness of violence against women in all spheres. In Zimbabwe, various NGOs in partnership with the government join the rest of the world in commemorating International Women's Day (IWD) on 22 March every year. The themes for the IWD vary but they focus mainly on women's issues. The IWD theme for 2014 was "Act now to end violence against women and girls" (UN 2013).

The growing awareness of the importance of GBV culminated in the United Nations World Conference on Human Rights (UN WHCR) in Vienna in 1993 placing violence against women at the epicentre of the human rights discourse. In December the same year, the UN General Assembly adoption of the declaration on the Elimination of Violence Against Women added the impetus to the gains made at Vienna. In a similar vein, the adoption of the

Declaration on the Elimination of Violence Against Women by the UN General Assembly affirmed that states must exercise due meticulousness to investigate and prosecute acts of violence against women (Chuma 2012).

Zimbabwe ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1991, the protocol for the African Charter on Human Rights and Peoples 'Rights of Women in Africa in 2007 and the SADC Protocol on Gender and Development in 2009. These instruments obligate member countries to implement strategies aimed at eradicating GBV, which has become a social ill in Zimbabwe and hinders sustainable development.

In the Constitution of Zimbabwe (2013), section 23 prohibits discrimination on the grounds of sex, gender and marital status. There are opportunities for the repealing of various laws that are not in line with the supreme law and already there are discussions around the various laws that are not promoting the eradication of GBV in particular in support of women and girls. Some of the national legal frameworks that have GBV implications and some of which will require realignment with the constitution are: The Domestic Violence Act of 2007; the Sexual Offences Act which is now part of the Criminal Law (Codification and Reform) Act 2006; the Administration of Estates Amendment Act of 1997; The Maintenance Act of 1989, The Matrimonial Causes Act; the Legal Age of Majority Act 1982 and the Marriage Act (The Zimbabwe National Gender Based Strategy, 2012-2015).

To reverse the above mentioned negative practices and trends on GBV, Zimbabwe has taken important steps through what is known as the "4 Ps Campaign" which are, "*Prevention, Protection, Participation and Programmes*" informed by the Africa Unite to End Violence Against Women Campaign, the regional Component of the United Nations (UN) Secretary General Global Unite Campaign (the UN, 2012). The government of Zimbabwe in

partnership with civic society organisations, has implemented various programmes around the “4 Ps Campaign”, focusing mainly on GBV, wills and inheritance, creation of GBV reporting platforms through the Zimbabwe Republic Police (ZRP), GBV awareness and the importance of reporting, health and sexual reproduction, gender equality and promotion of women’s active participation in decision making at various levels and women economic empowerment programmes.

In Zimbabwe, non-governmental organizations such as the United Nations Development Programme (UNFPA), Musasa Project, Padare Men’s Forum, ActionAid International Zimbabwe (ActionAid), Jekesa Pfungwa, Self Help Development Foundation, The Zimbabwe Women’s Bureau and Kunzwana Women’s Association have implemented various women socio-economic empowerment programmes in rural areas in Zimbabwe. ActionAid has implemented the Rural Women Assembly (RWA), a social movement of women groups aimed at empowering women socially and economically in partnership with eight of its partners implementing programmes at community level. The partners are Family AIDS Caring Trust (FACT Nyanga) operating in Nyanga, Dioceses of Mutare Community Care Programme (DOMCCP) in Nyanga, Family Action for Community Development (FACE) in Makoni, Farm Community Trust of Zimbabwe (FCTZ) in Chiendambuya, Makoni and Health Education and Food Organization (HEFO) in Nkayi, in Matabeleland North. The above initiatives are there to promote women’s active participation in development at household, community and national levels. The NGOs programmes span across the implementation of income generating projects (IGPs), use of women groups as social networks and safety nets for women, girls and orphaned children affected by GBV, platforms for the promotion of business entrepreneurship among women, education, facilitation of reporting cases of violence to the police and enhancing women’s access and control of the

means of production. Examples of IGPs include farming projects such as poultry, income savings and lending systems.

Based on the above summary of the rural women's economic and social empowerment programmes, it can be noted that the NGOs, in partnership with the Government of Zimbabwe, have implemented various initiatives as they pursue the active participation of women in development which is aimed at reducing the vulnerability of women to violence. This research will explore in detail the effectiveness of the Rural Women Assembly empowerment programmes of Ward 15, Nyanga District in reducing GBV. The research will further suggest recommendations on what can be done to strengthen such initiatives in Zimbabwe or improve on weak areas.

1.2 Statement of the problem

Several strategies have been employed by the Government of Zimbabwe and various civic society organisations, pressure groups and lobby organisations to curtail GBV through the establishment of a legal framework and interventions on *prevention, participation, protection and programmes* (4 Ps). However, GBV remains a thorn in the flesh for Zimbabwe. GBV has increased in statistics and severity over the last 10 years and continues to cut across all age groups, class and geographical settings. Women are well represented in numbers of victims or as more affected by GBV than men. According to Radiotloaneng (2013) GBV is the highest level of descriptor of women and men's oppression globally and prevent women from actively participating in development. GBV is an unjust practice that needs to be eradicated as a matter of urgency. This researcher agrees with both Radiotloaneng, (2013) and Mashiri, (2013) who argue that GBV is a violation of human rights because it is both emotionally and physically costly to human life and therefore should be urgently dealt with.

ActionAid has been working in partnership with FACT Nyanga, a community based organisation (CBO), in implementing rural women empowerment programmes called Rural Women Assemblies (RWA). Women are organised in groups (minimum 5 women and maximum 10) which have linkages from village, ward, national and the regional levels. The RWAs are being implemented in Nyanga, Makoni, Hwedza and Nkayi districts in Zimbabwe in partnership with various CBOs, FACT Nyanga being one of them. ActionAid and FACT Nyanga form part of the civil society organisations in Zimbabwe complementing government efforts through capacitating CBOs and communities in rejecting GBV. The RWAs have been used as community eyes working with the government and other stakeholders in reducing spousal GBV, child marriages, teenage pregnancies, other harmful cultural practices and religious practices that perpetuate the violation of the girls and women's rights. The RWAs have been platforms to promote income generating activities as a way of addressing women's access and control of economic resources. However, whether RWA have changed the situation for women and girls in relationship to GBV remains an uncharted territory. It is within this context, that the researcher seeks to assess whether the RWA initiatives have been effective or not in reducing GBV in rural Zimbabwe and in rural Nyanga in particular.

1.3 Research objectives

General Objective

- To assess the effectiveness of rural women assembly (RWA) empowerment programmes in reducing gender-based violence in Nyanga.

Specific Objectives

1. To assess the levels of GBV in Nyanga District.
2. To examine the drivers of GBV in Zimbabwe's rural areas with a particular focus on Nyanga Rural District.
3. To establish the strategies used by RWA in reducing.
4. To assess the strengths and weaknesses of the RWA in reducing GBV.

1.4 Research Questions

General Research Question

- How effective are the Rural Women Assembly (RWA) empowerment programmes in reducing gender-based violence in Nyanga?

Specific Research Questions

1. What are the levels of GBV in Nyanga?
2. What are the drivers of GBV in Zimbabwe's rural areas with a particular focus on Nyanga Rural District?
3. What are the strategies used by RWA in reducing GBV?
4. What are the strengths and weaknesses of the RWA in reducing GBV?

1.5 Significance of the study

The Zimbabwe National Gender Based Strategy, (2012-2015) represent a commitment of the government to eradicate GBV and promote gender equality. The strategy seeks to improve the efforts of the government, civil society and other development partners to respond to GBV through a multi-sectoral, effective and coordinated response. With the strategy

timeframe coming to an end in 2015, a research on GBV becomes relevant in evaluating the impact made by the various sectors during the strategic period of 2012-2015.

Outcome 3 of the Zimbabwe National Gender Strategy, (2012-2015) is entitled: “*Evidence based programming and Advocacy on GBV*”. It says there are gaps in the understanding of the pervasiveness and character of GBV. Therefore research is required in this area to inform policy formulation and government interventions. This research seeks to study how rural women empowerment programmes in Nyanga have helped in reducing GBV and will help in filling the gap in research on GBV.

The RWA initiatives form part of the civic society efforts in contributing to the 4th “P”, which is “Programming” under the Africa Unite to end violence Against Women Campaign (UN 2012). This research thus represents a new body of knowledge which could provide answers to development practitioners, NGOs, the government, policy makers, the academia and communities in finding, identifying and designing development initiatives that help in reducing GBV which inhibits women participation and contribution to development. In addition, GBV itself is a complex social construct and this research seeks to unearth this complex phenomenon and how it can be tamed by exploring human rights programmes that empower women to reject it. This research will inform policy makers and other gender based stakeholders in their efforts to provide a comprehensive assessment of the impact made by rural women economic and social initiatives in Zimbabwe and how to improve and design long term interventions to reduce GBV.

While GBV has been regarded as a major problem in Zimbabwe, it has only been analysed from three perspectives, namely criminal justice, health, societal and universal human rights (Mashiri 2013). The universal human rights perspective is closely linked to the economic perspective that argues that GBV deprives women of their right to participation in economic

and social initiatives resulting in the violation of women's human rights. However, there has been dearth in information and conflicting researches regarding the relationship between the empowerment of women and GBV. This research seeks to unearth the relationship between the two variables which will contribute to new information in the gender discourse and will constitute a significant starting point for further research on the subject.

1.6 Limitations of the study

Failure to obtain some data from some key stakeholders such as the Zimbabwe Republic Police (ZRP), availability by some of the respondents at national level and delays caused by research authorisation processes were some of the limitations which affected this study. The ZRP could not provide statistics to show how rampant GBV is in Nyanga, citing security reasons. They ZRP supplied only percentage in increase or decrease in cases of GBV without providing the base data. This makes it difficult to understand how GBV is rampant in real figures as percentages are not enough to provide the true picture of the situation without the actual figures. The researcher only managed to interview ActionAid representatives at national level while other key national stakeholders such as Ministry of Women Affairs, Gender and Community Development and the Zimbabwe Farmers Union (ZFU) were not readily available for interviews. The researcher faced some delays caused by the authorisation processes required by the Nyanga District Administrator and the President's Office in Nyanga in order to be allowed to conduct research in Ward 15, Nyanga District. The District Administrator requested for a letter of approval while the researcher was also asked to seek authority from the President's Office. However it has to be pointed out that the researcher easily found ways to overcome the challenges and in the end the research findings were not compromised.

1.7 Theoretical framework

This study is based on two theories namely the Gender Constructionist/Socialisation theory and the Liberal Feminist theory. Both theories have their strengths and weaknesses and it is hoped that they can complement each other as we seek solutions on how to reduce GBV in Zimbabwe.

The Gender Constructionist/socialisation theory asserts that gender is not innate, but is socially constructed. It is based on the concept of gender socialisation. Gender socialization “refers to the means whereby social expectations regarding gender-appropriate characteristics are conveyed. These expectations are often conveyed in stereotypical beliefs according to Dekker and Lemmer, (1993). Dekker et al argues that the theory asserts that boys and girls are not born masculine and feminine but learn to be masculine and feminine in conformity with social values and practices. With gender socialisation, power, authority, action and achievement are named as masculine attributes and are generally highly valued across all cultures. In contrast, characteristics identified as feminine such as service, empathy, caring, nurturing and intuitive reasoning are generally devalued.

It goes without saying that in line with the Gender Constructionist theory, GBV merely presents the mirror of a patriarchal society and therefore there is normalisation of violence against women. Mashiri, (2013) argues that GBV is regarded as being rooted in the historical unequal power relations between men and women. The reality is that violence against women and girls is the result of an imbalance of power between men and women. The history of the relationship between men and women is that women are viewed as property and are expected to be subservient to men (The 2010 Gender based forum).

Mashiri (2012) concurs that the practise of beating wives within the household is considered a legitimate punishment for a wife who fails in her marital duties within a cultural view that values female obedience and deference to men. Fam cited in Pickup (2001) observed that judges in Haiti attribute wife beating to women's "disobedience" to their husbands. Such patriarchal perceptions of judges, just like in the June 2015 case of Judge Tomana of Zimbabwe, undoubtedly culminate in societal and legal failure to see such beatings as a violation of women's rights. In Zimbabwe, Tomana was criticized by women's rights activists for endorsing the idea that girls as young as 12 can give consent to sex or marriage because they are very few livelihood alternatives in Zimbabwe (The BBC 19 June 2015). The legal age of consent in Zimbabwe is 16 but the country's constitution of 2013 says that those under 18 are not capable of founding a family, creating ambiguity about the exact position of law and also exposing women and girls to violence. The law is also another socially constructed patriarchal institution, which therefore fails, in many instances, to protect women and would seem to normalise GBV.

Wood (1997) using the media as one of the institutions used to construct unequal gender relations, argues that the media creates depictions of relationships between men and women that emphasize traditional roles and normalise violence against women, for example women as victims and sex objects. Men on the other hand are seen rescuing women who end up having sexual relationships (sex objects) with the men who rescued them. In addition, the media normalises violence against women through films that glorify sexual force and exploitation of women. Hansen and Hansen (1988) postulate that there is fairly convincing evidence that exposure to sexual violence through the media is linked to greater tolerance or even approval of violence. For instance Dieter (1989) found a strong relationship between females viewing of sexually violent MTV and their acceptance of sexual violence as part of

“normal” relationships. He argues that the more they observe positive portrayal of sexual violence, the more likely women are to perceive this a natural in relationships with men and the less likely they are to object to violence or to defend themselves from it even in the case of rape.

Regarding rape, Woods (1997), contends that although it involves sex, it is not motivated by sexual desire. Instead rape is an aggressive act to dominate and show power over another person, be it a man over a woman or one man over another, as in prison settings where rape is one way inmates brutalise one another and establish a power hierarchy. But Woods, was quick to say that there was mounting evidence that suggests that rape is a predictable outcome of views of men and women and the relationships between the two sexes in which men tend to dominate and are the main perpetrators of rape.

From the arguments above violence is perpetrated predominantly by men against women particularly at household level and is viewed as a normal part of gender relations. Women therefore will opt to remain silent about violence perpetrated against them for fear of reprisals or that the attacker will reiterate and further harm them (Chuma, 2012). Women are reluctant to report forms of abuse against them for fear that reporting may bring shame and damage their own and families reputation. Chuma (2012) argues that women may perceive and feel that violence against them is both painful and wrong but they may not necessarily define it as a crime. In such circumstances, women are expected to endure any forms of violence perpetrated against them, in order to save their marriages. Furthermore, many cultural believes reflect widespread tolerance of violence against women as a normal aspect of gender relations (Chuma, 2012). The belief that violence is an indicator of love has existed for many years in many parts of the world. A study carried out by Wood and Jewkes (1997) in Cape

Town, South Africa revealed that sexual assault was a regular feature among pregnant teenagers' sexual relationships.

From the above, this research can argue that the Gender Constructionist theory explains violence against women because it postulates that men and women behave in a way that society has socialised them. As postulated by the gender constructionist theory, in a patriarchal society where men are the dominant beings, women are dominated by men world over (Chuma 2012). On one hand the theory seems weak in that it portrays individuals as over-socialised and passively conforming to predetermined social roles rather than actively amending, recreating or redefining roles in a reflective and purposeful way. However, its strength is in that it sees women's oppression under the patriarchal system as unnatural but as a result of the socialisation process. What it thus means is that, while males too can be viewed as victims of socio-cultural institutions created by society, some stereotypes created by society leading to oppressive relations can be de-constructed, giving hope that GBV can be dealt with.

The liberal feminist theory believes that gender inequality is produced by reduced access for women and girls to civil rights and unequal allocation of resources such as education and employment (Giddens, 2001). This therefore augers well with the women empowerment programmes as they seek to reduce women' dependency on men and it is believed this reduces the exploitation of women by men, gender based violence included.

The liberal feminists propose the following as solutions to women' problems:

- Give women equal rights, opportunities to jobs, education to challenge directly the ideology of patriarchy

- Proportional representation and equal access of males and females in education, employment, health, resources, political organs and trainings
- Promote women's liberation through legal reforms and a good example in Zimbabwe will be the enactment of the Domestic Violence Act and other laws that protect women
- Advocate for gender mainstreaming in education and training.
- Education is viewed as a liberating force hence boys and girls should be educated
- Focus on changing attitudes, stereotypes and biases in language, text books and the media
- Call for catering of special needs of girls to improve their social status, self-esteem and confidence, e.g provision of sanitary ware in schools
- End discrimination by building positive role models for women and girls (Giddens 2001).

In the Southern African Region, liberal feminists are responsible for many important Acts of legislation that have greatly improved the situation of women. In Zimbabwe, these include reform in welfare, education and health. Liberal feminists have to a great extent contributed to bringing gender equality and the empowerment of women in Zimbabwe despite some flaws in some of the pieces of legislation. The liberal feminist approach to development rejects the normalisation of violence against women and hence it has proposed legal reforms and introduction of social and economic empowerment programmes to enable women to reject GBV. With a feministic standpoint in articulating GBV, and feminist activism, violence against men has not attracted researchers as most of it goes unreported (Radiotloaneng 2013). This could explain why feminists leave out men in their programming.

Taking a liberal feminist perspective, Bhatia (2013) attempts to redefine women empowerment and feminist approaches by analysing issues like gender disparity, violence against women, role of NGOs in empowering women and education as central to the empowerment process. She looks at women empowerment as a process of which women gain greater control over material assets and intellectual resources, thereby challenging the patriarchy and gender based discrimination against women in all institutions and structures of society. Bhatia dwells on how education is central to the process of empowerment which seeks to build a critical consciousness, analytical thinking and the knowledge and skills to act for change. She argues that education can bring about qualitative change in the life of a woman and empowers her by making her economically self-reliant and socially aware of her own dignified existence. The whole process of women empowerment therefore is vested in the cycle of power and control, Bhatia argues. She weighs in the argument through the following citation:

.....Men's tyrannical hegemony is deep rooted in our society and the pervasive concept of "power" in our society is male dominance. The power mechanism which governs every relationship between men and women is re-established as the root cause of all problems associated with women..... (Bhatia, 2013).

Using Bhatia's liberal feminist arguments, measures to deconstruct the notion of power are needed like sensitizing men to our patriarchal society and by creating a separate "time and space" for women to collectively and critically re-examine their lives, hence the formation of initiatives such as the RWA movement. The role of civil society in empowering women becomes very critical in this regard as it is the social structure that compels women subordination, subservience and dependency on men and they are trapped in the net of unequal gendered relationships, postulates Bhatia (2013).

The biggest question now is that can the liberal feminist approach which has largely influenced most women empowerment programmes, be the panacea to GBV? Have women been kept busy “for nothing” running income generating activities on their own and excluding men and still going back home to meet the “ugly” face of patriarchy without reprisals? Answers can only be provided by carrying out a research on how women have managed to counter traditional norms and values that constrain them in the Rural Women Assembly (RWA) initiatives.

The RWA is an organisation established at Regional SADC level with the aim to promote rural women, especially peasant farm workers and small-scale farmers in and around the SADC region. Women from SADC countries such as South Africa, Zimbabwe, Mozambique, Lesotho, Zambia, Malawi, Botswana, gathered in Limpopo in South Africa in 2009 to map way forward and formalise the RWA institution.

The SADC rationale for setting up the RWA was to end the marginalisation of women through economic means of production such as access and control of land and protect women from the effects of climate change by promotion of resilient sustainable agriculture. According to the ZFU (2013), rural women in any given development have been left out of mainstream development and the RWA was an opportunity to promote women empowerment.

In Zimbabwe, through ActionAid International Zimbabwe (ActionAid) and its partners, the RWA was formed as a coalition for rural women farmers and used as a platform to socially and economically empower women. The RWA has spread its wings to include being used as a space to campaign against GBV and harmful cultural practices affecting the girl child and women, among many other social responsibilities. This research will therefore seek to analyse the work of the RWA in reducing GBV.

1.8 Chapter Conclusion

The chapter provided the background of the entire research by presenting the statement of the research, research objectives, and significance of the study, the limitations and the theoretical framework to guide the research.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

Literature review refers to a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic (Hart, 1998). Dellinger (2005) however postulates that literature review is often associated with academic oriented literature such as a thesis, whose ultimate goal is to bring the reader up to date with the current literature on a topic and forms the basis for another goal such as future research that may be needed in the area. The empowerment of women within the household remains a major issue around the world including Southern African region. There is lack of broad evidence and little consensus among practitioners as to what programmes or policies are effective. At the same time there is plenty of literature that has been written around gender based violence and proposed solutions but there seems to be no agreement.

This study summarised and analysed the various contributions made by various researchers on the empowerment of women and GBV. Five schools of thought around GBV and the empowerment of women emerged namely the following:

- a. The pervasiveness of GBV across the globe
- b. The Social Ecology theory and GBV
- c. Empowerment of women reduces their vulnerability to GBV, e.g bargaining power increases, while poverty and GBV decrease
- d. Men feel threatened by women who are empowered because they are changing the patriarchal status quo
- e. GBV laws and their challenges in reducing GBV

This research reviewed various studies on GBV as summarised in the above thematic areas as we seek to find solutions to this global challenge.

2. 1 The pervasiveness of GBV across the globe

In his paper entitled “*Conceptualisation of Gender-Based Violence in Zimbabwe*”, Mashiri (2013) looks at the prevalent forms, pervasiveness and the effects of GBV and its relationship to development. Mashiri looks at the historical background of GBV as something that is rooted and entrenched in unequal power relations between men and women. He also provides an analysis of the nature and scope of GBV in Zimbabwe. He postulates that GBV encompasses a wide range of abuses that range from sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution, torture, insertion of objects into genital openings to attempted rape. He also provides an in-depth analysis of the prevalent forms of GBV in Zimbabwe, which is critical in providing deep understanding of the concept of GBV in Zimbabwe. Mashiri’s paper is a mere hypothesis helping this researcher to understand the concept of GBV. It, however, does not use a specific case study, meaning that most of the information is based on generalisations of the concept of GBV. This has encouraged this researcher to study the concept of GBV using the Nyanga case study and also use empowerment variables which are an attempt to deal with the causes of the marginalisation of women as postulated by Mashiri.

Violence against women is prevalent in South Africa where, as in many other countries, cultural values and norms serve to condone and reinforce abusive practices against women. Primary health care (PHC) nurses, who are widely distributed throughout the rural areas of South Africa, may appear to be an ideal network for addressing this issue in resource poor settings. However, based on a qualitative and quantitative study of a class of 38 PHC nurses by Kim and Motsei (2002), which emphasises that the nurses are women and men first- and

as such, experience the same cultural values, and indeed, similar or higher levels of violence, as the clients they are expected to counsel and treat. Current models for encouraging nurses and other health care workers to detect and address gender-based violence have evolved largely in the context of developed and developing countries, and have focused primarily on acquiring the knowledge, skills and attitudes necessary to engage the issue in the health care setting. Yet, as the Kim and Motsei paper suggests, there is an urgent need to understand and address the lived experiences of the nurses, and the duality of their roles as professionals and as community members, before promoting the training of nurses as an effective strategy for dealing with gender-based violence. One such training model was piloted and assessed in the Kim and Motsei study. The intervention used partnership with a domestic violence NGO to initially focus on dealing with the attitudes and experiences of the nurses as individuals, and to begin a process of self-awareness and sensitisation. The fact that the nurses are considered an empowered group of society and yet their perceptions on gender-based violence are shaped by deeply rooted cultural values just confirms how complex GBV is. It also inspired this researcher to study more on the empowerment of women and its effectiveness on reducing this intricate phenomenon.

While Manyeruke (2011) trajectory on GBV is on women and how they have experienced violence in the political scene, she agrees with the various scholars that violence against women is tied to the history of women being considered as property and their assigned gender roles that they should be subservient to men. Linking the causes of GBV to historical factors and gender economic inequality, Manyeruke postulates that while women comprise 52% of the Zimbabwe population, they constitute the majority of the poor people in the country. Most women in Zimbabwe work in the informal sector and some are unemployed, argues Manyeruke. Women constitute the minority of the formal working class. This means

that women do not have employment security. During the colonial period, women mostly did menial jobs and the majority stayed at home according to the Manyeruke study. In addition women were treated as minors. They were not allowed to stay with their husbands in the Mbare flats where their husbands worked in Harare. This resulted in gender-based violence as men would beat their wives if they came to Harare without warning the men. This is because they would find them in the company of sex workers or other women (Manyeruke 2011).

According to Manyeruke (2011), violence against women does not only lead to the suffering of women and girls but deprives them of their basic human rights which are fundamental to the existence of every individual. The Universal Declaration of Human Rights (UDHR) (1948), Article 3 stipulates that “Everyone has the right to life, liberty and security of a person,”. Article 5 outlines that, “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”. The UDHR explicitly outlaws the use of subjection of any person to violence of any form. This provided the basis of the discussion of Manyeruke’s paper. Manyeruke’s research provides some intuitions into the study of the effectiveness of the RWA initiatives which is attempting to address the lack of some of the fundamental human rights a woman should exercise as espoused by Manyeruke.

Sharma and Gupta (2004) present a depressing study entitled “*Gender-Based Violence in India: A Never Ending Phenomenon,*” which has motivated this researcher to do a research on some interventions that seek this “never ending phenomenon”. The two authors postulate that religion, customs and old-age prejudices, have put Indian women in a subservient and exploitable position in many domains of life. Low rates of participation in education, lack of economic independence and value biases operating against them have resulted in the women being dependent on men folk and other institutions of authority like the family, neighbourhood and society. The women are usually ignorant of their rights and even if they

are not, they do not have easy access to justice (Sharma and Gupta, 2004). The two researchers argue that despite the enactment of laws, formulation of reformative legal processes, provisions of legal aid to the needy, extensive use of the Public Interest Litigation, conduct of Family Courts and Women/Friendly Counselling centres, women in India have a long way to go with regards to GBV. Sharma and Gupta's study leaves this researcher dejected with regards to the impact of GBV on women as many women world over are affected by GBV, Zimbabwe included. Hence the need to conduct a study on the impact of empowerment programmes such as the RWA in finding out how they are trying to fight this disheartening phenomenon of GBV.

Willman and Corman (2013) define GBV as sexual and gender-based violence (SGBV) which they refer to as harm or threat of harm perpetrated against a person on her/his gender. It is rooted in unequal power relationships between men and women, thus women are commonly affected as postulated by the two authors. According to Willman and Corman, SGBV is interchangeably often used with "violence against women" (VAW) and can include sexual, physical, economic and psychological abuse. It manifests in various forms including physical, emotional and sexual violence, sexual exploitation, discrimination and harassment. The study by Willman and Corman's (2013) review is an effort to take stock of the experience of the World Bank in addressing SGBV, from 2008 to 2013, in order to capture lessons for engaging more strategically on this issue across the Bank portfolio. It is geared primarily toward the World Bank staff to strengthen the institution's responses to this development challenge.

Willman and Corman (2013) agree with various other scholars that intimate partner violence (IPV) against women is the most prevalent form of SGBV and the most frequently researched. According to the two authors, cross-country surveys of women have consistently

documented that at least a third of women will experience violence at the hands of a friend or family member in their lifetime. The most extreme form of SGBV is femicide – which kills an estimated 66 000 women globally each year. Many Femicide occur within the context of intimate relationships (Willman and Corman, 2013). The World Health Organisation (WHO, 2013) estimates that 38% of murders of women are committed by intimate partners compared to six percent of men.

Willman and Corman (2013) bring in fresh evidence on the prevalence of SGBV on men, boys, girls and women as opposed to most researchers who have provided statistics on women and girls only. Their research on sexual violence suggests that SGBV is highly prevalent for both girls and boys. They posit that rates of victimization from a series of National Violence against Children Surveys estimate that among women 18-24 years old, 38% in Swaziland, 27% in Tanzania and 32% in Zimbabwe had experienced violence before they were 18 years old. Among men, about one in nine and one in ten had similar experiences in Tanzania and Zimbabwe respectively. In a study of six cities in Central America, between 3-10% of men between 19-30 years old reported having been sexually abused as a child according to Willman and Corman.

One of the key lessons for Willman and Corman (2013) study was that SGBV is a multi-dimensional problem, and therefore requires a multi-sectoral, multi-level response. The research also warned against excluding men from programming on SGBV arguing that doing programming exclusively with women can exacerbate violence. One interesting lesson brought about by the study by Willman and Corman was that women cannot automatically be assumed to be allies of work on SGBV. The argument was that when setting up the project, you can identify a woman ‘champion’ who can work with the community. Then you add activities to her. However, should the issue be politically sensitive, women may be reluctant

to identify it. Using an example of an access to justice project which spoke about designing an initiative to work with female judges, assuming they would be open to addressing SGBV in courts. She is surprised when the women were not supportive of the idea. The judge noted, *“Like other bureaucrats, they listen to the people at the top. They also are fearful to be too closely affiliated with the issue because they may be labelled for it throughout their career as “that woman judge who is always harping about SGBV”.*

One should never assume that all women share the same vision of the problem or the solution with regards to SGBV according to Willman and Corman (2013). In Haiti, the project aimed to work with national ministries and with grass root groups. It was quickly apparent that these groups were at odds with each other over the nature of the problem of SGBV in displacement camps, and had different views about how to address it. To some extent this was a reflection of class divisions between the (elite) ministries and (non-elite) grassroots, observes Willman and Corman. The project team therefore had to learn to navigate these divisions and find ways to encourage dialogue between the two groups. This is an important lesson to this researcher because as indicated by Willman and Corman, GBV requires a multi-sectoral approach to deal with and one should be mindful of the salient visions presented by the various stakeholders and the same can be applied in the RWA initiative in Nyanga. It remains to be seen how the various actors in Nyanga are working together in reducing GBV in Zimbabwe.

2.2 The Ecological Model of Abuse and GBV

In his analysis of gender-based domestic violence, Radiotloaneng (2013) provides some insights into different forms of GBV and how women have reacted to violence. Radiotloaneng takes Southern Africa in general and specifically Botswana and Zimbabwe as case studies. He argues that GBV has increased in statistics and severity in the last 10 years

(2013 and backwards) and has cut across all age groups in the region. Radiotloaneng' s study is informed by the ecological model on individuals as perpetrators of violence, relationships, community and society at large as factors crucial in the incidences of GBV (Heise,1999 cited by Radiotloaneng). This study conducted an empirical research to add to the existing database of GBV. Based on understanding the ecological model, a desk study and the empirical studies, the author provides GBV as important for readers to take it as one of the top most agenda for everybody, acumen to provide lasting solutions to a problem that has affected humanity. All are therefore encouraged to join the bandwagon in fighting GBV at different levels: individual, relationship, community and society at large. Radiotlonaneng has provided some appetite for this researcher to conduct her studies around GBV, however cover empowerment and GBV which were not addressed by Radiotlonaneng.

Heise (2011) research on "*What works to prevent partner violence: An evidence Overview*" is one of the many studies done on strengthening the evidence base on gender and violence against women and girls. The Heise paper reviews the empirical evidence of what works in low and middle income countries to prevent violence against women by their husbands and other male partners. The purpose of the study is to help to inform the future direction of DFID programming on violence against women with an eye towards maximising its impact and ensuring the best use of scarce resources.

The Heise (2011) study focuses on partner violence, which is only one of the many forms of violence and abuse experienced by women and girls globally. Heise's (2011) study prioritises programmes that have been evaluated using rigorous scientific designs, emphasising formal impact evaluation. As such the review helps this researcher in understanding first, the link between key factors and risk of partner violence, and second, what is known about the effectiveness of interventions to either reduce partner violence directly or indirectly by

influencing these factors. The Heise study is grounded in a conceptual understanding of violence of the ecological model of abuse. According to Heise (2011), the ecological model posits that there is no single factor that “causes” partner violence, rather, the likelihood that a specific man will become abusive or that one community will have a higher rate of violence than another, is a function of many factors that interact at different levels of the “social ecology”.

According to Heise (2011), the social ecology include the life histories, traumatic scars, and personality factors that men and women bring to their relationships as well as the contexts and situational factors that impinge on their day to day lives. The ecology includes messages and norms that friends, family members and social institutions reinforce as appropriate behaviour for women and men, including the acceptability of violence within different contexts. The norms and expectations are in turn shaped by structural factors- such as religious and ideology, and the distribution of economic power between men and women- that work to define the beliefs and norms about violence and structure women’s options for escaping violent relationships. Heise’s study presents the complexities of GBV and therefore motivated this researcher to conduct a research around GBV and to be drawn in the intricacies of GBV to find lasting solutions to the problem. This has also inspired this researcher to conduct a research closer home in Nyanga focusing on gender based violence at partner level and studying if economic and social empowerment programmes have helped reduce this form of violence against women.

Solotaro and Pande (2014) book’s organising framework and analysis, draw from Heise’s (1998) ecological model of abuse. The ecological model posits that violence is a function of multiple factors that interact at various levels of the “social ecology,” not only the level of the individual but also the levels of her household, community and society. The book combines

the ecological model with a life-cycle approach to capture the fact that women and girls in South Asia face the risk of multiple forms of violence throughout their lives, from birth through old age. It examines violence faced by girls in infancy and early childhood (excess female child mortality and physical and sexual abuse), in adolescence before marriage (sexual harassment by non-marital intimate partners), and in adolescence and adulthood once married (dowry-related violence and intimate partner domestic violence). The two authors also examine forms of violence that cut across life stages-namely, sexual harassment of adolescent and adult women, trafficking of women and girls and custodial violence. Solotaro and Pande's views on causes of violence against women and girls are echoing with various scholars who emphasize on the same school of thought and hence the need for this researcher to conduct a study closer home on GBV.

2.3 The Empowerment of women and GBV

The Zimbabwe Demographic and Health Survey (2010-11) link women's empowerment to decision making at household level on health and use of their money. The study links the decision making of women to GBV. According to the ZDHS findings almost a third of currently married women who receive cash earnings report deciding how their own earnings will be used while 62% say they decide on use of earnings with their husband. The survey reports that the majority of women report that they do not own a house (63%) or land (64%). Twenty seven percent of women say that they own a house jointly with their husbands. Overall, 9 percent of women own their house, and 9 percent own their own land. According to the survey, the majority of currently married women (60-69 percent) report each of the three household decisions is made jointly with their husbands. About 24% of women report that they alone make decisions about their own health care while 20% make decisions to visit their families and relatives, and 19% make decisions about household purchases. Forty

percent of women believe that a husband is justified in beating his wife for at least one of the five specified reasons (if she burns the food, if she goes out without telling him, if she neglects the children, if she argues with him, or if she refuses to have sexual intercourse with him). Only 34% men believe that a husband is justified in beating his wife for at least one of the same five reasons as argued by the survey.

The ZDHS (2010-11) findings on women empowerment and how men and women view the causes of GBV, opens up discussions and a need for more understanding of GBV and empowerment. The fact that women blame themselves for being beaten, links well with the school of thought of researchers such as Kim and Motsei (2002) who did a study pointing to the findings that “women enjoy punishment”. This calls for more understanding of gender based violence, which seems a complex issue in Zimbabwe and globally. The ZDHS (2010-11) in a separate chapter (16) dwells heavily on the phenomenon of GBV and shares some findings which are relevant to this research. The survey postulates that 30% of women aged 15-49 have experienced physical violence since age 15 and 18% of women have experienced physical violence within the past 12 months. Twenty-two percent of women who have had sexual intercourse reported that their first experience was forced. Overall, 27% of women reported that they have experienced sexual violence. In nine of 10 cases, their current or former husband, partner, or boyfriend committed the act. Only 37% of women who experienced physical or sexual violence have sought help. Most turned to family (58%, in-laws (36%), and friends or neighbours (13%) for assistance (ZDHS 2010-11).

Wekwete et.al (2014) did a broad investigation on the association between spousal GBV and women's empowerment among women aged between 15-49 who were currently in union or living with a man. The authors used the 2010-2011 Zimbabwe Demographic Health Survey (ZDHS) data. This makes it different from this researcher's study which is looking at the

empowerment of women using a specific case study. This is not to say that the Wekwete et.al (2014) study has not contributed to the GBV and the women empowerment discourse. The research has motivated this researcher to conduct a study on the empowerment of women and how it reduces GBV following reading the findings from Wekwete et.al (2014) research. The analysis of the Wekwete et.al al (2014) study showed that women who did not participate in decision making at household level were more likely to experience GBV than those who do. Women who have control over their spouse earnings were less likely to suffer from GBV. Wekwete et.al (2014) argues that ownership of property (land and or house) was not associated with spousal GBV. The authors argue that women who were in polygamous unions, whose spouses drank alcohol, earned less than their spouses and had a history on non-spousal physical violence were more likely to experience GBV than all other women. The authors recommended that there was need to improve women's participation in decision making, mainstreaming GBV in development and improving the economic and social emancipation of women and girls in order to reduce GBV. The RWA initiative is attempting to answer some of Wekwete et.al (2014) study recommendations where gender issues are deliberately mainstreamed and a strong thrust to empower women economically and socially is employed. Hence it is critical that such initiatives be studied to find out if they are making any impact in reducing GBV.

Gupta et.al (2013) study in rural Cote d'Ivoire focuses attention on how to reduce intimate partner violence (IPV) in settings impacted by war. The study looked at incremental impact of adding "gender dialogue groups" to an economic group savings programme on levels of IPV. The results of the study revealed that compared to group savings alone, the addition of gender dialogue groups resulted in a slightly lower odds of reporting past year physical/or sexual IPV. The RWA platforms, which facilitate both the empowerment of women socially

and economically, will be studied in this research. While Gupta et.al (2013) study is essential in making this researcher understand more about the relationship between GBV and the empowerment of women, this research is again in a different set up and it remains to be seen if the two contexts of Cote d'Ivoire and Nyanga are the same. Gupta et.al (2013) is looking at a conflict setting while this research is using a case study of Nyanga which is in a peaceful set up.

In analysing gender-based violence, Malhotra (2011) sets out what she calls a simple non-cooperative model resource allocation within the household in developing countries that incorporates domestic violence as a vehicle of enhancing bargaining power. It demonstrates that the extent of domestic violence faced by women is not necessarily declining in their reservation utilities, or necessarily increasing in their spouses. Using the National Family Health Survey data for India for 1998-99, Malhotra's study isolates the effects of domestic violence on female autonomy, taking into account the possible endogeneity of domestic violence through the choice of what she calls appropriate instruments. She presents an evidence-based evolutionary theory of domestic violence, which postulates that violence stems from the jealousy caused by paternity uncertainty in our evolutionary past. In this case men are the ones who usually doubt the paternity of their children because women have the advantage that they give birth to the children. Interestingly, in the Shona culture there is an idiom which could be linked to Malhotra's arguments which says "*anoziva ndiamai kuti mwana ndewani*" which literally means "*only the woman knows the father of the child*" which to some extent ruffles a man's ego. Malhotra's findings have therefore strong implications that suggest that it will take more than an improvement in women's employment status to address the problem of spousal violence. Malhotra's research investigates how domestic

violence in developing countries impinges on women's autonomy (that is, their independence in making decisions within the household).

Malhotra's (2011) research is looking at the impact of domestic violence on women decision making and not the other way around of evaluating the impact of women empowerment in reducing GBV which this research is focused on. This makes this research unique and different from Malhotra's study. Malhotra also agrees with this researcher that the GBV discourse has not received much scrutiny as it warrants, hence this research is justified.

Empowerment is the most frequently used term in development dialogue today. It is also the most nebulous and widely interpreted of concepts, which has simultaneously become a tool for analysis and also an umbrella concept to justify development intervention. For some, the empowerment of women is an active multi-dimensional process which enables women to realise their full identity and powers in all aspects in all spheres of life as in the liberal feminist approach. For others empowerment represents the ability of women to handle responsibilities, to envision a better future, and work to overcome the obstacles that overcome them. In her analysis on the causes and prevention of IPV, Jewkes (2002) believes that poverty is the exception and increases risk through effects on conflict, women's power, and male identity. Violence is therefore used as a strategy in conflict. Relationships full of conflict, and especially those in which conflicts occur about finances, jealousy, and women's gender role transgressions are more violent than peaceful relationships, reasons Jewkes. Heavy alcohol consumption also increases risk of violence. Jewkes' s school of thought on GBV prevention is that women who are empowered educationally, economically, and socially are more protected, but below this high level, the relationship between empowerment and risk of violence is non-linear. Violence is frequently used to resolve a crisis of male identity, at times caused by poverty or an inability to control women. Use of violence

therefore is greatest in societies where the use of violence in many situations is a socially accepted norm. Jewkes recommends that primary preventive interventions should focus on improving the status of women and reducing norms of violence, poverty, and alcohol consumption.

Jewkes' s paper is an important piece of literature to this research because it is recommending the empowerment of women to improve their status with the hope of eventually reducing GBV, which is an interest area for this study. However, if we use Jewkes' s analysis whose line of thought is that violence is used by men when they fail to control women, how then will men feel when they fail to control women empowered through economic initiatives such as the RWA programme? Jewkes research has motivated this researcher to find out more on the effectiveness of social and economic empowerment initiatives in reducing GBV and also improving the status of women in Zimbabwe.

The prevalence of physical domestic violence- violence against women perpetrated by husbands is staggering high across the globe. Although gender-based power dynamics are thought to underlie women's vulnerability, little is known about the risk factors (Krishnan et.al (2010). The study by Krishnan et.al (2010) on finding out if spousal employment status leads to domestic violence in Bangalore, India, examined the association between economic aspects of gender based power, namely spousal employment status and physical domestic violence. The study found out that women who were unemployed at one visit and began employment by the next visit, had an 80% higher odds of violence as compared to women who maintained their unemployment status. Similarly, women whose husbands had stable employment at one visit and newly had difficulty with employment had 1.7 times the odds of violence, as compared to women whose husbands maintained their stable employment. The study points to the complex challenges of violence prevention, including the need for

interventions among men and gender transformative approaches to promote gender-equitable attitudes, practices and norms among men and women. This presents incentive for this researcher to do deeper understanding of GBV by carrying out a study using Nyanga as a case study. The Krishnan et.al (2010) India study did not include social empowerment and the study was in an urban set up. This research is exploring both the economic and social empowerment of women in a rural set up. It is this researcher's hope that the study of the RWA economic and social activities in Nyanga will bring a new body of knowledge as it is run in a rural set up and the contexts of Nyanga and Bangalore are different.

Pun (2013) argues that home is not a safe place for women and girls where intimate partners and family members seize their human rights. Women are often victims of domestic violence and are in lack of justice due to weak laws. Most often these are unreported and unrecognised. Pun (2013) study entitled 'Empowerment of women through education to reduce GBV: a Case Study of Ihara Village', Nepal, assesses the prevalence of domestic violence in a village in rural Nepal and examines the associated factors relating to it. The results of the study show that empowering women through education is the most effective tool to reduce domestic violence. In Pun's study 16% of women reported having experienced some type of violence. All of these women were victims of psychological violence followed by physical and economic violence. Education and low economic status were found to be the main reason for domestic violence. The majority of the research's participants are said to have accepted education as the most important factor to reduce domestic violence. It will be interesting to know if empowering women through development oriented projects such as the RWA approach helps in any way in reducing GBV in Zimbabwe.

Kim et.al (2009) research on "*Assessing the incremental effects of combining economic health Interventions: IMAGE Study in South Africa*" sought to explore whether adding a

gender and HIV training programme to microfinance initiatives can lead to health and social benefits beyond those achieved by microfinance alone. Kim et.al (2009) findings were that after two years, both the villages that received microfinance only interventions and those that received the combined microfinance training intervention (IMAGE) were found to have higher levels of intervention of economic well-being than matched control villages. However, only the combined intervention was associated with a wider range of effects in relation to women's empowerment, reduced risk of intimate partner violence (IPV) and HIV protection behaviour. These findings lend support to the hypothesis that adding a health component to a conventional poverty reduction programme can create synergies that can be critical for achieving broader health and social benefits according to the Kim et.al (2009). The conclusions on this study are that adding of a training component to group-based microfinance programmes may be critical for achieving broader health benefits. Donor agencies should therefore encourage inter-sectoral partnerships that can foster synergy and broaden the health and social effects of economic interventions such as microfinance (Kim et.al 2009). It will be interesting therefore to study social and economic interventions such as the RWA which to some extent attempt to address some of Kim et.al conclusions and recommendations.

In yet another related and earlier study, Kim et.al (2007) sought to obtain evidence about the scope of women's empowerment and the mechanisms underlying the significant reduction in intimate partner violence (IPV) documented by the intervention with microfinance for AIDS and Gender Equality. Kim et.al (2007) research on *Understanding the Impact of Microfinance Base Intervention on Women's Empowerment and Reduction of Intimate Partner Violence in South Africa* aimed at obtaining evidence about the scope of women's empowerment and the mechanisms underlying the significant reduction in intimate partner

violence (IPV) documented by the intervention with microfinance for AIDS and Gender Equality (IMAGE) cluster-randomised trial in rural South Africa. The IMAGE intervention combined a microfinance programme with participatory training on understanding HIV infection, gender norms, domestic violence, and sexuality. Outcomes measured included past years' experience of intimate partner violence and women's empowerment. Qualitative data about changes occurring within intimate relationships, loan groups, and the community, were also collected.

The Kim et.al (2007) study revealed that after two years, the risk of past year physical or sexual violence by an intimate partner was reduced by more than half. Improvements in all nine indicators of empowerment were observed. Reductions in violence resulted from a range of responses enabling women to challenge the acceptability of violence, expect and receive better treatment from partners, leave abusive relationships, and raise public awareness about IPV. The conclusions of the study were that findings, both qualitative and quantitative, indicate that economic and social empowerment of women can contribute to reductions in intimate partner violence. Interestingly, Kim et.al (2007), introspectively respond to recommendations made in the Kim et.al.(2009), which leaves this researcher confused but eager to conduct her own study on the effectiveness of economic and social women empowerment initiatives in reduce IPV.

Morrison and Sabarwal (2013) postulate that the economic participation of women is an anti-poverty strategy. The two authors argue that this is particularly true for young women, for whom education or economic participation in late adolescence can help overcome material, social and cultural barriers in adulthood. In addition, the welfare gains can not only accrue to the girls and young women, but to their families and children, hence the aphorism that "if you educate a woman, you educate an entire nation". Thus, it is not surprising that development

literature has increasingly emphasized on the empowerment of girls and young women as an important pathway for poverty reduction and economic development (Knowles and Behrman, 2005, as cited by Morrison and Sabarwal, 2013). In a review of 42 countries (Psachopoulos and Patrinos, 2004), show that an extra year of secondary schooling for girls can increase their future earnings by 10 to 20 percent, whereas the corresponding number of boys is about 5 to 15 percent.

Morrison and Sabarwal (2013) resonate that economic participation of young women can have a profound impact on their demographic choices. According to the two authors, economically active women have higher opportunity costs of marriage and child bearing. This leads them to postpone marriage, schedule births later in life, and fewer children on average compared to non-active women. Quoting Ainsworth et.al (1996), Morrison and Sabarwal argue that in 13 countries in Sub-Saharan Africa, women with 7-10 years schooling have 0.2 to 0.7 fewer children born, while primary education alone does not reduce fertility. Postponement of family formation and fewer children, given the right policy environment, may produce a demographic dividend of increasing per capita income, higher savings and more rapid growth according to Morrison and Sabarwal.

Women economic participation can increase their control over household structures, which in turn has a positive impact on the children's well-being (Morrison et.al, 2007). Women's control over the household resources has been linked to increases in children's cognitive ability and productivity as adults according to the two authors. This to some extent helps reduce gender based violence at household level because the women are actively participating in the economic affairs of the household according to various literature reviewed. It will be interesting to find out if there are similar trends in Nyanga following the implementation of the Rural Women Assembly.

Empowerment can be interpreted as the freedom of choice and action to shape one's life, including the control over resources, decisions, and institutions necessary to do so as argued by many authors such as Morrison and Sabarwal (2013). Female education and labour force participation have been identified as important catalysts for enhancing women's empowerment (World Bank, 2001). Studies of women's access to microcredit show that it increases women's control of non-land assets (Pitt and Khandker, 1998 and Khandker 1998), expands their role in household decision making (Kabeer, 1998), and leads to greater acceptance by husbands of their participation in market-based economic activities (Agarwal, 1997). This debate brings interesting insights on women empowerment and has motivated this researcher to find out if the Rural Women Assembly initiatives are improving women's decision making. Improvement in decision making addresses the discrimination of women and as a result women actively participating in development, resulting in the reduction of gender-based violence according to various authors such as Radiotlolaneng (2013), Mashiri (2013) UNFPA (2013), Nyamayedenga (2010), Giddens (2001), Bhatia (2013), and Wekwete et.al (2104).

In addition to women actively participating in decision making at household level, Morrison and Sabarwal (2013) argue that educated women are more likely to play an active role at community level. Studies from India show that increases in female education led to improvements in the quality of health-care provision via increased pressure from women local authorities (Mari Bat, 1998, Dreze and Murthi, 1999 as quoted by Morrison and Sabarwal).Morrison and Sabarwal in addition measured the empowerment of women using selective indicators such as contribution in the household, the workplace and the community.

Despite the empowerment of women and eliminating gender disparities being one of the UNDP Millennium Development Goals (MDGs), (Human Development Report, 2003), yet to

date, no major effects have been made to develop a rigorous method for measuring and tracking changes in the levels of empowerment. The UNDP developed the Gender Development Index (GDI) which takes into account the inequality in the achievements between women and men (Sridevi, 2005). The greater the disparity in Human Development, the lower is a country's GDI compared to its Human Development Index (HDI) (Sridevi, 2005). The Gender Empowerment Measure (GEM) on the other hand, measures the extent to which a woman has influence in decision-making, in politics, in professional life, and in organisations. Interestingly to contextualise this, the Zimbabwe Gender Equality Index is at 0.583 showing that there is a large gap between men and women in development (UNICEF citing the Zimbabwe National Gender Policy (2013-2017)). This suggests inequalities, deeper poverty and well-being among women in comparison to men and sometimes income is not sufficient to ensure equality in the quality of life, freedom and dignity between men and women according to UNICEF. This throws some interesting debate on the issue of empowerment of women and the reduction or increase in GBV.

According to Sridevi (2005) many studies on measuring the impact of women empowerment, programmes have explained the issue of empowerment and how it gives women the power to make decisions or actively be involved in development in theoretical investigations but lacked the empirical testing. The lack of pragmatic evidence has pushed Sridevi (2005) to probe the empowerment issues empirically. Sridevi attempts to develop a structure, which analyses the empowerment of women scientifically. By constructing two models, Sridevi's study has two objectives, first finding the determinants of women empowerment and secondly, construction of an empowerment index. The specific objectives of the study by Sridevi, are to examine the various factors which affect the empowerment of Women Post Graduate (PGT) in the city of Chennai, India, and to derive policy implications based on the

results obtained in this primary study. In concluding the research based on the study findings, Sridevi argues that the Empowerment Index made by the paper, gives a crucial result. That is whenever the standard of living of women is higher they give equal weightage for all the characteristics features or attributes considered as women empowerment. Therefore there should be proper and appropriate intervention strategies (at home and at the workplace) that can prove to be a big source of assistance to empower women, Sridevi argues. It is not enough that women should be made economically independent, but they must also change their self-perception as the Sridevi (2005) study postulates. Empowering women is an important end in itself, not only as a human rights issue but also as having the potential of promoting human well-being (Sridevi, 2005). Empowering women and improving their status are essential ingredients for realising the full potential of economic and political development of the entire society thus ensuring sustainable development, Sridevi concludes. The study by Sridevi is one of the many researches on women empowerment that has motivated this researcher in conducting the research on the Rural Women Assembly initiative.

Kabeer (1997) points out that factory employment raises a woman's outside option which would allow her to flee bad conditions within a marriage. A nontrivial number of garment workers do actually leave bad situations (Sultan Ahmed and Boud, 2004 as cited by Kabeer), suggesting that this is a valid option. Furthermore, as would be predicted by a household bargaining model, Kabeer (1997) points out that the ability to leave improves a woman's treatment even if she does not actually leave. If less educated women- who do not tend to earn less than non-educated women in Bangladesh (Pitt et al.2010)- are less able to provide for themselves on their own, then they may not be able to translate work opportunities into less violence through the credible threat to leave.

Morrison and Sabarwal (2013) study on the impact of schooling and employment of adolescent girls and young women on earnings and poverty reduction, demographic outcomes, child development outcomes, and female empowerment is relevant to this study. While the research is not directly on gender-based violence, it presents interesting discussions around gender equality through promotion of education of girls and young women, which according to various literature available, reduces gender based-violence. Morrison and Sabarwal insinuate gender based violence in their research when they indicated that early marriages or child bearing limit young women's labour participation. Implications made by these research findings help in the formulation of public policy in particular on promotion of gender equality, which is critical when it comes to the reduction of gender-based violence.

Lyengar and Ferari (2011) have attempted to find out whether economic or social interventions for women reduce GBV or not. Their study describes an impact evaluation of a financial skills and negotiation training programme in conjunction with micro financing in Burundi compared to data from a previously published study on GBV training for women receiving microfinance in South Africa. The findings of both studies showed a trend towards increase in authority with the Burundi study showing statistical significance. In South Africa, there was a large, albeit short lived decrease in domestic violence. In Burundi, there was small reduction but trends suggest a longer duration. The effects on the overall empowerment are small. These studies suggest that a more sustained use of discussion session may result in lower and more sustained economic and social empowerment. Future research could focus on longer term effects of the use of discussions according to Lyengar and Ferari (2011). The two authors admit that research on longer term programmes to assess the impact of economic and social empowerment initiatives in reducing GBV was needed. This research therefore proposes to take off from where Lyengar and Ferrari (2011) left off from by looking at the

impact of longer term programmes of the RWA initiatives in reducing GBV. The RWAs began operating in Zimbabwe in 2010 to date (2015).

Bobonis and Castrol (2010) studied the role of conditional cash transfers in reducing spousal abuse in Mexico: short term vs long term. The evidence from the study suggests that in longer-run, women in beneficiary household are likely to experience abuse of physical or non-physical forms as non-beneficiary women. These findings stand stark in contrast to the short-term run estimates where women in beneficiary household were significantly less likely to be victims of physical abuse but substantially more likely to suffer emotional abuse (with associated physical abuse) than non-beneficiaries. This is a North American study and it remains to be seen if similar trends are there in Southern Africa, in Zimbabwe in particular through the research on the impact of rural women empowerment programmes in reducing GBV since contexts differ.

Mukananga et.al, (2014) argues that gender-based violence negatively impacts on women's productive health. The Mukananga et.al study done in Hatcliffe, Harare triangulates quantitative and qualitative research methods with women in the reproductive age group being the target group. The study noted that 95 percent of the respondents experienced physical, 31% rape by a stranger, 92% spousal rape and 65% forced marriages. Socio-cultural, religious, economic and policy implementation factors underlie a culture of silence that prevails among victims of GBV. The study recommends economic empowerment of women, information, and education, counselling pertaining to negative effects of GBV to both males and females. It also recommends that there is need for education about grievance and procedures and scaling up of policy enforcement in order to curb the gruesome effects of GBV. Mukananga et.al study is relevant literature, however it is only limited to health interventions. The recommendations on promoting economic empowerment as per the study

motivated to this researcher to study the RWA initiative which is looking at both economic and social empowerment of women.

Makoko (2012) study examines women's experiences of economic empowerment projects in the era of escalating female household leading and relentless poverty in Lesotho. It particularly focuses on women participating in crafts projects initiated for income generation, in the contexts of gendered spaces. According to m Makoko, the Women Economic Empowerment (WEE) is a potential route out of abject poverty, especially for the economically marginalised women in Female-Headed Households (FHH). A case study focusing on women participants doing Crafts projects for a selected district was carried out. Findings of the research revealed that empowerment remains to be one of the entangled processes of economic development. It is however subjected to social, political and economic procedures operating in a county. Makoko (2012) postulates that the economic empowerment of women participating in income generating projects is considerably constrained by the patriarchal and globalised economic set ups that women operate within.

Recommendations ultimately forwarded in Makoko (2012) study highlight the significance of macro-economic policy to pay attention to the assertion that WEE is not merely a path out of poverty but an intrinsic entity employment-led growth. This also hints on policy for broad-based growth that can be countercyclical for the economy of a country. Makoko's paper therefore serves to articulate a dire need for shift from reluctance to responsiveness for those with political and economic will power. Makoko's study is relevant and is helping this researcher in understanding more on the empowerment of women, which is one of the variables of this research.

Dejene (2010) paper examines the gender differentiated growth patterns and constraints of women's and men's small scale enterprises. It briefly presents the various gender-related

obstacles to the growth of women's enterprises and proposes policy and legal reforms to bring about change in women's access to assets. The study emphasizes on the need to look at promoting women's empowerment from a multi-sectoral perspective and the need to integrate various economic, social and cultural elements in developing projects that seek to develop micro and small enterprises (MSEs). Dejene's paper contributes to discussions related to women economic empowerment which has been identified by various researchers as one way of reducing GBV.

Damba et.al (2013) argues that most of Zimbabwe's urban settlements owe their existence to mining activities, hence most peri-urban communities around Bulawayo, Zimbabwe's second largest city, are mining communities. According to Damba et.al however research in these communities has shown that there is little focus on strengthening of community dynamics that help members cope with challenges associated with GBV. Damba et.al paper on Awareness Campaigns as survival tool in the fight against gender-based violence in peri-urban communities of Bulawayo presents and discusses experiences and insights accumulated from awareness campaigns meant to sensitize people about the nature and scope of GBV. The article discusses the conceptualisation of domestic gender based violence as a risk, forms of GBV, the rationale behind campaigns to reduce the internalisation of GBV and the challenges faced in inculcating behaviour change efforts. Damba et.al study provides some motivation to this researcher to conduct a study on how economic and social empowerment programmes reduce GBV, where researches conducted have presented mixed feelings on these variables.

Arango (2014) conducts a systematic review of reviews and breaks new ground by synthesizing evidence on the effects of violence against women and girls prevention interventions. The paper examines the diversity of geographical context, the types of violence addressed, and the numerous approaches that have been used to combat violence against

women and girls. Additionally the review summarises the quality of evidence on efficacy and effectiveness in order to highlight strengths and gaps of interventions on a global scale to undertake future design, implementation, and evaluation of interventions.

Topics covered by the Arango (2014) review of reviews include child sexual abuse, harmful traditional practices, intimate partner violence, non-partner rape, sexual assault and harassment. Some of the findings of the research are that the global evidence base was heavily skewed towards the global north according to Arango. Over 70 percent of the world's evaluations were conducted in just seven high income countries comprising six percent of the world's population. This skewed distribution of evidence, demonstrates an urgent need for more investment in rigorous evaluations of a range of interventions across different sectors to prevent violence against women and girls in low-and middle-income countries according to Arango. Although drawn largely from high-income countries, this evidence still offers important lessons that could inform piloting and testing in low-income countries, postulates Arango. For instance, psychosocial support has, in some cases, decreased violence in high-income settings.

Arango (2014) argues that various modalities of psychosocial support are being increasingly implemented and tested in low- and middle- income settings and could be usefully applied towards those at risk of experiencing new or repeated exposure to or perpetration of violence. Lessons from the more limited evidence base in low- and middle-income country settings are instructive according to the review. For example, the focus on primary prevention in low-and middle-income settings is worth noting, and, despite fewer evaluations, several innovative programmes, with promising results were identified that resulted in the reduction of violence against women.

Lessons were also learned from the Arango (2014) reviews with regards to interventions that can help in reducing violence against women (VAWG). In the cases of batterer intervention programmes and sexual assault education programmes, the reviews for each emphasize both poor quality of programme implementation and the absence of the methodological rigor in the research undertaken. An hour-long video on sexual assault prevention cannot realistically be expected to change youth attitudes or reduce date rape on a university campus. Similarly, failing to adapt a batterer intervention programme to the specificities of the diverse perpetrators, even when most drop out, indicate the need for a better approach (Arango 2014). In the United States of America, Batterers' Intervention Programme (BIP) is a programme that a person who inflicts violence on children, the spouse or any other person as part of the legal system to act on domestic violence. While scarcely reported, findings related to triggers of negative effects could inform better design of interventions to prevent and respond to VAWG and to avoid unintended harm according to Arango (2014) review findings. The results underscore the importance of having evaluations that carefully measure and report both positive and negative intervention effects. Several types of interventions as promising advocacy groups have the potential to prevent VAWG. Yet according to the reviews conducted, many have not been rigorously evaluated. According to Arango, some evaluations have observed adverse effects. These include interventions meant to curb child sexual abuse by strangers and interventions that employ police officers as home visitors paired with social workers.

In summary, the Arango (2014) paper finds that knowledge of intervention impacts on VAWG prevention is growing, but is still highly limited. Nonetheless, a small but growing body of rigorously tested interventions demonstrates that preventing VAWG is possible and can achieve large effect. The interventions with the most positive findings used multiple,

well-integrated approaches and engaged with multiple stakeholders over time. They also addressed underlying risk factors for violence, including social norms regarding gender dynamics and the acceptability of violence (Arango 2014). These examples point to the imperative of greatly increasing investment both in innovative programming in primary prevention, as well as in high-quality experimental and quasi-experimental evaluations to guide international efforts to end VAWG and hence relevant to the study of the Rural Women Assembly initiatives in ending the same VAWG. However, since these are reviews, they will remain hypothetical as opposed to the practical evidence which the RWA research will obtain.

For years and even decades, dedicated women and men in South Asian countries have been working to prevent and respond to violence against women and girls, often putting their own lives at risk. Their efforts in the field, together with those of researchers who seek to better understand the drivers of this violence and improve interventions- are the heart and foundation of Solotaro and Pande (2014) study entitled “*Violence Against Women and Girls: Lessons from South Asia*”. The study analysis, synthesis of lessons and recommendations for stakeholders stand on the shoulders of these practitioners, many of whom are said to be survivors of violence themselves. According to this study practitioners’ motivation is to improve the opportunities, rights, and lives of women and girls. Such violence has economic and fiscal consequences for South Asian countries according to Solotaro and Pande. Human, social and financial costs of violence against women and girls severely hamper the ability of countries to achieve six of the eight Millennium Development Goals. These costs will continue to accrue unless government, the private sector, media and entertainment, and other stakeholders can coordinate and launch large-scale efforts that complement ongoing interventions in the South Asian region to address such violence and legislation to combat it,

to varying degrees, in each country. By summarising these costs and consequences, capturing ongoing efforts to address violence against South Asian women and girls in the field, and collating findings from research on risk factors and evaluations of interventions, Solotaro and Pande's book is intended to serve as a reference and a policy tool for policy makers as they prioritize and fund intervention programmes.

2.4 The effect of women empowerment on men

In an article which throws spanners into the debate on economic empowerment and GBV, Heath (2012) argues that while there are many positive implications of increased female labour force opportunities, some theoretical models and empirical evidence suggest that working can increase woman's risk of suffering domestic violence. Using data collected in peri-urban Dhaka, Bangladesh, Heath's analysis documents a positive correlation between work and domestic violence. This correlation is only present among women with less education or who were younger at first marriage. The results for Heath's study are consistent with a theoretical model in which a woman with low bargaining power can face increased risk of domestic violence upon entering the labour force as a husband seeks to counteract her increased bargaining power. This is an argument that was also advanced by Jewkes (2002) although she mixed theories on the impact of empowerment on women and the reduction or the increase in GBV. Jewkes' s argues that empowerment improves women's social status but at the same time men who want to control the empowered woman will use violence to control them which sounds like two conflicting theories.

Heath (2012) postulates that husbands of women who have higher baseline bargaining power cannot resort to domestic violence since their wives have the ability to leave violent marriages which is in contrast to Heath's earlier argument. These findings are inconsistent with the models of assortative matching in the marriage market, expressive violence; work in

response to economic shocks, or underreporting of domestic violence. The results on age at marriage are also inconsistent with the implications of a reverse casualty model in which women enter the labour force to escape violent situations at home, although the results on education are consistent with that story (Heath, 2012 and Jewkes, 2002). In response, a husband may attempt to regain control over household resources through domestic violence. Theoretical household bargaining models show a woman's access to economic opportunities can either decrease or increase, depending on her initial level of bargaining power (Tauchen et.al, 1991, Eswaran and Malhotra, 2011).

In Eswaran and Malhotra's (2011) model, husbands inherently dislike inflicting violence, but may resort to doing so to influence the decision of the wife, who is assumed to make decisions about household resource allocation. So a woman with a bad outside option will not face domestic violence, since she has to make decisions in accordance with a husband's preferences even when there is the absence of the threat of domestic violence, according to Eswaran and Malhotra's school of thought. However, if labour force participation increases her bargaining power sufficiently, she gains the ability to influence household decisions and thus may face domestic violence as her husband responds to this potential. By contrast, if a woman's bargaining power rises even higher, the husband must ensure her happiness in the marriage remains above her outside option according to Heath, Eswaran and Malhotra's hypothesis which seem like men's manipulative approach in their quest to control women.

Likewise, an increase in bargaining power for a woman who already has high bargaining power will less likely increase (and in fact, may even decrease) domestic violence, since she has the option to leave the marriage in response to domestic violence according to Eswaran and Malhotra (2011). This argument insinuates the theory (no-one has empirically proven it with the exception of Eswaran and Malhotra who came close to that) that men prefer to marry

women who are not economically empowered, because they can control them and are less threatening than the ones who are empowered. However according to Health, Eswaran and Malhotra's arguments, women with low economic status, should therefore remain the way they are so that men can continue to control them. Should the man decide on marrying a woman who has higher bargaining power, they are therefore ready to face the consequences of her leaving the marriage. One therefore wonders if these theories apply in the Zimbabwean context of Nyanga and conducting the research on the RWA initiatives is an opportunity to test some of these theories.

Access to labour market opportunities is frequently believed to improve the lives of women. For instance, promoting women's access to economic opportunities is listed in the World Bank's 2012 World Development Report as one of its top five policy priorities in promoting gender equality. There are both theoretical arguments and empirical evidence that postulate that females' access to labour market opportunities decreases early marriages and child (Morrison and Sabarwal, 2013, Sing and Samara 1996 and Jensen 2012). It also improves women's bargaining power within the household (Blumberge and Swaran, 2009, Dharmalingam and Morgan 1996, Rahman and Rao 2004, Anderson and Swaran 2009 and Majilesi 2011). However, the World Bank report agrees with Health (2012) that labour force opportunities may also present unintended negative consequence in the lives of women who gain access to new resources, which may threaten a husband who prefers complete control over the household.

2.5 The law and its challenges in fighting GBV

Another research on gender based violence was done by Chuma (2012) in his study entitled "*Domestic Violence Act: Opportunities and Challenges for Women in Rural Areas: The Case Study of Ward 3, Mwenezi District, Zimbabwe*". The major point for this study was on

examining the impact of the Domestic Violence Act (DVA) in reducing violence perpetrated against women. More specifically, the study pursued to establish factors that constrain the full implementation of the Act. It further explored the strategies explored by survivors of violence to alleviate their suffering. The study was grounded on the Giddens' Structuration Theory which contends that structures and actors constitute each other (Chuma 2012). The research explored that domestic violence was still very high in rural areas despite the enactment of the Domestic Violence Act. Chuma highlights that several factors, among them lack of awareness of the Act, women dependency on their husbands, societal attitudes and beliefs, the dual legal system and weak enforcement mechanisms were identified as impeding the effective implementing of the Act.

Despite the challenges faced in the implementation of the Domestic Violence Act, women devised strategies that included forging networks to promote emotional support, using love portions and resorting to newly emerging Pentecostal churches to reduce their suffering according to Chuma (2012). This research concluded that the DVA has had a negligible impact as women continue to bear the brunt of domestic violence. Notwithstanding the endeavours to empower women through reducing the various forms of abuse, gender equality remains a contentious, elusive and vehemently contested and resisted by men, the major beneficiaries of the status quo. In addition, gender based violence remains a thorn in the flesh for Zimbabwe despite the existence of the Domestic Violence Act. The DVA gaps presented by Chuma (2012) have given the impetus for this researcher to embark on a similar study however focusing on the economic and social empowerment of women using the Rural Women Assembly as means to fighting gender-based violence.

2.6 Chapter Conclusion

Notwithstanding the evidence presented by the researchers across the globe, most of them were remote to Zimbabwe, with a few close to Zimbabwe such as Wekwete et.al (2014), Radiotloaneng (2013), Manyeruke (2011), Chuma (2012) and Lyengar and Ferari (2011) studies which are in Zimbabwe and Southern Africa respectively. In their conclusions Lyengar and Ferari (2011) admit that there was need to research more on long term projects, which became part of the thrust of carrying out this research to fill this gap and many others. Wekwete et.al (2014) recommends that there be mainstreaming of GBV and increasing women social and economic empowerment programmes to reduce GBV. This influenced this researcher to embark on this study which is like a continuation of the recommendations of Wekwete et.al (2014) and other scholars.

The above literature of immense work done by previous researchers in the sphere of empowerment of women and its relationship with GBV, the pervasiveness of GBV globally, causes of GBV and various interventions proposed by the researchers, unearths a mixed bag of findings. There were various theories on understanding the causes of GBV with some authors arguing that it is caused by deeply entrenched male dominated societies and some postulating it is caused by lack of decision making at household level linked closely to patriarchal cultures. There is a school of thought that believes in the ecological theory of abuse, championed by Heise (2011) and other authors. The ecological model posits that there is no single factor that “causes” partner violence, rather, the likelihood that a specific man will become abusive or that one community will have a higher rate of violence than another, is a function of many factors that interact at different levels of the “social ecology”. There is also a mixed bag of theories on empowerment of women by the various scholars and there are two views. One school of thought believes that men are threatened by the empowerment of

women and as a result they act violently increasing the levels of GBV along the way. The other view on empowerment argues that empowerment promotes women's active participation in decision making at household level and in the community resulting in reducing GBV for both women and girls. Scholars like Chuma (2012) argue that the poor implementation of the law has not helped in reducing GBV. This calls for this researcher to conduct own study on women empowerment to find a solution to GBV which continues to be a challenge globally despite many efforts.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This chapter focuses on multiple methods which were used in the collection of the information for this research. Research methodology involves the research instruments used to collect data, the procedures involved and the data analysis. The specific data collection methods used included interviews, questionnaires and participant observation.

3.1 Research Design

Guy et.al (1987) defines a research design as a “plan of procedures for data collection and the analysis that are undertaken to evaluate a particular theoretical perspective”. He further states that the research design involves the process of planning what procedures to follow and how data will be collected. Le Compte et.al (1993) cited in Lincoln (1996) notes that a research design involves a clear focus on research questions, the purpose of the study, that is, the information which is most appropriate to answer specific research questions and the most effective methods for obtaining it. Moreover, Lincoln (1996) further states that a research design also lays a foundation and guidelines that enable investigation into a chosen area. In the same respect, Seliger and Shohany (1989) assert that in collecting data, it is important to use “procedures that elicits high quality data since the quality of any research study depends largely on the quality of the data collected, and quality is directly related to the data collection procedures”.

The research design used in conducting this study in order to fully speak to the research questions was a mixed research, which is a combination of qualitative and quantitative research methodologies. The research however was more biased towards qualitative rather than quantitative because there were more qualitative data collection and analysis tools which were used. The research used quantitative research in particular in the use of data collection

tools and analysis as the researcher sought to remove some biases which may be created by the “subjective” qualitative approach. This therefore means this study was a mixed research although it had strong bias over qualitative. I used a combination of quantitative and qualitative tools so as to include numerical and descriptive data on different variables in my study as I gathered data from a broad spectrum of respondents in Nyanga District.

3.1.1 Mixed Research

Tashakkori (2003) has referred to Mixed Research approaches as the third methodological movement which combine qualitative and quantitative methodologies. Regan, et.al (2004) has referred the combination of the two approaches as hybrid approach, sometimes referred to as quantitative-qualitative research. Since this research was biased towards qualitative methodology, this researcher calls this research a Qualitative-Quantitative. Note that it is starting with “Qualitative” rather than starting with “Quantitative”. In addition, for the purposes of triangulating information, this research agrees with Morse (1991, who referred to mixed research as Methodological Triangulation. There are times when qualitative is best and times when quantitative is best. Mixed research is suitable where one research method is insufficient and results need to be explained. In the case of this research, some of the tools to be used will be quantitative in nature although the research is broadly qualitative.

While quantitative research is based on numerical data analysed statistically, qualitative research uses non-numerical data. The difference between the two approaches is often seen as quite fundamental, leading people to talk about paradigm “wars” in which the two research approaches being seen as belligerent and incompatible factions (Sukamolson, 2007). Sukamolson argues that many researchers however define themselves either qualitative or quantitative. Mixed research however has shown researchers that the two approaches can be compatible according to Sukamolson (2007). It is against this background that this research

used both the qualitative and quantitative although inclined towards qualitative research in order to look at both the breadth (quantitative) and depth (qualitative) of the matter. Data collection and analysis tools for the Rural Women Assembly (RWA) groups in Nyanga were both qualitative and quantitative to enable the researcher to triangulate information. The quantitative data was obtained from the RWA group representatives from Ward 15 who responded through questionnaires. However, the rest of the research respondents (key informants) such as chairpersons of the RWA group representatives, village heads, councillor for Ward 15, Ministry of Women Affairs, Gender and Community Development and the ActionAid partners implementing the RWA programmes participated in interviews and focus group discussions, which formed part of the qualitative research approach. One of the advantages of using mixed research was that it allowed for the creation of various meanings or interpretations obtained from the research. Borrowing heavily from qualitative research, the researcher was not “caged” into believing one meaning using quantitative tools but also used qualitative research tools which facilitated creation of a variety of meanings and also triangulation. For example, the researcher obtained different statistics and information from the qualitative and quantitative tools used for the RWA group representatives and had to triangulate the information after using the different approaches.

3.1.2 Qualitative research

Higgs and Cherry (2009) define qualitative research as a way of looking at the world and constellation of approaches used to generate knowledge about the human world. Qualitative research believes in realities that are socially constructed and are multiple. Qualitative research is characterised by its aims to relate to understanding some aspects of life and its methods which (in general) generate words, rather than numbers, as data for analysis (Green 2015). The researcher employed a qualitative approach in order to understand the Rural

Women Assembly (RWA) activities and the work of stakeholders involved in the projects. This enabled this researcher to understand their varied opinions on the issue of women economic and social empowerment and if the two variables contributed in reducing GBV or increasing it. Using this approach enabled the researcher to flexibly explore and understand idiosyncrasies and then dissecting what rural women activities worked and what did not work in the quest to reduce GBV.

One of the advantages of qualitative research is that the research believes in a multiplicity of versions of reality. There is no rigidity in reality or meanings as in quantitative research. Qualitative research is subjective and reality is socially constructed. This means there was depth of research from the various respondents from Nyanga as all of them can create different realities, which makes the research in-depth. The different types of qualitative research tools used also created different meanings even from the same person. For example there were different meanings interpreted from one RWA female who participated in focus group discussions and interviews. There were different interpretations from the information provided from the interviews and the same applies with the focus group discussions although the information is from the same person. This provided some flexibility in the research, hence the need to come up with unstructured qualitative collection and analysis methodologies. The qualitative analysis does not “box” the researcher into believing one RWA member only who may have left out some information about themselves or the RWA work when they participated in the research as an individual. The same woman can create different meanings using two different tools of qualitative research.

Since the research was also qualitative, it was therefore natural that one of the approaches be inductive. The greatest advantage of this approach is that it moves from specific to general, which is something referred to as the bottom up approach (Alzheimer Europe, 2009) and the

reality is embedded in social interactions than fixed. By inductive, we mean that the research chose to focus on Ward 15 as a case study and moved from the information obtained from Ward 15 about RWAs and GBV and applied the same information and generalised it to mean the same at Nyanga District level and ultimately in other areas in Zimbabwe (moving from specific to general). In inductive research, meanings move from specific (Ward 15 RWA groups) to general (other RWAs in Zimbabwe).

The common qualitative research criticism according to Green (2015) include that samples are small and not necessarily representative of the broader population. So it is difficult to know how far we can generalise the results. It is also difficult to tell how far the findings are biased by the researcher's own opinions. To reduce the criticisms against qualitative research, this research was a mixed research. For example, both qualitative and quantitative sampling techniques were used in order to address issues of sample size and representation.

Interpretivism as a form of qualitative research was used. This is a paradigm whose foundation is a basic qualitative research approach that assumes that reality is socially constructed. This is a relevant approach in that it contends that knowledge and knower are inseparable. In essence, the interpretive paradigm posits that researchers' values are inherent in all stages of the research process. It goes without say that truth is negotiated through dialogue (Robert Foundation, 2013). As such the responses from respondents went a long way in determining the findings of this research. The RWA group representatives interpret information about the RWA initiatives and their impact on reducing GBV differently from others. Key informants such as the RWA group leaders (Ward and village chairpersons), village heads, ActionAid and Ministry of Women Affair, Gender and Community Development representatives, interpreted the role of RWA and its contributions to reducing GBV contrarily from the others. Another layer of interpretivism was also found from men

and women who were interviewed as key informants and they both interpreted the subject matter inversely. On top of that, the researcher created another layer of interpretivism by making her own interpretations of GBV and the RWAs.

Since the research was more biased towards the qualitative approach, the research used a case study in explaining the realities, challenges of Zimbabwe in fighting GBV. Because the research was more qualitative, it was only fair that the study used the research design that uses philosophical assumptions as well as methods of enquiry (Creswell, 2006) which assumes that reality is socially constructed, knowledge and knower are inseparable and that reality does not lie in numbers but what the respondents say. The case study represented qualitative research where meanings from specific (Ward 15 RWAs) to general (RWAs in Zimbabwe). Since the research was mixed, it used some rational assumptions in the design since there was some limited use of quantitative research approaches. The rational assumptions were obtained from the data collection and analysis tools as the research sought to triangulate the qualitative design data, which tend to be subjective.

3.1.3 Quantitative Research

Since the research used quantitative research in particular on some of the data collection and analysis methods and was partly deductive in analysing some of the data. Deductive refers to creating meaning from numerical data or “deducing” meaning from statistical data. According to Sukamolson (2007), quantitative research generally focuses on measuring reality and has one meaning. Its research questions are searching for quantities in something and to establish research numerically. Quantitative researchers view the world as reality that can be objectively determined and however rigid guides in nature (Sukamolson, 2007). One of the strengths of the quantitative research is that it is objective and bias is reduced. For example, random sampling techniques are considered objective and no judgement is made.

Quantitative research believes in singleness of reality essentially after collecting numerical data to explain particular phenomenon.

In quantitative research, rigidity comes in the way the data is analysed and can “cage” one into creating a homogeneous meaning which is one of the criticisms of this research approach. For example, to determine how rampant GBV is in Ward 15 of Nyanga, the researcher used questionnaires which asked guided questions which provided “yes or no” answers. In order to obtain homogenous meanings, the researcher counted the number of women who said they had experienced GBV, which meant one rigid/homogenous meaning of “experiencing GBV” in numerical terms was created. The rigidity comes in the way that a “yes” is a “yes” and a “no” is a “no”. There were therefore no variations in the meanings created. This differs with the qualitative approach which creates various meanings from one simple answer and statistics also do not really matter. However, using qualitative research tools helped the researcher to balance the “rigidity” challenges created by the quantitative research by using some qualitative tools.

3.2 Population

Smith (1995) defines a population as a subset of individuals used to make an inference about the entire population. The population has been interchangeably used as the universe by various authors. This reflects the characteristics of the population from which it is drawn. Zwitter (2006) notes that the universe refers to the whole group in which the researcher is interested in. Zwitter further notes that it is in this group that the researcher then has to proceed to select a representative sample since studying the whole group may be impossible.

The population comprised 100 Rural Women Assembly (RWA) female group representatives from Ward 15, Nyanga District where the case study was conducted. There were a total of 120 members of RWA (100 female and 20 male) in Ward 15. Although there were a total of

4 475 members (95% women and 5 percent men) RWA members supported by ActionAid in operational areas in Nyanga, Hwedza, Makoni and Nkayi Districts, the population for this study was obtained from all the female RWA members in Ward 15. In line with Smith's (1995) definition of population, the 100 RWA female members were a "subset" of individuals who make an inference of the entire population of RWAs in Zimbabwe which is 4 475. Conducting a research covering the 4 475 members of RWA in the ActionAid operational areas would have been too broad and not practical to conduct for one person. Since this research would like to establish the impact of the rural women empowerment programmes in reducing GBV, the population for the study was female RWA members only.

3.2.1 The Unit of Analysis

William et.al (2002) notes that "the unit of analysis is the major entity analysed in the study, such as newspaper articles, single word, a theme, sentence, individuals, geographical units and social interactions". Thus William notes that messages have to be unitised before they can be coded because differences in the unit definition can affect coding decisions as well as the comparability of outcomes with other similar studies. However, Murray (1998) points out that in any study involving people, the individual is commonly thought as the unit of analysis because we study people. Krippendorff (2004) further states that context of units are units of "textual matter" that set limits on the information to be considered in the description of recording units. It is clear therefore that the unit of analysis (the people) is the actual thing to be analysed. In this study the unit of analysis (the people) were the RWA female members from Ward 15, the key informants such as the Ministry of Women Affairs, Gender and Community Development representatives at Nyanga District level, the Zimbabwe Republic Police, organisations involved in the running of the RWA initiatives such as FACT Nyanga,

ActionAid Staff and local authorities such as village heads, councillors and traditional leaders from Ward 15.

3.3 Sampling Techniques

Stuarts (1962) states that sampling techniques are the methods by which the researcher can derive a sample from a population. Sampling refers to the selection of the target population which in this case were the RWA female representatives in Ward 15. Butter (1995) defines sampling as the selection of unit of analysis such as people or institutions for the study.

Patton (1990) purports that sampling is the “act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population”. Patton argues that when dealing with people, sampling can be defined as a set of respondents selected from a larger population for the purpose of a survey. I used sampling so as to draw conclusions about populations from samples, and inferential statistics were used and these enabled me to determine a population’s characteristics by directly observing only a portion of the population. Goddard and Melville (2202) note that it is cheaper to observe a part rather than the whole, but I had to prepare myself to cope with the dangers of using samples.

Searle (1995) argues that the major reason why sampling is considered an important aspect in data mining is because it is not necessary to collect data from everyone in the community. As such any sample of 5-25 respondents regardless of the total population of the RWA female representatives in Ward 15, is useful (Home 1989). For purposes of this study, a sample size of 73 RWA female members was used. In line with Searle (1995) argument, which is a qualitative approach, the sample size of 73 is adequate to provide a representation of the entire population of RWA members in Ward 15 of Nyanga.

In quantitative sampling, a sample is considered a representative size when it is at least 10% or more of the entire population. The 73 women, represent 75% of the population of RWA female members in Ward 15 of Nyanga, and hence this meets the sampling expectations of both quantitative and qualitative approaches used by this study.

Since the research is mixed, it used selected quantitative and qualitative sampling techniques. It used both probability and non-probability sampling techniques which are quantitative and qualitative respectively. In probability sampling each member of the population has an equal chance of being selected. In this case all the RWA female members from Ward 15 had an equal chance of being picked. This research used the simple random sampling technique which is a probability technique. In line with qualitative research non-probability sampling techniques such as purposive and convenience were used. In non-probability- sampling, members of the population will not have an equal chance of being picked. For the main respondents such as the RWA groups in Ward 15 of Nyanga District, each RWA woman in Ward 15 did not have an equal opportunity because some of the participants were hand-picked. For the key informants, non- probability sampling was used because what is important is to know how knowledgeable the respondents are and not the size of the sample.

3.3.1 Simple Random Sampling

Lapin (1987) defines simple random sampling as the basic technique where we select a group of subjects (a simple) for study from a larger group (a population). Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample. For this reason, Lapin (1987) refers to it as a probability sample. In this case, every member of the RWA female representatives in Ward 15 of Nyanga stood a chance of being picked and interviewed to discover all the diverse views of the women. Therefore the

73 women who participated in the study were randomly chosen from five villages out of a total of eight villages where there are RWAs in Ward 15.

I chose the simple random sampling techniques because the population covered a large geographical area which is mountainous and it was impossible to cover all the villages. I also used this sampling technique as a way of avoiding prejudice of information because the women who participated were randomly chosen. However, I met challenges in the use of this sampling technique because it was vulnerable to sampling error because randomness of the selection would result in a sample that did not reflect the make-up of the RWA population in Ward 15. However to reduce the error, the sample size of 73 RWA representatives who participated in the research exceeded 10% of the population. Qualitative non-probability sampling techniques such as purposive and convenience were used to help with the triangulation of the information from the random sampling technique.

3.3.2 Purposive sampling

Krippendorff (2004) notes that purposive or judgemental sampling is a non-probability sampling technique which “aims at selecting all textual units that contribute to answering given questions”. A judgemental sample is obtained according to the discretion of someone who is familiar with the relevant characteristics of the population. Against this background, some RWA leaders (village based chairpersons) local chiefs, opinion leaders, members of relevant government ministries were selected to participate in the study. Purposive sampling techniques were used to select the RWA leaders and key informants such as village heads, Ministry of Women Affairs, Gender and Community Development. The RWA leaders such as village based chairpersons and the Ward Chairperson were judgementally chosen because of their capacity to provide data based on their prior and guided knowledge of the RWA because of their ability to keep records as leaders. Purposive sampling was used in order to

avoid random selection of participants who constituted the sample and make generalisations, but rather to be purposeful and meticulous in focusing in the characteristics of the population which is critical in achieving the objectives of the research and responding to the research questions. For example, the RWA leadership helped in the triangulation of information provided by the RWA respondents who participated in the research as individuals. ActionAid and its partners implementing the RWA programme were used as sources of information. This was done because members of such organisations are implementing the RWA programmes, with some of them operating in Nyanga District and Ward 15 of Nyanga District, which is the study area.

A total of 30 key informants were purposively picked under this study. These comprised 10 RWA village chairpersons from Ward 15 RWA group, 10 community leaders namely councillor for Ward 15, village heads and chiefs, eight NGO representatives (including ActionAid) directly implementing the RWA initiatives and three district stakeholders comprising, Ministry of Women Affairs Gender and Community Development, Ministry of Public Service, Labour and Social Welfare, and the ZRP who are working directly with the RWAs at various levels.

3.3.3 Convenience sampling

Lohr (1999) states that convenience sampling is a non-probability sampling technique whereby subjects are selected because of their convenient accessibility and proximity to the researcher. In the convenience sampling, the population does not have an equal chance of being selected. In other words, the sample comprises of subjects who are simply available in a convenient way to the researcher. Convenience sampling was also fast to conduct and also not time consuming. In addition, this sampling method was moderately cheap and easy to conduct.

I chose to use this sampling technique because RWAs in Ward 15 are spread across eight villages situated on a mountainous terrain. This researcher did not have the capacity to cover all the eight villages and let alone all the districts where the RWAs are operational in Zimbabwe. In the study area of Ward 15 in Nyanga District, the researcher chose seven RWA-group representatives (73 women) out of 13 RWA groups (100 women and 20 men) due to accessibility considerations. The seven RWA groups are situated in five villages out of a total of eight villages which have RWA groups. The other three villages which were not selected are difficult to access as Ward 15 is hilly and mountainous.

However, I had problems with convenient sampling techniques because it had the likelihood of bias and I may not draw the meaningful conclusions from the results I obtained. This may lead to criticisms. An additional significant criticism of using a convenience sample is the limitation in generalization and inference making about the entire population of the RWA. Since the sample is not representative of the entire RWA population in Ward 15 and in Zimbabwe, the results of the study may not speak for the entire population. The results of the selected RWA groups in the five villages may not represent the entire population of the eight villages where RWAs are operational in Ward 15 nor the entire RWA population of 4 475 in Zimbabwe. This may result in a low external validity of the study. However the researcher made an effort to use big sample size of 73% of the Ward 15 RWA population and to target a remote area which is usually left by researchers because of accessibility (Chambers 1983). The researcher drove from Harare using own resources to Ward 15 which is 320km from Harare where the researcher is based, which was a huge sacrifice for a student. Ward 15, which is one of the many rural wards in Zimbabwe, is poverty stricken and considered remote from mainstream development, borders with Mozambique and commercial farming activities in Nyanga. The researcher could have conveniently chosen Hwedza or Makoni Districts

which are moderately closer to Harare. This researcher also made an effort to spend two days and one night (at the home of a RWA member) during data gathering in Ward 15 as means of trying to understand the community in-depth to attempt to remove what Chambers terms as “urban bias and rural development tourism”.

.....The direct and rural experience of most urban based outsiders is limited to the brief and hurried visits, from urban centres, of rural development tourism. These exhibits six biases against contact with and learning from the poorer people. These are spatial- urban tarmac, roadside; projects- towards places where there are project persons; person- towards those who are better off, men rather than women, users of services and adopters of practices rather than non-users and non-adopters, and those who are active, present and living; seasonal, avoiding the bad times of the wet season; diplomatic- not seeking out the poor for fear of giving offence; professional, confined to the concerns of outsiders’ specialisation. As a result the poorer rural people are little seen and even less in the nature of their poverty understood.

3.4 Methods of Data collection

Patton (1990) defines methodology as a way in which information for a particular research is found and this includes the methods, techniques and procedures which are used to collect and analyse information. Thus methodology includes all the things that are crucial to a piece of research being carried out effectively.

3.4.1 Triangulation

Borg and Gall (1989) define triangulation as “referring to the strategy of using several different kinds of data collection instruments such as use of questionnaires, direct observation, interview and content analysis to explore a single issue or problem”. These data

collections methods are a combination of qualitative and quantitative approaches and combining them helps in triangulating the information. In the same interest, Keyton (2001) agrees that triangulation “is the use of several kinds of methods or data by researchers to further validate their outcomes and results”. The triangulation method was therefore used in the collection of data. The method was used as to overcome the weaknesses associated with different methods of data collection chosen. Thus Guy et.al (1987) notes that triangulation increases reliability and validity of the results because one method on its own cannot fully answer a research question.

As part of the triangulation efforts, the data collection process considered both primary and secondary data to answer the research questions. Secondary data from government and NGO reports and policy documents, newspaper articles, ActionAid and FACT Nyanga programme designs and reports and strategic documents from other civic society organisations, previous researchers’ articles, journals and other publications was used. Conducting a mixed research itself is also another method of triangulation as it uses two approaches whose weaknesses are cancelled off by each other.

3.4.2 Interviews

Data collection approaches for qualitative research usually involve direct interaction with individuals on a one-on- one basis or direct interaction through individuals in a group setting (Oppenheim, 2000). As such, this research used primary data by means of semi-structured interviews done with stakeholders namely Ministry of Women Affairs, Gender and Community Development, ActionAid and FACT Nyanga Staff and other NGOs implementing the RWA programme, the ZFU, RWA group leaders and other civic society organisations.

Oppenheim (2000) defines an interview as a conversation between the interviewer and the interviewee for the purpose of eliciting certain information from the interviewee. Frankel (2003) further notes that interviews are important ways for a “researcher to check the accuracy of impressions one would have gained through observations”. I chose to use the interviews because of their advantage that they are important in the collection of information since one of the best sources of information is to ask the group under study. Thus through interviews, I believe I got the truth about the responses of research participants. The use of interviews allowed me to probe into difficult areas concerning the RWA programme and how it has reduced or increased GBV. The other strength of interviews was that, I was able to adapt the questions as and when necessary, clarified doubt and ensured that the responses were properly understood by repeating or rephrasing the questions. I also clarified if I understood the interviewees by summarising what they said as a way of confirming that I understood them. The RWA members who participated in the interviews provided information that is in-depth as opposed to the information obtained through questionnaires.

Interviews can either be through the phone or face to face/personal interviews.

3.4.3 Personal Interviews

Personal Interviews are a method of eliciting for responses from research subjects through face to face interaction. Thus I had to travel to the area under study and meet the target groups. I also organised face to face interviews with the RWA leaders in Ward 15, stakeholders such as village heads, chiefs, key ministries and NGOs implementing the RWA programmes. Through personal interviews, 18 respondents were reached to assess the responses on the impact of RWAs in reducing GBV. Face to face interviews were used because Borg and Gall (1989) note that these “permit greater in-depth” than the other methods of data collection”. In the same vein, it is important to note that these interviews also

provided a wealth of detail and rapport between respondent and the interviewer and this made it easier to approach certain areas that would be taboo in other topics, for example the GBV issue being a very complex matter. As a result the response rate was good for Nyanga stakeholders and NGO programme officers implementing the RWA projects.

Face to face interviews allow the researcher to gauge and conclude some remarks judging on the facial expressions and other gestures that the respondents employed. Respondents needed not to be literate to express their feelings towards GBV in particular for the RWA groups. Thus this method was used to accommodate the illiterate respondents. In support of the above statement, I further had to use the Shona language for better understanding of the respondents. The additional limitation of personal interviews was the fact that it was costly because I was required to travel to the area under study so as to meet the respondents of the study.

3.4.4 In-depth Interviews

Patton (1990) purports that in-depth interviews are a qualitative research method which uses open-ended questions to uncover information on a topic of interest and allows interviews to express opinions and ideas in their own words. Kvale (1996) defines in-depth interviews as a technique designed to elicit a vivid picture of the participant's perspective on the research topic. He further notes that during the in-depth interviews, the interviewee is considered the expert and the interviewer is considered the student. Key informants such as the RWA leaders, the NGO programme officers implementing RWA programmes are the experts in their field while this researcher is learning. It is important to note that my interviewing techniques were motivated by the desire to learn everything that the interviewees could share about their experiences in GBV and what they are doing about the phenomenon that has prevented women from actively participating in development. The in-depth interviews helped

in the triangulation of information obtained from quantitative methodologies. For example, the research captured a total of 12 women to have experienced GBV out of the 73 RWA respondents who filled in the questionnaires. However, following in-depth interviews with the RWA leadership, the researcher was told at least 20 women from Ward 15 had experienced GBV. In-depth interviews therefore provided an opportunity to triangulate the information.

Rubin (1999) notes that during in-depth interviews, researchers engage with participants by posing questions in a “neutral manner,” listening attentively to participants’ responses, and asking follow-up questions and probes based on the responses”. I therefore avoided leading participants to any pre-conceived notions, and neither did I encourage participants to provide particular answers by expressing approval or disapproval of what they would say.

Miller and Glassner (1997) note that “information about social worlds is achievable through in-depth interviews”. Consequently, in-depth interviews were used because I realised that they were ideal for investigating sensitive and confidential information which was not suitable for group format. The GBV issue itself is very sensitive. To prove the sensitivity of the GBV issue, the ZRP Victim Friendly unit at District level could not avail the actual figures for GBV citing security reasons. Instead the ZRP provided only percentages with no base figures. The police also could not avail the number of deaths caused by GBV.

The in-depth interviews were chosen because I felt they were useful for learning about the perspectives of individuals on the issue of GBV and how women empowerment programmes are reducing or increasing GBV. A questionnaire would not sufficiently cover the perspectives as there are no follow up questions. In addition in-depth interviews are more thorough than other means of data gathering such as focus group discussions. Through the in-

depth interviews, I was able to create immediate good rapport with the respondents. Consequently, the respondents expressed their personal feelings, opinions, and experiences.

However in-depth interviews required that I secure key informants such as the Ministry of Women Affairs, Gender and Community Development respondents at district level who had tight schedules and were difficult to book for meetings. Some of the in-depth interviews were also hurriedly done due to some of the key informants tight schedules. In- depth interviews are therefore time-consuming.

3.4.5 Questionnaires

Fodday (1994) defines a questionnaire as a “collection of questions that enable a person to get detailed information on what is being investigated”. A questionnaire is quantitative in nature. These were yet another way of collecting information for this research study. Questionnaires consist of a set of questions presented to respondents for answers. Considering the sensitive nature of the issue of GBV questionnaires were employed on the RWA members who were supposed to answer direct questions on whether or not they have experienced GBV. Under a face to face interview, some people would not open up. The questionnaire tool used kept the names of the respondents anonymous and confidential as they were asked not to write their names. This also protects respondents from stigmatisation and reprisals from family members especially the spouse. It was hoped that the assurance of confidentiality motivated the respondents into giving their honest answers without fear of reprisals from possibly their partners, family and extended family members and society at large.

Questionnaires also allow difficult questions on sexual violence. Sex related discussions, for example a woman reporting that she was beaten by her husband for denying him sex would

find it difficult to say in a face to face interview because sex issues are private matters in conservative societies like Nyanga. Questionnaires were used in a bid to get factual information on the issue of GBV and the effectiveness of RWA initiatives in reducing GBV in particular from the RWA women. Consequently, both open ended and close ended questions were used so that the respondents would give clarifications where possible. Open ended questions increased the likelihood of receiving unexpected and insightful suggestions. Although questionnaires are often designed for statistical analysis, this is not always the case (Fodday 1994). This is reason why the questionnaire was designed to provide open and close ended answers which made the questionnaire tool both qualitative and quantitative. For example, there was a closed ended question on asking whether or not a RWA member experienced emotional, sexual, physical violence or any other form of GBV. Following an open ended question was made on finding out why the respondent thinks they experienced GBV.

I administered 73 questionnaires and distributed them to six RWA group leaders (chairpersons for village-based RWA groups) who distributed them to 73 respondents from five villages. I trained the six women as the research enumerators to cascade the information to respondents on how they would fill in the questionnaires. The enumerators distributed the questionnaires in their respective operational areas. The questionnaires were left with the enumerators for two days so as to allow the respondents to complete them in their utmost faith. Upon collection, 73 questionnaires were retrieved yielding a 100% response rate for the RWA groups.

The questionnaires were translated into Shona to enable some respondents who could be illiterate to participate in the research and hence the response from these questionnaires was 100%. Questionnaires also reduced my bias because there was a uniform question

presentation. Unlike in personal interviewing, there were no verbal or visual clues to influence a respondent in a particular way. I also chose to use the questionnaires because I felt they were easy to analyse, and most statistical analysis could easily be processed.

However, the use of questionnaires had limitations as well. The limitations included the fact that I was not there when the questionnaires were being completed and my ability to probe responses was limited. In addition, the issue of GBV is a complex matter to let community representatives be the enumerators. In addition, this could compromise on the quality of the responses as the RWA leaders are not experts on GBV issues and research methodologies. By doing an in-depth interview with RWA Ward leader and the village RWA leaders, I triangulated some of the information that may not have been presented and answered well in the questionnaires. Close ended questions led to the loss of “flavour of the response,” because respondents probably wanted to qualify their answers. By allowing frequent space for comments, I partially overcame these disadvantages.

Questionnaires, just like the face to face interviews and focus groups, were costly and these costs were associated with the travel time to go and meet the target groups as well as the printing and translation of the questionnaires. After realising that the questionnaires could not be exhaustive and provide a platform where a form of debate is provided and more information is gathered, I decided to also use focus group discussions (FGDs).

3.4.6 Focus group discussions

Stewart (1990) notes that focus group discussions (FGDs) are a qualitative research methodology where subjective opinions and perceptions of a small targeted group on a certain topic are elicited. FGDs were also good for obtaining data from respondents with low levels of literacy and provided an opportunity to involve respondents in data analysis and the

participants could act as checks and balances on one another and hence identifying factual errors and extreme views.

Krueger (1997) notes that productive (FGDs) are usually conducted with a group of members consisting of eight to 12 participants who have some similarities such as similar age group. I conducted FGDs comprising mainly opinion leaders. I conducted two FGDs for traditional leaders and the RWA group leaders (RWA Ward 15 chairperson and village-based RWA chairpersons). The FGD for community leaders comprised 10 key informants who were village heads, Ward 15 councillor and chiefs. Although all the village heads in Ward 15 are male, some of the village heads sent female representatives to attend the focus group discussions, resulting in a gender disaggregation of three women and seven men. The gender mix provided a lively debate resulting in more information being gathered as opposed to a situation where all men could have participated in the FGD.

The RWA group leaders FGD comprised 10 women participants and this allowed them to freely express themselves. However, in all the FGDs, the participants were those who were easily accessible to the enumerators (from villages close to the centre where the FGDs were conducted). During the FGDs, I made sure that ground rules were set so that order would be maintained throughout the process. Such ground rules included these: all views were welcome, we were supposed to treat each other with respect, and one person would talk at a time among the others. The FGDs ran between one to two hours each.

One of the advantages of FGDs was that the respondents aired out their different views and I was able to collect as much in-depth information as possible on the issue under study. FGDs were also used to solicit perceptions, views and a range of opinions from the group under study. I used this method because I considered it as being good for obtaining rich data in the participants' own words and developing deeper insights. Through the FGDs respondents were

able to build on one another's responses and came up with ideas that they could not think of in a one-on-one interview. I conducted the FGDs through guiding participants into questioning, beginning with a general question first. As participants began to share ideas, cycling was done through the group and ensuring that each participant had a chance to be heard. When comments related to one question were finished, we summarised them, making sure there was agreement with the summary. I, however, capitalised on unanticipated comments and useful directions the discussion would take. I probed and moved flexibly into unplanned aspects of the research study but was careful about unnecessary divergences.

However, the FGDs had some limitations as well. One of them was the fact that I realised that the responses of each participant were not independent in the sense that a few dominant focus group members would skew the session. FGDs also required a skilled and experienced moderator. Conducting the FGD alone was a learning curve. To circumvent the negative effects of having a few FGD participants dominating, I (indicated objectively) calmed the participants objectively without taking sides.

3.4.7 Participant observation

Jorgensen (1989) states participant observation is a qualitative method with roots in traditional ethnographic research whose objective is to help researchers learn the perspectives held by the study populations. He further notes that qualitative researchers accomplish this through observation alone but sometimes by both observing and participating, to varying degrees, in the group under study's daily activities. Spradley (1980) further notes that participant observation always takes place in community settings, in locations believed to have some relevance to the research questions. The method therefore becomes distinctive because the researcher approaches participants in their own environment rather than having the participant come to the researcher.

Wimmer and Dominick (2000) note that participant observation takes place in the natural “setting of the activity being observed and this can provide data in detail and subtlety”. I used this method of data gathering when I spent two days and one night in Ward 15 observing the way of life of the community. I spent one night at the RWA Ward 15 chairperson’s home who was one of the research respondents. She filled in the questionnaire, participated in the in-depth interview and RWA leader focus group discussions. During the night at her home, she shared additional information which she had not covered during the interviews and in the focus group discussions. Some of the information I gathered was not necessarily said by mouth, but it was mere observation which helped me understand the Ward 15 context and how women are vulnerable to GBV. Although I spent limited days and one night in Ward 15, I managed to gather as much information as possible at the RWA Ward 15 chairperson’s home. I also went to the community market where women normally sell their produce and had informal interviews with some of the women and got to understand on how they live, their form of livelihoods and their challenges.

Observation data gathering method served as a check against participants’ subjective reporting of what they believe and practice. It is important to note that while the other methods of data collection provided one version of reality, participant observation helped in bringing in another which would go a long way in making the picture complete. Babbie (1992) notes that observational research findings are considered strong in validity because the researcher is able to collect a depth of information about a particular subject. Thus through participant observation I could uncover factors that were important for thorough understanding of my research. This was a great advantage because although I could get truthful answers to the research questions, (and) chances of me answering the wrong questions were limited. Thus what I learnt from participant observation could help me not

only understand the data collected through other methods such as interviews but also design questions for those methods that would give me the best understanding of the various socio-economic and cultural environments that make women vulnerable to GBV in Ward 15.

Furthermore, the method was chosen because I judged that through it, I could get the additional data to complement other tools and also triangulate information from other tools. In ethnography data can be collected by way of staying within your study group for extended period of time observing hence the researcher can be a participatory observer or non-participatory. The two days and one night spent in Ward 15 may be too little time and not a long period as expected by ethnography research. If I had stayed in Ward 15 longer than two days, I could have obtained more information than what I got.

3.5 Methods of Data Analysis

According to La Compe and Schemsy (1999) cited by Kawulich (2005) data analysis is the process in which a researcher reduces data to a story and its interpretation. Smith (2003) defines data analysis as a practice in which raw data is ordered and organised so that useful information can be extracted from it. The process of organising and thinking about data is key to understanding what the data does and does not contain. This study is not peculiar to this phenomenon as data analysis was done to establish participants' response and reactions to the realities, challenges and prospects of reducing GBV in rural communities in Zimbabwe. Several methods were used to analyse gathered data and among them Discourse Analysis and Thematic Qualitative Content Analysis and Quantitative Content Analysis, the Harvard Analytical Framework also called the Gender Roles Framework of Gender Analysis and Nyanga context analysis.

3.5.1 Discourse Analysis

Priest (1996) defines discourse analysis as a “method for looking at argumentation and dialogue in a systematic way. This idea is similar to that of rhetoric analysis and some scholars use the terms interchangeably”. Moreover, Allen (1987) notes that discourse analysis is a “socially produced way of looking or thinking about a topic”. Krippendorf (2004) argues that discourse is defined as text above the level of sentences and it tends to focus on how particular phenomena are presented. It attempts to scrutinise the manner in which particular events, issues or personalities are portrayed through language. Discourse such as “*jakadzi*” a locally constructed idiom in Nyanga literally meaning women are being forced to wear both trousers and dresses at the same time, reveal some hidden messages concerning the group under study. Such discourse would suggest that women are playing both the reproductive and productive roles within a household. They are doing what is normally expected to be a man’s job/role and also the woman’s job. In this study, I used discourse analysis in interpreting and analysing how women and men feel about GBV and their context that make them vulnerable to GBV and whether or not RWA projects are reducing or increasing GBV.

3.5.2 Content analysis

Bereleson (1952) defines content analysis as a “research method for the objective, systematic and quantitative description of the manifest content of communication”. Berger (1991) defines content analysis as a “research method that focuses on measuring the amount of something (e.g violence or negative portrayal of women) found in a representative sample of a mass mediated popular art of form”. Walizer and Wienir (1978) cited in Mimmer and Dominick (2000) purport that content analysis is “any systematic procedure devised to examine the content of recorded information”. O’Sullivan et.al (1998) notes that content analysis is part of the empirical and social scientific tradition which was developed to

investigate the patterns which characterise surface features of large quantities of media output. Thus content analysis involves the study of written or spoken messages with the intention of unpacking their meanings. It is important to note that this method is unobtrusive and allows for the study of the past and recent events. Severin and Tankard (1998) note that content analysis entails an analysis of texts of themes and semiotics employed by journalists. Sometimes this is referred to as thematic content analysis. I therefore used both qualitative content analysis and quantitative content analysis. I reviewed published and programme reports produced by FACT Nyanga, ActionAid as well as newspaper reports on GBV as part of the content analysis.

3.5.2.1 Qualitative content analysis

Hsieh and Shannon (2005) define qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes and patterns. Some scholars argue that data analysis in qualitative research starts during interviews or observations leading to Patton (2002) arguing that the purpose of qualitative data analysis is to discover emerging themes, patterns, concepts, insights and understanding. McQuail (1987) notes that qualitative content analysis aims at measuring and more at understanding often from inside the subjects under study. He further argues that the phenomenon cannot be simply measured and is not appropriate to statistical and numerical expressions. It is therefore important to note that qualitative content analysis goes beyond merely counting words or extracting objective content from texts to examine meanings, themes and patterns that may be latent in a particular text.

To improve the credibility of qualitative content analysis, I did not only design the data collection strategies that were able to adequately solicit the representation but I also designed

transparent processes for coding and drawing conclusions from raw data. The qualitative content focused on texts from the NGO and newspaper reports.

3.5.2.2 Quantitative content analysis

Since the research is also quantitative in some aspects, it used inductive methods of analysing the data such as quantitative content analysis. Holsti (1969) defines quantitative content analysis as “any technique for making inferences by objectively and systematically identifying specified characteristics of the message”. McQuail (1987) argues that qualitative content analysis seeks to systematically measure or quantify the phenomenon under scrutiny and to express its results in terms of statistical data or tables. Thus my research study aimed to produce hard, numeric evidence on how rampant GBV is in Nyanga and the how the RWA initiatives are reducing it. Webber (1990) argues that quantitative content analysis is widely used in mass communication as a way to count manifest textual elements. However, this aspect of this study is often criticised for missing syntactical and semantic information embedded in the text.

Keyton (2000) notes that one of the advantages of content analysis is that data is close to the communication and written texts such as the newspapers which are widely available in libraries. I therefore applied content analysis because it integrated both data collection and analytical techniques to find out to what extent GBV is affecting Nyanga communities and how women empowerment programmes are either reducing or increasing GBV. Some of the graphical findings presented in this study were obtained from the quantitative content analysis from the ZRP and NGO reports.

3.5.3 Harvard Analytical Framework

In line with the gender discourse, this research used the Harvard Analytical Framework also referred to as Gender Roles Framework of Gender Analysis. The Gender Roles Framework was developed by the Harvard Institute for International Development in 1985 in collaboration with the Women in Development (WID) office of the United States Agency for International Development (USAID). It is one of the earliest gender analysis and planning frameworks. It has four interrelated components namely activity profile, access and control of resources, influencing factors and the project cycle analysis. Activity profile answers “who does what” and identifies all the relevant and reproductive tasks for men, women, boys and girls. Access and control- resources and benefits profile allows detailed listing of resources available to people and identify if it is women or men who have access and control of resources. It analysis who controls use and who controls benefits that arise from their use (household or community level) according to March et.al (1999) who argues:

“.....access simply means that you are able to use a resource, but this says nothing about whether you have control over it”.

The person who has control over a resource is the one who ultimately makes decisions and lack of participation in decision making can trigger gender based violence. The influencing factors allow you to chart the differences in the gender division of labour, access and control. The project cycle analysis is the fourth tool of the analysis framework. This consists of a series of questions which are designed to assist programmers to examine a project proposal or an area of intervention from a gender perspective, using gender disaggregated data and capturing the different effects of social change on women and men (March et.al 1999).

The research used some facets of the Harvard Framework mainly the control and access of resources, influencing factors which helped this researcher understand more on the complex nature of the GBV and how the RWAs have enabled women to have access and control of resources. According to some of the various scholars presented earlier in this research, lack of access and control of resources, cultural, educational, economic and religious belief as influencing factors have contributed to manifestation of GBV. This research explored features of the activity profile analysis and sought to ask the RWA members about household work weighing their benefits from reproductive and productive work as we seek to understand some of the causes of GBV and how the RWAs are reducing it.

3.5.4 The Women Empowerment (Longwe) Framework

Closely linked to the Harvard Framework is the Women Empowerment (Longwe) Framework which helped the researcher measure the empowerment of the RWA members. The Longwe Framework, which was developed by Sarah Hlupekile Longwe, a gender and development expert from Lusaka Zambia, measures women's empowerment using five levels of equality, which indicate the extent to which women are equal to men, and have achieved empowerment (March et.al, 1999). The Longwe Framework first two levels of empowerment include control and participation which were also covered by the Harvard Framework. The Longwe Framework brings in three extra measurements of women empowerment namely conscientisation, access and welfare. The five levels of equality are hierarchical with control being the highest level and welfare the least.

According to the March et.al (1999) under the Longwe Framework, if a development intervention focuses on the higher levels (participation and control), there is a greater likelihood that women's empowerment will be increased by the intervention than if the project focuses on the lower levels (welfare and access). If the intervention concentrates only

on welfare, it is unlikely that women will find the project empowering. Equal participation in decision making process about certain resources, for example land in the case of the RWA members in Nyanga, is more important for achieving women's empowerment than access to resources, and neither participation or access are as important as control (March et.al. (1999).

The Longwe Framework defines welfare as the level of women's material welfare, relative to men. Do women have equal access to resources such as food supply, income and medical care? Access is defined as women's access to the factors of production on an equal basis with men; equal access to land, labour, credit, training, marketing facilities and all public services. Conscientisation is the conscious understanding of the difference between sex and gender and an awareness that gender roles are cultural and can be changed. Participation is defined as women's equal participation in decision-making process, in policy-making, planning and administration. The term control denotes women's control over decision making process through conscientisation and mobilisation, to achieve equality over the factors of production and the distribution of benefits. Equality of control means a balance of control between men and women, so that neither side dominates (March et.al. (1999).

This research interrogated all the five levels of empowerment, dwelling more on control and participation as postulated by the Longwe Framework in analysing the impact of the RWA programme in empowering women. Empowering women is hoped will help in the reduction of GBV. To measure the empowerment of RWA, the study borrowed the Harvard and the Longwe Frameworks and asked the following research questions as part of the study investigation into understanding women's empowerment.

- Women's control over their earnings
- Women's control over husband's /partner earnings
- Wife's earnings relative to husband's/ partner's

- Women's participation in household decision making

The empowerment measurement analysis was done before a woman joins the (RWA) and then after they had benefitted from the RWA initiatives in a bid to see the impact of the programme.

Using Wekwete et.al (2014) analysis of GBV, the study questions are also towards measuring spousal violence by three different forms of GBV namely physical, emotional, sexual violence as well as other spousal violence. The GBV measurement was done before a woman joins the RWA and after they have benefitted from the RWA initiatives as the study sought to find the effectiveness of the RWA programme in reducing GBV. The following were some of the questions on GBV:

- **Spousal emotional violence:** Have you ever been humiliated or threatened with harm or insulted or made to feel bad by husband/partner? Yes or No
- **Spousal sexual violence.** Have you ever been physically forced into unwanted sex or forced into other unwanted sexual act or physically forced to perform sexual acts by husband/partner? Yes or No
- **Spousal Physical Violence:** Have you ever been pushed, shaken or had something thrown at you, or slapped or punched with fists, or hit by something or kicked or dragged or strangled or burnt or threatened with a knife/gun or other weapon or hair pulled or arm twisted by partner/husband? Yes or No.....
- **Any spousal gender based violence:** Have you ever experienced physical, sexual or emotional violence from a husband/partner? Yes/No.....

3.5.5 Context analysis

The Longwe and the Harvard Frameworks have been criticised for being static, not taking account on how situations change over the time, not analysing institutions and organisations involved and the macro-environment (March et.al. (1999). To make up for the weaknesses of these two gender analysis frameworks, the study did a context analysis, which partly looks at the macro-environment, institutions and organisations not covered by the two gender frameworks. Heise (2011) social ecology analysis on causes of GBV, argues that the environment in which a person is exposed to and surrounded by affects their relationships, the way they behave and relate to others. The contexts of the Rural Women Assembly (RWA) members of Ward 15 is Nyanga District and therefore important to analyse. According to Heise (2011) contexts, situational factors, life histories, traumatic scars, and personality factors that men and women bring to their relationships impinge on their day to day lives. Hence the need to do an analysis of the Nyanga context to unearth the political, economic, social and cultural environments that have either contributed to the decrease or increase in GBV in Ward 15 of Nyanga. The context analysis uses various tools, content analysis in form of secondary data available on Nyanga, observations, focus group discussions and in-interviews.

3.5.6 Social movement analysis

As part of the analysis to see the effectiveness of the RWA as a social movement, the study did a critique of the RWA as a structure to see if it has aided or impinged the association from meeting its objectives. The social movement analysis covers the grey areas left by the Longwe and Harvard gender analysis frameworks which have been criticised for not examining institutions and organisations. In this case the RWA, the ZRP and other government departments form part of the institutions or and organisations which support the

RWA and which were not interrogated by the gender analysis frameworks. Social movements are critical watchdogs in communities which according to Tilly (2004) are a major vehicle for ordinary people's participation in development. The social movement analysis used various forms of data analysis, observation, content analysis, secondary data and empirical data obtained from the focus group discussions and in-depth interviews.

3.6 Ethical Considerations

It is important to note that research is expected to do good to society. As such there are morals that are expected or accepted. The Nuremburg Code identifies some of the major principles in research ethics, content, privacy, keeping promises and integrity (The Nuremburg Code of 1949). The entire process of this research is closely dependent on the information shared by people involved or the work of the forerunner researchers. Therefore in an effort to meet the Nuremburg research ethics, standards and considerations, the following ethics were upheld:

- GBV is a sensitive phenomenon which usually happens in the private sphere of the home. Confidentiality due to the sensitive nature of the subject and request of the respondent to remain unidentified so as to ensure their security was observed.
- The right of respondents to consent freely prior to participating in the research without coercion was sought and respected and those who felt that they needed to be excluded from the study were allowed to do so.
- Acknowledging the use of the work done by other researchers in the area of GBV and empowerment of women was done
- The results of this research upon completion of all University procedures will be shared with participants and beneficiaries of the research in order to inform future interventions

3.8 Chapter Conclusion

This chapter gave explanations on techniques I used in order to get correct and accurate information on the study being conducted. The used research methods helped the writer in obtaining the necessary data required for the progress of the study.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents and analyses data that was gathered using a variety of data collection instruments in both qualitative and quantitative form. Findings come from the data obtained from content, discourses, context and gender analysis done and the responses from Rural Women Assembly Group representatives, village heads, councillor and chiefs from Ward 15 of Nyanga District. The research also obtained responses from relevant stakeholders at district level in Nyanga such as the Ministry of Women Affairs, Gender and Community Development, the Zimbabwe Republic Police Victim Friendly Unit (ZRP VFU) and Department of Social Services in the Ministry of Labour and Social Welfare. ActionAid and its partners implementing the RWA projects also provided responses. This section answers the research questions of the whole study. This analysis was conducted in relation to themes in various variables to which I focused my attention to answer the main research question and the sub research questions.

4.1 Context of Ward 15, Nyanga District

Ward 15, which has a total of 1 433 households with an estimated population of 8598, is situated in Nyanga Rural District in Manicaland Province of Zimbabwe. Ward 15 borders with commercial sawmill plantations in Nyanga on the Zimbabwe side and with Mozambique. It is about 40km north of Nyanga District and takes up a 14 km stretch from the saw mills up to the Mozambique border. There are a total of 15 villages in Ward 15. A context analysis was done for Nyanga with a bias towards women's participation in development in a bid to understand the environment which makes women vulnerable to GBV in Nyanga.

4.1.1 Political context

Women and girls are vulnerable to poverty, inequality, injustice and exclusion in Nyanga. Currently there are only five female elected councillors and 26 male councillors in Nyanga District. The Ward 15 Councillor is male. Although there are more female voters than males, women tend to vote for male candidates than female candidates. It was noted that women vote for male candidates because they are more economically empowered than females. It is also due to the way women were socialised such that they do not have the courage to take up influential leadership positions and look down upon one another as women. This however affects the decision making power of women as they are not equally represented in council and other influential leadership positions. There is no female chief in Nyanga while most of the village heads are men. In Ward 15 all village heads are male. Most schools in Nyanga have a School Development Committee (SDC) that is responsible for making decisions on the development of the school. Although now there are women in most SDCs, the SDCs are mostly chaired by males. Usually women are secretaries and committee members who do not have much control on decisions made by the committees. Empowerment programmes at community level by NGOs have seen women taking leadership positions in village development committees, churches and burial societies. Currently five females are district heads out of 15 government departments in Nyanga mostly headed by males. There are no women in decision making in the seven parastatals operational in Nyanga.

4.1.2 Economic context

People in Nyanga depend mainly on subsistence farming. The major crops that are grown for selling are potatoes and onions. It is money from these crops that is used by most households for paying school fees for children and for other household utilities. These two crops however do well in the wards that only receive better rainfalls. Ward 15 has two regions 2a and 2b

and receives above average and normal rains respectively every year. Farmers in region 2a (drier) areas depend on small livestock production, some do buying and selling of clothing. It is usually the women who do the farming, although men own the land and control the income even if they are working in the urban areas. However women now collectively own small pieces of land (gardens) where they produce vegetables as their income generating projects. Some women also own small livestock such as goats and chicken whilst men own the highly valuable assets like cattle.

Women who have been organised into groups are doing Internal Savings and Lending (ISALs) whereby they contribute money ranging from \$1 up to \$10 per month depending on the capability of the group members. The money is contributed to the group and periodically it is lent to a member who returns the money back to the group with an interest of up to 20%. The members after a certain period share the money or buy household utensils, small livestock which they share. Although women have less control over the land and assets, they are the ones who are expected to provide for the family with the little they get from income generating projects (IGPs). Poverty within a household was said to be the major cause of domestic violence in the family. Women also have challenges in accessing markets for their produce from their IGPs and access to financial resources for start-up capital.

4.1.3 Socio-cultural context

Social life in the Nyanga is predominantly controlled by religious and cultural norms and expectations. Social relations are guided by patriarchal principles. Although there are some female village heads in some of the areas in Nyanga, decisions are usually made by men. Harmful cultural and religious practices such as appeasing of spirits with virgin girls, forced early child marriages, forced wife inheritance, and virginity testing affect women and girls more as they also contribute to gender based violence. Families use culture to meet economic

needs, for example making arranged marriages where girls, who are considered of less value fall prey to this practice.

4.2 Prevalence of Gender based violence in Nyanga

All respondents noted that gender based violence is a major challenge in Nyanga. The major causes of GBV in Nyanga are poverty and limited livelihoods options for the survival of families. Because farming is the mainstay of livelihood in Nyanga, there are limited viable options for livelihoods, especially for women who do not control the land. A patriarchal society that excludes women in decision making and in accessing and controlling resources are some of the salient causes of GBV in Nyanga. Harmful cultural, religious practices and lack of education especially for apostolic women who solely depend on husbands as bread winners and vulnerability of voiceless girls who are forced into marriages, economic hardships causing unrest in families and orphan hood were cited as causes of GBV by respondents.

..... I remember dealing with one woman who said she had been beaten after asking for money to buy bread. There is a strong link between poverty and GBV.....a police officer from the ZRP VFU unit noted.

Polygamy, which is culturally and religiously accepted in Nyanga, has also contributed to the prevalence of GBV in Nyanga. When a man marries a second wife, the wives fight for the limited resources available for the family. Harmful cultural and religious practices that force girls into early marriages have also caused GBV. As they become mothers at an early age, the teen mothers cannot negotiate for safe sex with the older men resulting in them facing gender based violence.

The ugly face of GBV has manifested in various forms including quarrelling over money, lack of food in the home, lack of transparency on household matters, lack of communication, failure to show affection in relationships and unfaithfulness, for example when the husband has an extra-marital affair. Women noted that they are usually blamed when a teenager within a household falls pregnant and this has triggered GBV. Drunken behaviour by men was also attributed as one of the manifestations of GBV within a household. Asked why they drink, men noted that drinking is a scapegoat as a result of their failure to provide for their families in the face of harsh economic difficulties. Others noted that drinking was a hobby.

According to the ZRP VFU categorisation of GBV, there are four forms of GBV in Nyanga District namely:

- Rape of adults above 18 years (Rape A)
- Rape of juveniles (having sexual intercourse with a child below 16 and contravening Section 70 of the Criminal Codification Act),
- Indecent assault
- Domestic violence (physical abuse)

The ZRP noted the most reported of the four forms of GBV is domestic violence- mostly physical. The second is rape by juveniles, followed by rape of adults and finally the 4th being indecent assault. Domestic violence affects both men and women and women report more than men. Women do not normally report other forms of violence such as economic, emotional and sexual violence as these have been normalised and are dealt with at family courts. Physical violence is reported because there would have been physical harm whose evidence is easier to notice than emotional violence. Sometimes physical violence acts as a mere manifestation of other forms of violence. In the case of the woman whose husband beat her for asking for money to buy bread, the woman may also have suffered emotional violence

as the husband may have hurled insults at her when she asked for money. Her experience also presents as economic violence at the same time because he refused to give her money to buy food. But at the police this is reported as just physical violence.

Due to societal upbringing which presents men as strong people who are not weak, men do not report GBV and they suffer in silence according to the ZRP. However more women are vulnerable to GBV than men. Women who are not economically empowered are susceptible to GBV than other women. About 80% of women who depend on their spouses economically withdraw their cases at the police according to the ZRP VFU Unit for Nyanga District. This means some women are not reporting the various forms of GBV which they are facing because they cannot report their bread winner. Others are not reporting emotional or any other form of violence because most of these are dealt with at the family/community courts.

Women in Nyanga rural wards are more vulnerable to GBV than the women in urban areas. There are more cases of GBV reported from Nyanga urban as compared with reports from rural areas. Women in urban Nyanga are closer to police stations while those in rural areas have to travel long distances. Development initiatives on awareness raising on GBV have been concentrated more in Nyanga urban compared to rural wards in Nyanga resulting in the rural communities having limited access to information and hence the lower reporting of GBV from rural areas. In addition, women from rural areas have limited resources such as bus fares for travelling to police stations to report GBV. Most rural areas of Nyanga are in the rainfall region 5 which receives below average rainfall every year and poverty levels are higher in rural areas, making women from these areas more vulnerable to GBV than those in Nyanga urban.

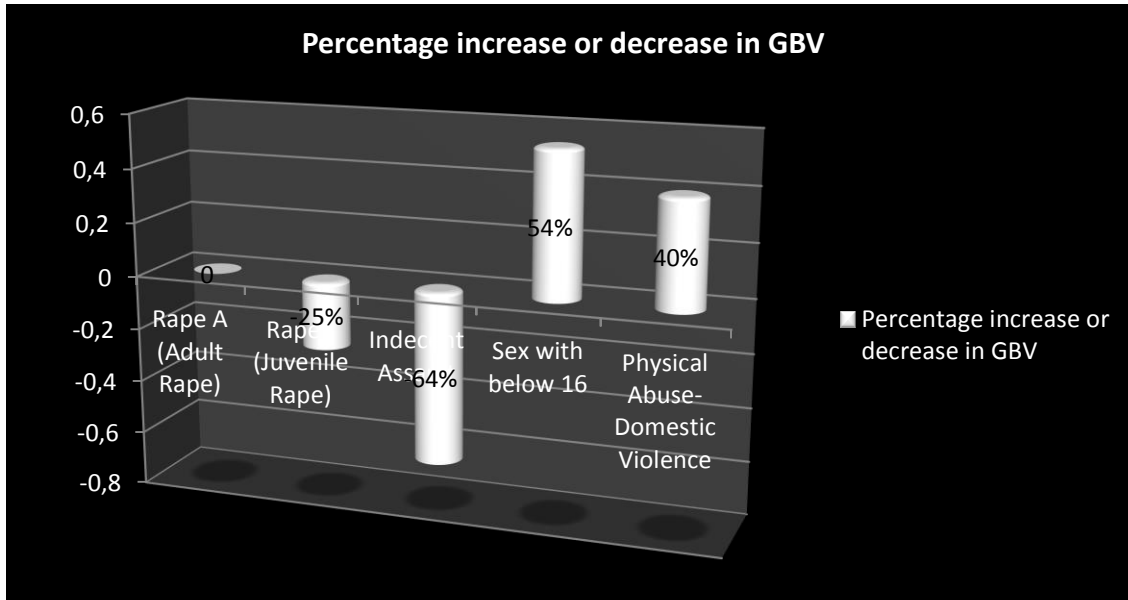
The GBV situation is worsened in Nyanga because there are no safe houses for women who report to the police. The lack of safe houses for women has seen some women reporting but

returning back home to the perpetrators as they have nowhere to go. The nearest safe house available for women from Nyanga is in Marange, in Mutare which is another district in Manicaland. The Marange safe house is supported by Musasa Project, an NGO.

Despite an increase in the GBV reports to the police, GBV survivors in Nyanga are frustrated by the limited police bases in Nyanga. There are only 13 police bases in Nyanga which has about 31 Wards. One police base covers between 4 to 5 wards resulting in women walking long distances to report to the nearest police station. For example, Ward 15 does not have a police post. The nearest police base for Ward 15 is in Nyamaropa, which is in another ward and women have to walk long distances to reach it.

Children are also vulnerable to GBV. If a mother is remarrying, they cannot take their children to live with them in the new marriage set up. The spouse is reluctant to take up another man's child while the woman agrees to this arrangement because she is (not) economically dependent, leaving the child homeless or living with the woman's parents or extended members of the family who sometimes abuse the child. There are two safe houses for children GBV survivors in Nyanga. The safe houses are run by church organisations.

Fig. 1 Gender based violence trends in Nyanga District January –August 2014 and January to August 2015 (Source ZRP VFU Nyanga District)



The above statistics indicate the various forms of GBV and the trends between January to August 2014 and January to August 2015. Adult rape remained static and depicts that there was neither an increase nor a decrease in this form of GBV. Sex with a child below 16 and physical domestic violence are in the “positive/plus” range which is an indication that there is an increase in the prevalence of the GBV. Domestic violence shows an increase of 40%, demonstrating that more people are reporting as a result of the various stakeholder awareness raising programmes. However a lot more reporting can be done. Because of limited police bases and the dependence of women on men economically, many cases are not being reported. In addition, it was noted the tribe of “Samanyikas” or the “Manicas” (those from Manicaland) are generally known as people who are conservative- *“havafukure hapwa pese pese,”* meaning they do not easily open up and as a result many GBV cases are swept under the carpet. The majority of the domestic violence reported cases are from women. There is negative on indecent assault and juvenile rape, which is a suggestion that there is reduction in

cases. However this may suggest a reduction in reporting and may not be considered progressive.

4.3 Ward 15 RWA members' marriage status

A total of 73 women who are RWA group representatives from five wards namely Dzembe, Ndawasha, Ziko, Sereko and Muwi filled in the questionnaires. A total of 12 women were 30 years and below and 61 were 31 years and above. This means therefore the bulk of the RWA members are older women above 31. The youngest person to fill in the questionnaire was 22 and the oldest was 70.

Fig 2 Ward 15 RWA group participant's marriage status Distribution by number

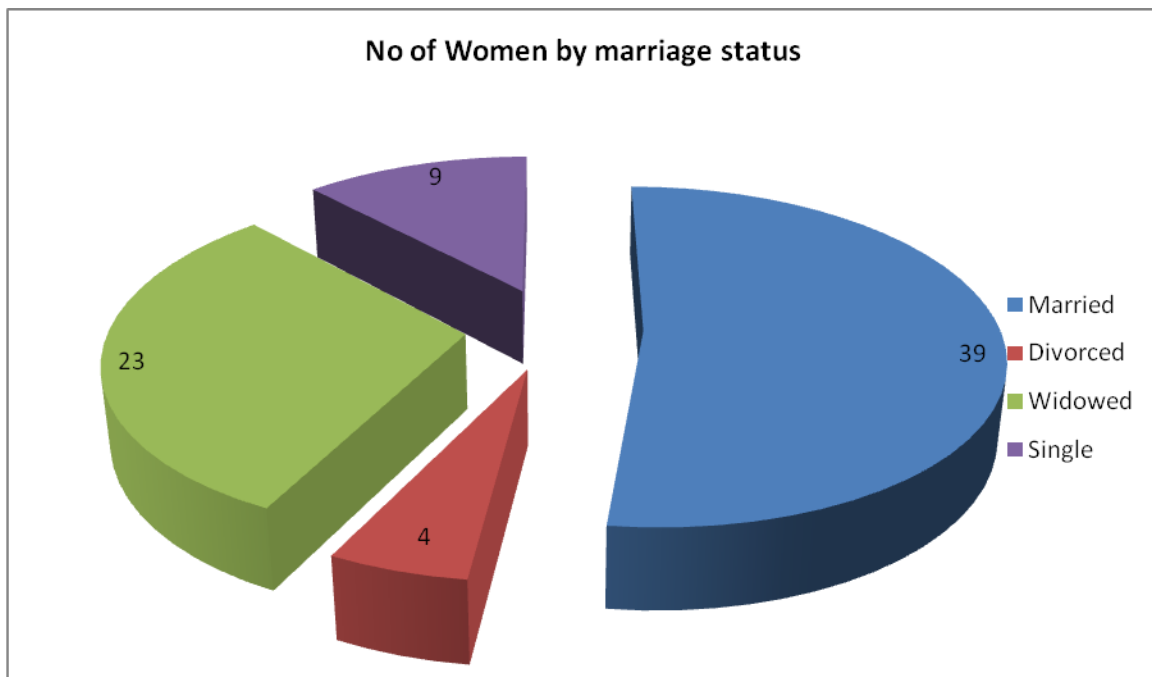


Fig 2 shows the distribution of the RWA participants by marriage status. Of the 39 women who are married, 31 are married customarily and eight are married either under Chapter 5.11 (magistrate's court) or 5.12 (church marriage). A total of 23 widowed women participated in the study. There were nine single women and four divorced women.

4.4 Prevalence of gender based violence in Ward 15

From the RWA group representative who filled in the questionnaires, four forms of GBV emerged namely: Emotional violence; Sexual violence; Physical violence and other forms. Although a total of 12 women who filled in the questionnaires said they had experienced GBV, chairperson of the RWA groups at ward level noted that at least 20 women from the total of 100 women who are members of the RWA groups in the ward had experienced GBV between September 2014 and September 2015. Three village heads from Ward 15 noted that they handled at least three cases of GBV within six months in their villages.

A total of 12 women all married out of the 39 married respondents indicated they had experienced GBV. Their age groups range from 23 to 55. Eleven of the married respondents were married customarily while one was married under Chapter 5.12 (Church marriage). Interestingly all the single, widowed and divorced women pointed out that they did not face GBV, which is a signal that married women are more vulnerable to domestic violence than widowed, single and divorced women in Ward 15.

Of the 12 women, nine women aged between 23 and 55, said they had experienced emotional violence. Four women aged between 25 and 50 experienced physical violence. One woman, who is 50 years old experienced sexual violence – she was forced into having sex with her husband who had married another woman. Two women aged 45 and 62 experienced what this study entitled as “other form of violence”. One of the women alleged that she had been forced to look after extended family members while the other said her husband, who had abandoned her for 15 years and married another woman but later came back. She accepted him back although she was left to fend for the children alone and denied of many other rights during the 15 years of his absence.

It was observed that the 12 women who experienced GBV did not experience one form of violence only. One person experienced emotional, physical and sexual, with some experiencing both emotional and physical violence. Some of the triggers of GBV include drunken behaviours by husbands, suspected extra marital affairs with the blame on men and polygamy.

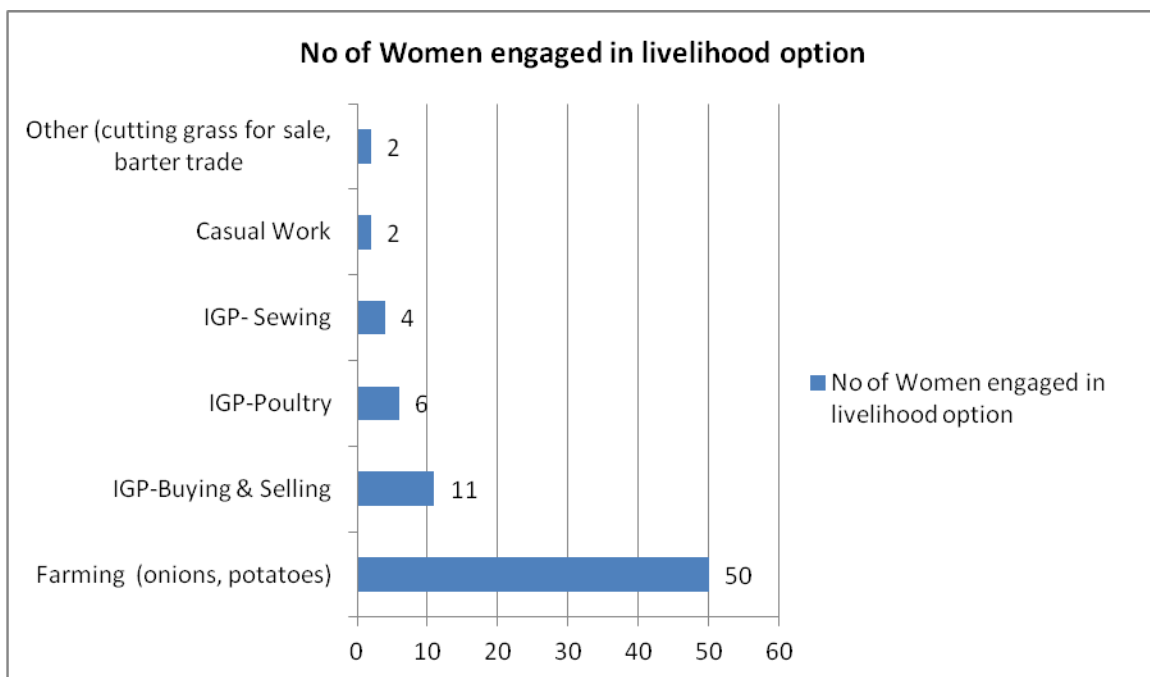
Some salient observations were noted from the women who experienced GBV with some demonstrating that they do not know that they had experienced GBV. This questions the women's concentration form of empowerment as postulated by the Longwe Framework. One woman said she had not experienced GBV but said that if her husband asks for sex she is obliged to comply even if she does not feel like having it because he is "entitled to it". Another woman said she had experienced GBV after denying her husband sex, which she feels he is entitled to as head of the family. Another striking observation was that the woman who was abandoned for 15 years by her husband said that she had not experienced GBV and yet she had by being abandoned, implying that many women who are experiencing GBV do not know that they are facing it because of lack of knowledge.

4.5 Women's livelihood options in Ward 15

The majority of women are into farming and are producing onions and potatoes. The second means of livelihood in Ward 15 for women is the running of income generating projects (IGPs) such as buying and selling clothing, selling vegetables followed by poultry projects, sewing and others. Gardens are included as farming. The women use money saved from the ISALs to run the various IGPs. Respondents did not indicate ISALs as a means of livelihood; however they pointed out that they run IGPs using the ISAL money during the focus group discussions. Other minor livelihood options for women in Ward 5 include hairdressing and cutting thatch grass for selling. One woman is a shop owner. The majority of women get their

money seasonally after every three months because they are into farming. The lowest earning women gets about US\$5 a month and the highest paid woman earns US\$75 a month. This excludes the shop owner who is an outlier. The figures above evidence that the women have achieved the lowest level of empowerment namely welfare as argued by the Longwe Women Empowerment Framework as they have access to food, some income and medical care for those living with HIV who are now managing to buy drugs using the RWA proceeds. Fig 3 below illustrates the distribution of the women’s livelihoods options.

Fig 3 Women’s livelihood options in Ward 15



4.6 Comparing men’s livelihood options with women’s alternatives

The 39 married women indicated that the majority of their husbands are farmers. However only 15 of the women said their husbands were farmers compared with 50 women who were farmers. This means that more women are working in the fields than men. A total of 10 of the 39 women said their husbands are doing piece jobs/casual work which is an indication that most men are contributing lesser income within households compared to women in Ward 15.

Only two women said they were doing casual work as opposed to the 12 men. Casual work earnings are very low and those who indicated that they do casual work said they earn US\$5 a month. Three women said their husbands were builders. Others are engaged in jobs like being a guard, driver, buying and selling, welder, agricultural extension worker and farm worker. One man was said to be terminally ill while five were retired. All the 73 women who participated in the questionnaire are actively engaged in some form of economic activity while six men are not. This implies that women are doing more work than men and the burden of care even increases when women have to take care of the terminally ill spouses. This may have led to women coming up with idioms such as “*jakadzi*” a locally constructed phrase and literally meaning women are being forced to wear both trousers and dresses at the same time. The hidden message is simply that women are doing more work and contributing more money in the household than men in Ward 15. Women are doing both reproductive and productive working. The analysis of comparing men and women’s livelihood options is an attempt to look at the Harvard Framework’s activity profile analysis which is weighing the benefits from reproductive and productive work to men and women.

4.7 Women’s participation in decision making at household level

Overall decision makers at household level are men especially for the married couples. Ninety nine percent of the RWA women who are married said the head of the family (*musoro wemba in Shona*) is the man and also owner of the homestead. For the widowed households, the head of the family is the woman, the widow herself. This denotes that women only get to be decision makers at household level when their husbands are late. It would seem married women are more vulnerable to GBV as they do not make decisions as argued by some authors cited earlier in this research and by female RWA members.

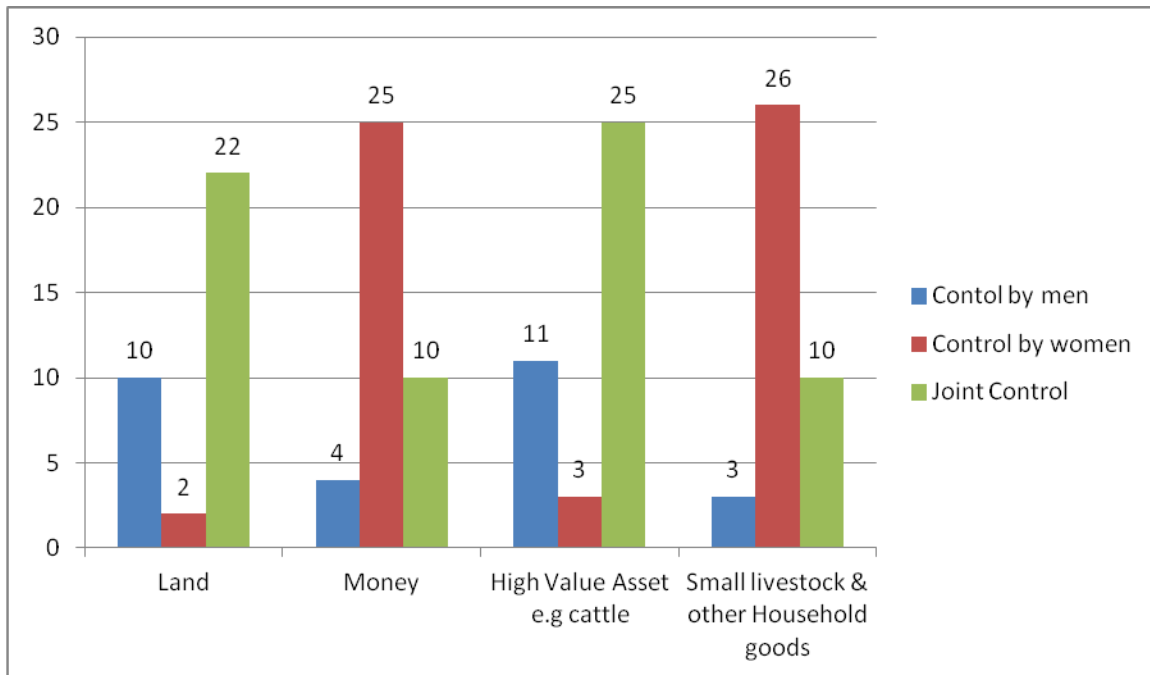
Divorced women are also decision makers at household level. However of the four divorced women who were part of this study, one woman's ex-husband remotely controls the household from wherever he is living. He makes decisions on the land the woman is using and the homestead. This is a sign of a patriarchal society that seeks to control women even in the event of a divorce where a woman should not be detached from the ex-husband's family. The control is even worse when the woman has children with the ex-husband.

For the single women, their parents, father or mother are the decision makers even when a woman is as old as 38. In the study, there is an 38 year old single woman whose parents make the decisions for her. This would suggest that women are perpetual children even when they are adults. There is always a male figure head. For example, there is one interesting case of a single woman who is 30 whose brother is the head of the household. It is either your husband, brother, father or your male child who is there as head for a woman which is one of the exhibitions of a patriarchal culture.

4.8 Access and Control of Assets by women

About 56% (22 out of 39) of married women said they have "access and control" (joint control) over their land and they own the property as a couple. Interestingly respondents said during focus group discussions that married women may be told that they own a piece of land together with their husbands, but they do not make decisions on what to plant on the land. The same applies with women's access and control of the money. While 64% of the RWA married women said they keep the money as "the mother of the house," in the questionnaire, they however said during the focus group discussions that women keep the money but they are just "*mere banks*". They keep the money but they do not make decisions on what to buy....*when you are the bank you just keep and wait for the owner of the investment to come claim the money.....* noted one woman.

Fig 4 Access and Control of Assets by sex and number



From Fig 4 above, more men than women control high value assets. For example 11 men compared to three women control high value assets. From the above statics, women control mostly small livestock (26) while a few men (3) control small livestock from the 39 couples. Respondents also said small household assets such as hoes, ploughs and kitchen utensils belong to women. This is evidence that women have not achieved the highest level of empowerment, which is control in line with Sara Longwe Framework.

4.8.1 Access and control of assets by the widowed and single women

Twenty one of the 23 widowed women have access and control over their land. They also have access and control over their money, high value and small livestock. All three divorced women have no high value livestock. Three of the four divorced women control their land and money while the ex-husband of one woman controls the land. Six of the single women control their land, money and small livestock while three of the single women’s resources are

controlled by their parents. The single women mostly own small livestock such as goats and chickens. Only one single person owns cattle, however only one head.

4.9 Background to the Rural Women Assembly (RWA)

The Rural Women's Assembly (RWA) is an initiative established at Regional SADC level that brings together poor, rural women from South Africa. Its key aim is to build solidarity and alliances between rural women in Southern Africa around common issues. It is viewed as a safe space for Southern African women to learn together, share experiences and develop alternatives and strategies that will contribute to improving lives. The building and strengthening of organisations and movements is central to these aims.

The first RWA meeting took in Limpopo in 2009, under the theme "*We are the Guardians of Land, Life and Love*". This event was integral in creating linkages and alliances between rural women active in land rights movements, farm worker unions, peasant and smallholder farmer organisations and movements in the SADC region who are involved in similar struggles for access to and control of land, food sovereignty and reproductive rights. Women from SADC countries, South Africa, Zimbabwe, Mozambique, Lesotho, Zambia, Namibia, Swaziland, Malawi, gathered in Limpopo in 2009 under the auspices of a Trust for Community Development outreach and Education (TCOE) South Africa. At the Limpopo meeting, the SADC women worked with the Peoples' Dialogue (PD), an organisation of women from Latin America to establish a partnership of organisations/movements based in Southern Africa and Latin America . It is at the Limpopo meeting that the objectives of the RWA were outlined as follows:

- To strengthen rural women's capacities to organise around their own interests
- To build linkages in the region around common struggles to defend common goods

- To ensure rural women's visibility at all levels of development

4.9.1 The rationale of the RWA

Rural women in any given development have been left out of mainstream economic development according to the Zimbabwe Farmers' Union (ZFU, 2013) which is the RWA Zimbabwe interim secretariat. It has been noted that rural women are marginalised in terms of land ownership and yet they are the producers of food for families and countries. Rural women also face other challenges including food challenges. The RWA came into being to protect women from the effects of climate change by promotion of resilient sustainable agriculture. It is the hope of the RWA that through rural women's common struggles and campaigns, the RWAs will champion changes that will position women in a better world.

After the launch of the RWA at regional level in South Africa, countries were tasked to facilitate the formation of the RWA at grassroots level with hopes of linking these from village, to ward, district, national and then finally at regional level. In Zimbabwe, the RWA was established through a National Committee with representatives from various non-governmental organisations. The National Committee is spearheaded by the ZFU, which is the association which represents rural smallholder farmers in Zimbabwe. The ZFU works in collaboration with the Zimbabwe Small Scale Organic Forum (ZIMSOFF), Zimbabwe Association of Permaculture and the African Institute for Agrarian Studies in Zimbabwe (AIAS), which are key members in the National RWA interim Committee. Other member organisations in the National RWA committee are Women and Land in Zimbabwe (WLZ), Budya Environmental Conservation Trust, Methodist Church Development Agency and the MARESA Centre for National Research.

ActionAid International (ActionAid), a non-governmental organisation, in partnership with eight community based organisations (CBOs) in Zimbabwe has taken up the RWA concept. Since 2010 ActionAid and its partners, facilitated the formation of the RWA as a coalition for rural women farmers and used it as a platform to socially and economically empower women in Zimbabwe. ActionAid and its partners have helped rural women form an estimated 421 RWA groups at village level comprising of 4 295 members (the majority being women) in four of its operational areas. The ActionAid operational areas are called Local Rights Programmes (LRPs). The CBOs working with ActionAid in the RWA programme are Family AIDS Caring Trust (FACT Nyanga) operating in Nyanga LRP, Nyanga District, Manicaland Province, Dioceses of Mutare Community Care Programme (DOMCCP) in Nyamaropa LRP, Nyanga, Family Action for Community Development (FACE) in Makoni LRP, Makoni District, Manicaland Province, Farm Community Trust of Zimbabwe (FCTZ) in Chiendambuya LRP, Makoni, Seke Rural Home Based Care in Hwedza LRP and Health Education and Food Organization (HEFO) in Nkayi Matabeleland North Province.

Fig 5 Coverage of RWA in ActionAid LRPs

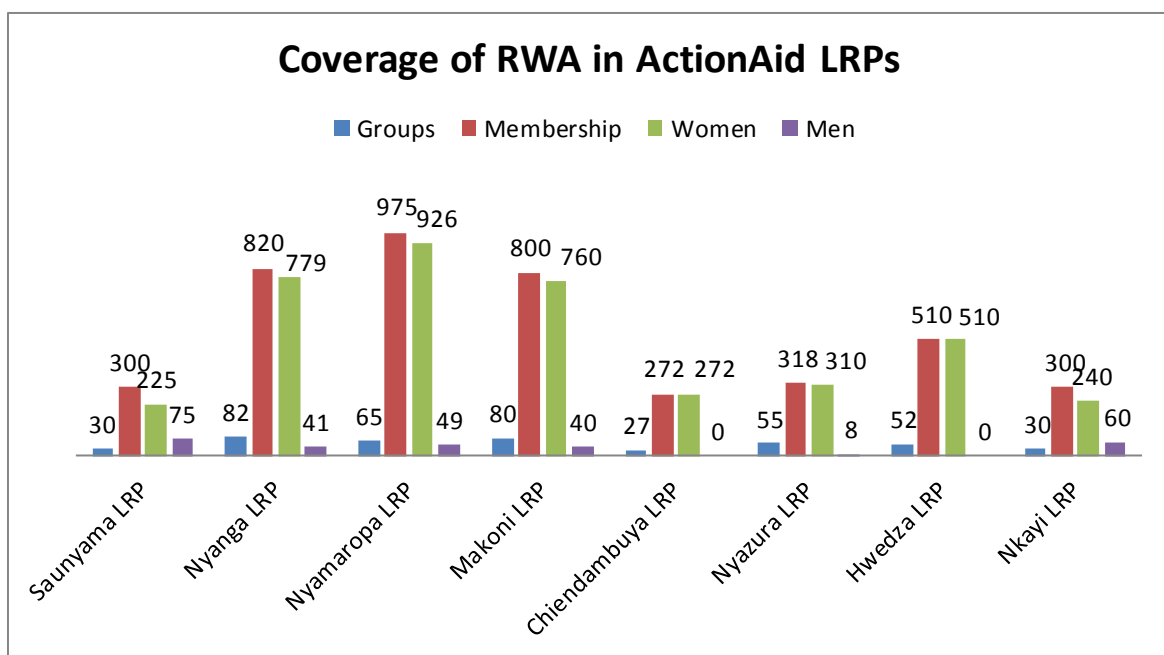


Fig 5 shows the distribution of RWAs in the ActionAid LRPs. The largest distribution of the RWAs is in Manicaland Province where four of the LRPs are concentrated. Other provinces with one LRP each are in Mashonaland East and Matabeleland North. Nyamaropa LRP has the largest number of RWA members comprising 975 members, 95% being women. Chiendambuya LRP has the lowest number of members of 272. Nkayi LRP has a total of 300 members but another 526 members all women are aspiring RWA members. The 526 were not captured in Fig 5 above because they are not official RWA members but are supported by HEFO and attend RWA meetings. This is an indication that the RWA movement is popular among women who are interested in becoming part of it. From Fig 5, the majority of the members of all the RWA groups are women. Only Chiendambuya and Hwedza have no male representatives. Out of the total of 4295 RWA members, we have a new crop of RWAs who are men, who comprise 273 men scattered across the membership in the ActionAid operational areas. The men engage in the same IGP's the women are running, however they (men) do not occupy leadership positions in the RWAs. There is however one group comprising all men which is in Ward 15. The research study did not interview RWA "men". Having RWA men is evidence that the social movement is making impact in Zimbabwe.

4.9.2 Objectives of the RWA in Zimbabwe

The objectives of RWA in the ActionAid operational areas include the following:

- To empower women in decision making at household and community level
- To empower the RWA on women's rights
- To provide the economic empowerment of women through support on how to run income and generating projects
- To break the cycle of violence for women and girls and having control over their bodies and rejecting gender based violence.

ActionAid and partners have supported the RWAs in various ways including the following activities:

- Training on formation of RWA at village, ward and district level
- Training on IGPs and ISALs and small business management
- Training on what is GBV and encouragement of women to report GBV
- Awareness raising on the need to fight harmful and religious practices that have seen young girls marrying early
- Training on how to form health clubs to assist young women to demand their sexual reproductive health rights issues.
- Training on how to engage with local authorities on provision of quality gender responsive service delivery
- Training on leadership skills
- Participation in ward, district and national commemorations. E.g. International Women's Day, 16 Days of Activism against GBV, International Rural Women's Day as part of the solidarity movement building
- Participation in exchange visits conducted at ward and district level for RWA members to share experiences
- To facilitate RWA groups to attend regional meetings such as the SADC Summit to discuss challenges faced by rural women in the region for presentation to SADC heads of states for their considerations

4.10 The Impact of Rural Women Assembly in Ward 15, Nyanga

Members of the Rural Women Assembly (RWA) are found in eight out of 15 villages in Ward 15 of Nyanga District. The eight villages are namely, Dzembe, Ndawasha, Ziko,

Sereko, Muwi, Mutamba, Kunyarimwe and Mutundwe. There are a total of 120 RWA members in Ward 15 comprising 13 groups. From the 13 groups, 12 comprise mostly women, while there is one group of all men. There are a total of 20 men who are spread across the 12 groups which are dominated by women. Groups have the lowest number of 7 members while the largest group has a maximum of 10 members. RWAs have been operational in Ward 15 since 2010.

The 12 women who experienced GBV noted that joining the RWA had assisted them in dealing with the various challenges they were facing in their marriages. Some of the challenges they faced before joining the RWA included the following: Experienced various forms of GBV, they did not make decisions within the household including what to plant in their fields because the land belongs to their husbands, they were not engaged in IGPs and ISALs, they were not respected by the husband, they did not participate in community leadership structures and they suffered from low self-esteem and were looked down upon by their husbands. The 12 women also said they were not aware of their rights as women, for example sexual reproductive health rights prior to joining RWA. They also did not report the various forms of violence they were facing before being RWA members.

All the 12 women said since they had become members of the RWA, they had become economically empowered to some extent with all of them engaged in IGAs and ISALs and are contributing to the household income. One woman who used to be a GBV victim said she now assists other women who are facing GBV, after having been assisted by the RWA group members who provided psychosocial support to her. Two women out of the 12 who experienced GBV said their husbands were now involving them in making decisions within their homes and their husbands were now respecting them.

Fig 6 Level of GBV following RWA programmes

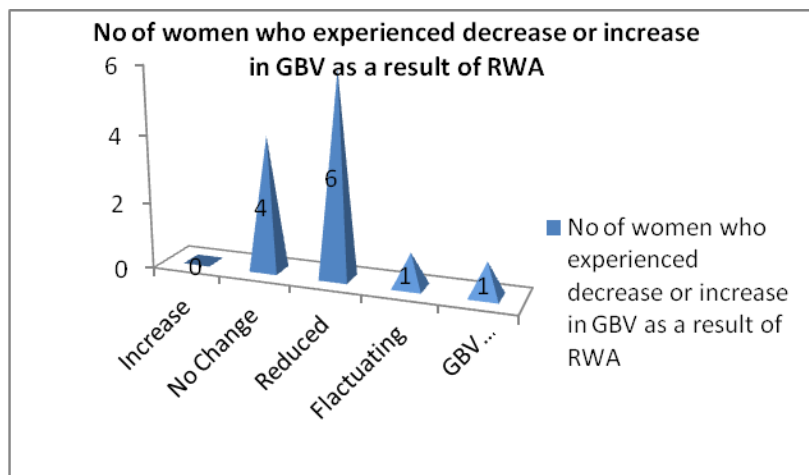


Fig 6 seeks to illustrate whether or not there has been an increase, no change, reduction, fluctuation, or eradication in GBV following the introduction of RWA programmes to the 12 women who said they experienced GBV. From the above, only one woman (8.3%) is no longer experiencing GBV while 50% said the GBV they were experiencing had reduced. This means GBV reduced by 50% in the 12 women but also means there is a 50:50 chance of the women being still vulnerable to GBV because reduction does not mean the GBV has ended. Four (33%) said they have had no change despite having been members of the RWA. One woman (8.3%) said the GBV is still fluctuating. This suggests that there is a time when the woman does not experience GBV and then it later appears. This confirms the “fluctuating trend” of GBV as noted by the Nyanga ZRP VFU. RWAs in Ward 15 have helped in the increase of reporting of cases. Prior to the RWA, less than five women reported facing GBV compared to the 20 women who have reported in Ward 15 between September 2014 and September 2015 according to the Ward 15 RWA chairperson.

About 95% of the RWA respondents in Ward 15, Nyanga District (including those who did not experience GBV) who filled in the questionnaire said the RWA had assisted them in knowing their rights as women and economically empowering them. The women are now

taking lead and helping their husbands paying school fees for their children and even supporting other extended members of the family.

The RWA has become a household name for women empowerment within the ActionAid LRPs. The RWAs have been used as a community watchdog to promote the social and economic empowerment of women who have been left out in mainstream development due to a patriarchal society that discriminates women. More women are engaged in economic activities such as running of IGPs and ISALs which are increasing the household income and improving the family's food security. The RWAs have helped women deal with "economic violence," and in them achieving "welfare empowerment" for example for the one is no longer beaten for asking for money to buy bread as she has her own money.

Women's access and control of resources such as land and high value livestock have improved, for example in Nkayi District, Matabeleland North Province, 16 women now own and control land allocated to them by their husbands. However this number is still insignificant if you look at the total number of RWA members in Nkayi which is 300. However this is a step in the right direction for women empowerment. In Nyanga, prior to the introduction of the RWA, land was wholly controlled by men. After the introduction of the RWAs, the land is jointly controlled by couples in set ups where people are married, in Nyanga for example. However, women said while the control could be joint, they still did not make decisions on what to plant on the land, which defeats the idea that they have control over the land. This in addition interrogates the highest levels of empowerment namely, participation and control, according to the Longwe Framework. The RWAs have resulted in husbands respecting their women and improved "relationships" after men realise that women are economically contributing to the household income (welfare empowerment).

.....we are now affording to give our husbands money, and even money for beer and this has improved our relationships and reduced GBV..... one woman noted.

The RWAs have improved women's access to drugs which they were failing to buy due to lack of resources. For example in Wards 9, 10, 11, 12 and 13 in Nyamaropa LRP in Nyanga RWA members who are living with HIV are now affording to pay for their bus fares to collect drugs at the clinics and hospitals which are far from where they live and this is evidence of achieving the welfare empowerment. In Nyanga LRP, there are funds that have been set aside to assist GBV survivors.

The RWAs have increased women's self-esteem. One woman said her self-esteem was as low as 20% before joining the RWA. She said she now has high self-esteem of over 60%. In addition the RWAs have created a sense of community for the women, who gather at the gardens and during their ISAL meetings to let out and relieve the challenges and frustrations they face at home and within the community.

The RWA has been used as a community eye and ear that monitors gender based violence and assist those affected who are mostly women. The RWA has also been used as a platform for women to know what to do when they face GBV. At the same time women also use the platform to provide psychosocial support to GBV survivors. The RWA initiatives have also extended their help by putting together resources and helping in paying school fees for orphans, for example in all the wards where RWAs are operational in the ActionAid LRPs.

The RWA has become a respected community development force within the ActionAid LRPs, for example in Ward 15, village heads consult RWA group members to help them solve GBV related issues and other conflicts emanating at community level. There are men who are now members of the RWA who have seen the fruits of the RWA, for example in

Ward 15 of Nyanga, there are a total of 20 men who are members in various groups. However men are still a minority in the RWA groups.

The RWAs have to a small extent broken the patriarchal system which claims that women cannot be leaders as some of the RWA members are now actively participating in leadership within their homes and at community level. The RWA has increased women's participation in decision making at community level, for example in Ward 15, women are chairpersons in the RWA structures as well as occupying leadership positions within School Development Committees (SDCs), burial societies and at churches. In Makoni LRP, one RWA member won primary elections for the position of a councillor and was proceeding to contest as a councillor. This is some evidence of women achieving the second highest level of empowerment (participation) although women are yet to occupy key positions such as those of village heads and most councillors.

4.11 Collaboration with other stakeholders

The ActionAid partners have been working in alliance with stakeholders such as the Ministry of Women Affairs, Gender and Community Development (MWAGCD), the Ministry of Public Service, Labour and Social Welfare, Department of Social Services and the ZRP VFU in the area of women empowerment and awareness raising on GBV at district level. The MWAGCD coordinates the multisector work around gender and community development in Nyanga. It also raises awareness on GBV within Nyanga in partnership with the ActionAid partners. The Ministry has provided councillors, who are mostly men with training on gender mainstreaming as part and parcel of capacity building for them to programme community initiatives using gender sensitive lenses. The Ministry works closely with the RWA groups and have supported them on RWA formation and how to advocate for quality gender sensitive community programming. The Ministry has provided loans to five groups in

Nyanga, which is a commendable move although still low on numbers. The Ministry in conjunction with other stakeholders like ActionAid partners organises various commemorations on March 8 for International Women's Day, in November and December the 16 Days of Activism against GBV and in October the Rural Women's Day as part of the efforts to create awareness on GBV and promotion of women empowerment.

The Department of Social Services provides funds for free medical treatment and psychosocial support and counselling to GBV survivors at district level. The department also offers a public assistance maintenance allowance to vulnerable groups such as women and children facing GBV and other challenges on referral basis. The department also targets people living with disability in particular women on awareness raising on GBV who are normally left out of mainstream development, as they are usually the targets for sexual abuse.....*women living with disability usually service men in the community sexually who take advantage of their disability....*it was noted.

The ZRP VFU assists GBV survivors in facilitating prosecution of perpetrators by linking the women to the courts and giving information on court procedures. The police also provide counselling of the GBV survivors when they take statements. The police participate in the multi-sector community meetings where they provide GBV awareness.

4.12 A critique of the RWA as a social movement

While the RWA has contributed to economically empowering women and helping in creating awareness on GBV and the need to report it, there are many challenges that have prevented this social movement from effectively meeting its objectives. The obstacles are structural, contextual, operational and institutional.

The structural challenges of the RWA emanate from the strong patriarchal society that still regards women as second class citizens. Traditional leadership structures such as village heads and chiefs are still a preserve of men. If women face GBV, they go to a village head or a chief who is a man and the same system that is oppressive to women. Deep rooted cultural norms still force women to be subservient even when they are economically empowered. In Nyanga and elsewhere in Zimbabwe, women prefer sitting down while men sit on higher ground during community meetings as a sign of obedience. The stigma associated with one being divorced or not married, has seen women forcing themselves to stay in abusive marriages because they want to preserve their marriage, for example the woman who welcomed her husband who had left her for 15 years. The man had married another woman and he is welcomed in the home despite not checking his health status. This means the woman could be exposing herself to various health challenges, HIV for example. The woman cannot refuse to stay with the husband because “he paid bribe price”. While many RWA women are working towards economically empowering themselves, they find themselves entangled in GBV and find it hard to deal with it because of deep-rooted cultural norms which force them to stay in abusive marriages. This is evidence which points to the questioning of the levels of the various levels of empowerment. It is proof that women are yet to reach the highest levels of empowerment which are participation and control according to the Longwe and Harvard Frameworks and that is why GBV remains a challenge. However even in set ups where women may have reached these two levels of empowerment as argued by the Longwe Framework, women are still facing one of the biggest impediments to fighting GBV. They face cultural norms which force them to stay in abusive marriages.

The contextual challenges facing the RWA include the issues to do with public services available for them to be able to challenge GBV. In Nyanga there are limited police stations

with women especially those from rural areas travelling long distances to report GBV. This means that many cases are being swept under the carpet because women are discouraged by the long distances they travel to report. In addition to this, there are no safe houses for GBV survivors in Nyanga, which makes the efforts of reporting futile. Once a woman reports a case, especially the violent cases, she will still go back to their perpetrator, explaining the reason why GBV keeps fluctuating in Nyanga.

The limited involvement in men in the RWAs poses a threat to the RWA programme. While a few men are joining the RWA, what is needed is not having men joining the RWA. What is required is to have the patriarchal systems supporting the RWA institution from the chiefs, village heads and then husbands at home. This means that there should be transparency in the formation of the RWAs where the entire community fabric which comprise the patriarchy system is actively involved and educated on the importance of eradicating GBV. The study observed that very few men have been educated on GBV. Rather more ActionAid partner efforts have been on educating the women. The ActionAid LRP partners have recently started engaging traditional leaders such as village heads, chiefs and religious leaders who have been trained on the importance of ending harmful cultural practices that violate women and girls' rights. The leaders have also been trained on GBV.

The formation of the RWA itself was an institutional flaw. The RWA promoted a top down approach whereby the formation of the RWA was done at regional level in South Africa as opposed to starting at grassroots level. A successful social movement should start from the bottom because that is where the issues are emanating from. For example the Arab Springs, a series of protests and demonstrations which took place in the Middle East and North Africa, have been touted to be one of the most successful social movements in the world because they rose from the lower levels (Nadal 2013). Social movements worldwide are critical for

progressive social transformation and have proven effective in generating change that policy, law and development interventions have not achieved.

The RWA has so much potential as a social movement but will work effectively if it starts from grassroots. Social movements are a series of contentions performance, displays and campaigns by which ordinary people make collective claims on other (Tilly, 2004). According to Tilly (2004) social movements are a major vehicle for ordinary people's participation in public politics through campaigns, demonstrations, petitions and statements. Therefore social movements are a type of group action clamouring for social change. Although they differ in size, they are all essentially collective, are a result of spontaneous coming together of people. The RWA's formation was started in South Africa, led by some NGO representatives such as the Trust for Community Outreach and Education (TCOE) and the African Institute for Agrarian Studies in Zimbabwe, which is a research institute. The Zimbabwe Farmers' Union (ZFU) was there at the launch of the RWA in South Africa. However the beginning of the RWA in South Africa and ultimately the launch in Zimbabwe by the Ministry of Women Affairs, Gender and Community Development in Bindura, Mashonaland Central Province in 2013, was not spontaneous either and this explains some of the challenges the RWA is facing today. There are no RWA representatives based in Bindura.

The top down approach has resulted in many operational challenges that have hampered the effective implementation of the RWA as a social movement. The RWA does not have a substantive regional and national (in Zimbabwe) secretariat due to the absence of a constitution. Although the establishment of the RWA has been well received at grassroots level, the village and ward RWA structures are also facing institutional challenges as there is no set guidelines on how RWAs should operate. The Ministry of Women Affairs, Gender and Community Development in Nyanga District, noted that there was need to standardise

the RWA structure in Zimbabwe for it to effectively operate. In addition, there have not been any monitoring systems developed to measure the effectiveness of the RWA, for example if they are making any quality impact in terms of economically empowering women and also in the GBV reducing GBV.

To institutionalise the RWA from village, ward and up to district level, ActionAid partners in Nyanga District, namely DOMCCP, FACT Nyanga and Simukai Child Protection, are working with the RWAs in Nyanga in a bid to establish a Nyanga District RWA. This move will see the standardisation of the RWA movement at Nyanga district level and the improved running of the association.

Due to the formational faults in the RWA, coordination for the movement has been poor and it has been noted the interim secretariat in Zimbabwe has been finding it difficult to fundraise for RWA activities because of lack of a constitution and also to meet. It also does not have a bank account. The ZFU only waits for funds from TCOE, which receives funds from donors elsewhere. The funds are normally used for attending major regional meetings such as the annual SADC Summit meeting where heads of states meet. Here, a couple of rural farmers are picked to attend the summit to air their views.

Internal conflicts have already arisen within the RWA, which have resulted in the “tortoise” movement of the RWA programme. NGO partners within the movement are clashing to an extent that they are fighting over RWA members, for example in Makoni, ActionAid and the Women and Land are competing over RWA memberships. While the two fight, communities have real issues to contend with such as GBV and poverty. A united multisector which include the NGOs is required to fight GBV.

It is usually easy to shout slogans, sign manifestos, but it is quite a different matter to build. The same can be said about the RWA. It was not difficult to start it in South Africa, but right now, the movement is faced by the real issues which require addressing. Coupled to this, the interim RWA structure at national and regional level has received complaints of the absence of transparency and accountable systems of governance within the movement. In addition the RWA has been criticised for being a “toothless bull-dog” by its failure to “challenge authority” as one of the roles of a social movement (Lendman 2008). In the context of the RWA, the authority would be patriarchal systems.

The community based RWA is trying to link up with the district, national and regional. Due to limited funds, it is taking time for the village and ward based RWAs to connect with the other RWAs. In Ward 15 of Nyanga District, only one woman attended RWA meetings in Nkayi as part of an exchange visits within the ActionAid LRP programmes. The RWA has been criticised of picking a few women to attend the national and district meetings. In addition, there has been criticisms on that the same women have been picked to attend national and regional meetings, which means that the empowerment is limited to a selected few individuals.

The RWA representatives say their economic status has improved slightly, but they require seed money to start viable projects. This speaks to issues of access to credit and access being one of the levels of empowerment as argued by the Longwe Empowerment Framework. While ActionAid is the funding partner to the CBOs implementing the RWA programme, the project has a limited budget and is only providing “soft” support as opposed to hardware. The “soft support is only in the form of providing awareness on the communities on GBV and training on how to run IGPs.”*you cannot run away from the man who is abusing you even if you have the information on how to report because you depend on that man*

economically. If I am equipped economically, at least I can report the man and I am prepared of any consequences..... one woman from Ward 15, Nyanga, noted.

4.13 Chapter Conclusion

This chapter provided the findings from the research which answered main and sub research questions of the entire study. The chapter also unravelled the various data presented by analysing it in line with the data analysis methods presented in Chapter 3.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarises major findings of the research, and gives recommendations to various players, non-governmental organisations, government, local authorities, traditional leaders, communities, men and women to effectively promote viable rural women empowerment programmes and deal patriarchal systems that make women vulnerable to gender based violence.

5.1 Summary of findings

Upon completion of the research, the study revealed that the Rural Women Assembly (RWA) is an important community development structure that has helped women economically resulting in the reduction of gender based violence to a limited extent. The women have largely achieved the lowest levels of empowerment, namely welfare and access and conscientisation to some extent in line with the Longwe Empowerment Framework. The highest levels of empowerment which are participation and control as argued by the Longwe and Harvard Frameworks, are still limited with regards to women. Both the economic empowerment and GBV awareness programmes have made considerable impact with women increasing the household income and at the same time GBV reporting has increased. The RWA has been used as a safe space for women to comfort each other with some women reporting they are now making some decisions at household level. However the RWA has not been implemented to its fullest potential due to various challenges such as poverty, patriarchal societies that continue to discriminate women from actively participating in development, normalisation of GBV and poor RWA programme coordination.

The study revealed that the key drivers of GBV in Ward 15, Nyanga District are poverty and patriarchal norms. The study found out there has not been meaningful empowerment of the RWA members because of the oppressive patriarchal systems that discriminate women from actively participating in the development of their homes and within the community, the empowerment of the women is piecemeal because the IGPs they are running are not viable, access and control of high value resources such as cattle and land is limited for women, participation in decision making at both household level and within the community is also restricted and the levels of conscientisation of women on knowing their rights and what is GBV are inadequate.

The research found out that rural women and girls are more susceptible to poverty, inequality, injustice and exclusion in decision making which make them vulnerable to gender based violence. The study exposed other major causes of GBV such as poverty, patriarchal societies, socio-economic and harmful cultural practices which discriminate women resulting in them failing to contribute meaningfully at household level and within the community. As a result, women and girls have remained vulnerable to GBV.

The study learnt of some triggers of GBV which include quarrelling over money, lack of food in the home, lack of transparency on household matters, lack of communication and failure to show affection in relationships which are closely linked to poverty. It was found out that GBV has impacted negatively more on women than men. A patriarchal society that discriminates women from actively participating in key leadership roles has seen women taking part in peripheral positions in decision making such as secretaries and committee members of community development structures. Men occupy key positions such as the councillors, village heads and the chiefs. The village heads and chiefs are the custodians of the deep rooted cultural norms which promote inequality between men and women. This

inequality, created by the male dominated culture negatively affects more women than men and is one of the society's entrenched causes of GBV. The Nyanga community and Zimbabwe at large requires some deliberate, sustainable programmes that will strategically target the deep-rooted patriarchal systems to address the issue of GBV.

Upon studying the economic context of Nyanga, the research found out that the people of Nyanga rely mostly on farming. Land is therefore the main means of livelihood. There are a few livelihood alternatives other than working on the land as a result many women find themselves engaged in various income generating projects (IGPs) through the Rural Women Assembly (RWA) initiatives. Although the IGPs have improved the household income for many families, these ventures are not viable businesses, with poverty levels still remaining very high in Ward 15 of Nyanga. Many families in Nyanga are living way below the poverty datum line of US\$495 a month for a family of five people as measured by the Zimbabwe National Statistics Agency, (ZIMSTAT), September 2015. The study found out that the lowest paid RWA woman earns US\$5 a month while the highest earning woman gets US\$75 a month.

The study found out that, due to poverty, some families in Nyanga hide behind culture and religion to expose women and girls to harmful practices such as appeasing of spirits with virgin girls, forced early child marriages, forced wife inheritance, and virginity testing which have contributed to gender based violence. There is a strong link between the harmful cultural practices and poverty as women and girls are traded off for economic benefits in most cases.

The study showed that gender based violence is a major challenge in Nyanga District and in Zimbabwe at large and. The ZRP only captures four forms of GBV namely rape of adults, rape of juveniles, indecent assault and physical violence under domestic violence. This does

not mean that other forms of domestic violence, namely emotional and sexual are not happening. Physical violence is only the boiling point of emotional or sexual violence. This reveals that GBV is multifaceted and therefore requires thought through programming to deal with it.

The study discovered that women who are economically dependent on men are the most vulnerable with regards to the effects of GBV. Women in rural areas are more susceptible to GBV than those in urban areas. Those in urban areas have better access to information on GBV and they are closer to police stations. It was noted Nyanga has limited police stations which make women defenceless. The police stations are also inadequate in the other ActionAid operational areas and nationally. The study also found out that there are no safe houses for GBV survivors in Nyanga, which makes the women more exposed to GBV. It means many cases are not being reported because of the frustrations of having no-where to go when abused. The study also revealed that children, in particular orphans are vulnerable to GBV. It was however revealed that the vulnerability of women who depend on husbands for upkeep places their children in a difficult position especially when the mother marries another man. This means development interventions should target women to protect children from harm.

The study revealed that the bulk of the RWA members are older women. ActionAid partners implementing the RWA programme have introduced empowerment programmes to target younger women who are mostly affected by GBV associated with sexual reproductive health rights (SRHR) issues. From the 73 RWA group representatives who participated in the study, 12 have experienced GBV, which represents a 16.4% of the prevalence of GBV in Ward 15. Fifty more women comprising five groups of RWA members in Ward 15 did not participate in the study, suggesting that more women may have experienced GBV in Ward 15. This

therefore confirms the 20 women cited by the RWA ward chairperson to have experienced GBV in this ward which represents a 20% GBV prevalence among the 100 RWA female members in Ward 15. This evidences that GBV is an enormous challenge in Nyanga District and nationally as suggested by literature reviewed at national level.

The research observed that married women are more vulnerable to GBV than the widowed, single or divorced. All the 12 women who said they had experienced GBV are married and they continue to stay in abusive relationships despite the empowerment they have received from the RWA. This calls for a scrutiny on the effectiveness of the RWA in reducing GBV. However whether married, divorced, single or widowed, the various women present various levels of vulnerabilities to GBV and hence they all require targeted effective interventions to make their empowerment meaningful.

The study concluded that while the majority of women work on the land, men have more access and control over the land than women. The study also revealed that men are the decision makers at household level largely due to the patriarchal society that believes in the supremacy of men. However despite rural men continuing to make decisions at household level, rural women contribute more economically at household level through the RWA IGPs they are engaged in. Married women unlike the widowed have limited control over resources than widowed women. Although the bulk of the married women keep the money, they have limited control over it either, the study established.

Then study concluded that men own the valuable assets such as cattle while the majority of women own small livestock such as goats and chickens. Other small livestock include pigs. This confirms the inequalities between men and women. Among the women, single women are the poorest who own very few small livestock. The single women's resources are

controlled by their parents or the males, father, brother or ex-husband. This means that development programmes should also consider vulnerabilities of single women.

The scale of the social movement of RWA speaks volumes on the feasibility of the project. About 4 295 people, mostly women are now members of the RWA in the 8 ActionAid operational areas across Zimbabwe. The project has provided village and ward level lessons emulated within the ActionAid LRPs. It has been considered as the flagship structure of women empowerment within the ActionAid LRPs although it has limited resources to strengthen its operationalisation. The RWA has become the biggest community watch group which represents the ActionAid theory of change which pushes communities to take lead in solving their problems and hence a sustainable development initiative (ActionAid 2013). Despite the hiccups at national and regional level and the limited resources to run the project, the RWA has become a force to reckon with in particular on women empowerment and fighting GBV in Nyanga, Makoni, Hwedza and Nkayi where the RWA programmes are running.

The study has observed that the RWA economic empowerment programme has opened up new avenues of empowerment that have seen women's status within the home and the community changing for the better. For example the empowerment has increased women's self-esteem and confidence resulting in them participation in decision making within the household and in the community. However, a lot more can still improve. Women's access to drugs in particular for those living with HIV has improved because they can now afford to travel to clinics and hospitals that are far to collect their medication. The women are running nutritional gardens and this has also improved the health status of those living with HIV. The women attend ward, district, provincial and national level exhibitions to market their produce resulting in them have improved access to markets. However very few women have been able

to attend these exhibitions. A few women have attended national and regional RWA meetings and have shared their experiences with other women. However a few women have attended the exhibitions due to limited resources. At household level, the empowerment programmes for the RWA has seen some men respecting their wives because women have increased the household income. The RWA has also been used to educate women of their general rights as women and human beings.

The economic empowerment of women has enabled them to have access to information on markets, GBV and SRHR related information. Accessing information on SRHR reduces women's vulnerability to GBV as they have information. The empowerment of the RWA has seen an improvement on GBV reports to the police and within the community. The RWA has been used as safe space and security net for women as they comfort each other on GBV as they provide psychosocial support as peers. The RWA has seen some reduction in GBV experiences by married women to a small extent. The RWA structure, which is a critical community development force, requires strengthening in various ways for it to effectively reduce GBV and empower women holistically.

ActionAid and its partners have facilitated the formation of an estimated 421 RWA groups at village level comprising 4 295 members (the majority being women) in eight of ActionAid operational areas in Nyanga, Hwedza, Nkayi and Makoni districts of Zimbabwe. It was noted that 273 men out of the total membership of 4 295 RWA members are now members of RWA. This represents a 6.3% of the RWA represented. This simply means men, who are seeing the benefits of the RWA, are rallying to join women dominated social movements. However there are fears on whether or not the RWA objectives may be hijacked by men and if we will not see retrogression regarding working towards a correction of the historical inequalities we are trying to do by having men on the RWA meant for women only. While

male involvement is critical in making sure that the RWA effectively implements its programmes, having them as members could be a threat, as they may end up influencing decisions that may not necessarily promote women empowerment. Having an “all men” of RWA is a simple indication of competition between men and women and it should however be taken with caution. The RWA movement therefore requires clear guidelines on its membership and here is need to understand if men are welcome as members and what will their role be? Currently, there is no such guidance and this is mainly because as an institution, it has not constitution. Questions are being asked therefore; if it the RWA should be left as a women only movement and a safe space for women or men should also be members.

The study found out that ActionAid and its partners work in partnership with various other stakeholders such as the Ministry of Women Affairs, Gender and Community Development, the Ministry of Public Service, Labour and Social Welfare, the Zimbabwe Farmers’ Union and the Zimbabwe Republic Police in the fight against gender based violence and promotion of women empowerment. The government under the Zimbabwe National Gender Based Strategy, (2012-2015) made a commitment of to eradicate GBV and promote gender equality. The strategy seeks to improve the efforts of the government, civil society and other development partners to respond to GBV through a multi-sectoral, effective and coordinated response. The presence of the government and other stakeholders in the RWA programme is an indication of a multi-sector approach to holistically end gender based violence and a step in the right direction. Standardising the RWA structures and creation of monitoring and evaluations frameworks to measure the effectiveness of the RWA programme within government, the NGOs, the RWA structures themselves and at community level should be considered. The various stakeholders have supported the RWA initiatives, however there is

room for improvement on how they support as the backing is not systematic while resource constraints have also been an impediment.

The study exposed a top-down approach to the formation of the RWA structure, which is not in line with how social movements should be developed. The limited active participation of grass root women in the formation and launch of the RWA at regional and national level is a weakness of the social movement in itself. The flawed formation of the RWA resulted in various challenges that have impacted negatively on the empowerment of its members in particular those at grass root level. A leadership vacuum exists at national and at the regional levels. There has not been a substantive management to guide the operations of the entire movement. This has been mainly attributed to the absence of a constitution whose development can only be done from the RWA from the community level. Coupled to this, the RWAs have been facing challenges on fundraising because of a lack of constitution. Instead NGOs have taken over the running of the RWA instead of the communities taking lead.

The competition among NGOs implementing the RWA programme is another setback to the RWA and a cause for concern. The poor coordination of the RWA at national level has manifested itself in the conflicts of the NGOs. In addition while the work being done by the NGOs implementing the RWA programme is commendable, they may be criticised for implementing programmes that are a mere “piece meal” as they have only managed to scratch the surface concerning the empowerment of women and assisting GBV survivors rejecting GBV.

5.2 Recommendations

The research sought to shed light on the effectiveness of the Rural Women Assembly (RWA) empowerment programmes in reducing gender-based violence in Nyanga. It also aimed at

unearthing the drivers of GBV in Zimbabwe's rural areas with a particular focus on Nyanga Rural District and the levels of GBV in this area. The study also focused on looking at the strengths and weaknesses of the RWA initiatives in reducing GBV as it sought lasting solutions to fighting GBV in Zimbabwe.

The study found out that the major cause of GBV in Nyanga is poverty and oppressive patriarchal systems discriminating women to actively participate in decision making and to contribute meaningfully economically, culturally and socially at household level and within the community. GBV is still a problem in Ward 15 of Nyanga and elsewhere in Zimbabwe because of the following reasons:

- A domineering male dominated system discriminating women politically, economically, socially and culturally
- The economic empowerment of women is limited because the projects are not viable (have limited access to markets and access to financial resources for start-up capital)
- Women limited in terms of access and control of high value resources
- Participation in decision making for women is limited at both household and community levels
- Levels of conscientisation of women in terms of knowing their rights and what is GBV are still low

If the above are to be addressed, we can say there is a holistic empowerment of the RWA women and they will be able to reject GBV.

This study recommends that NGO programming should look at addressing poverty among women in a bid to reduce their dependency on men and ultimately reduce GBV. Addressing poverty issues will also mean a reduction in the number of girls that are sold off to marry

older men to address a family's economic need. Although the RWA programmes are already empowering women economically, the programmes have not been able to eradicate poverty in Nyanga. For example all the questionnaire respondents' earnings are way below the poverty datum line. Communities in Nyanga require viable alternative livelihood options other than working on the land only which is the mainstay of livelihood there. For example the RWA could explore value addition projects such as drying vegetables instead of selling them as fresh produce which have lower value and are perishable. Value addition and beneficiation is one of the four pillars of the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET) policy document for 2013-2018 and is touted a sustainable means of development (Ministry of Finance and Economic Development, Zimbabwe, 2013).

Women require viable income generating projects so that they can make choices of whether to leave or stay in abusive relationships. There is need to intensify the existing IGPs so that the women run meaningful projects that can help them in rejecting GBV. The biggest criticism of some NGO development initiatives has been that of *"keeping people busy for nothing"* without addressing the structural causes of poverty that make women vulnerable to GBV. Women in Ward 15 are running IGPs which are not "so viable" because they injected little money to start the projects due to limited resources. NGOs should introduce revolving funds or start up grants for the RWA so that they run meaningful IGPs. What the ActionAid partners are currently doing is the "software" support in form of trainings, which ActionAid considers as a sustainable way of implementing development initiatives. However there is need to balance between the "software" and the "hardware". For example provision of funds to boost the RWA and at the same time providing training on how to respond to GBV and run empowerment programmes is a combination of both "software and hardware" support.. Such

initiatives can be implemented to benefit many women, however all should be done taking into consideration there is no promotion a donor syndrome.

Access to markets is one of the challenges facing the RWA. The women require linkages with district, provincial and national markets such as exhibitions and exchange visits. For example participation in the Harare Agricultural Show and food fairs at national level women can find worthwhile markets. Currently the RWA are participating in village and ward level exhibitions only. A few of the RWA members have participated in provincial and national exhibitions because of limited resources. More exchange visits benefitting more women can also assist the women in learning best practices from other women.

The study revealed that GBV is multi-dimensional; therefore interventions should not only concentrate on physical violence or rape, which are the ones most captured by the police. It is better to address emotional violence before a matter turns violent (physical). RWA members should be well equipped with information on GBV for them to be able to deal with the various forms of GBV. In addition men and other community leaders should also receive capacity building on GBV as allies of the RWA programmes. The study revealed that some RWA members, who faced emotional or sexual violence, regarded these as something normal due to lack of information. This calls for more education on GBV itself within communities. In addition RWA structures should be provided with clear guidelines on how to monitor GBV and how to evaluate the impact of their interventions with regards to reducing GBV. From the study, it was revealed that the impact made by RWAs on GBV issues was mainly on increased reporting but the effect in reducing GBV is minimal.

To reduce rural women's vulnerability to GBV, the ZRP should use the revenue they collect from their income generating projects to build more police bases so that women are not travelling long distances to report GBV. In addition organisations such as Musasa Project,

church institutions and other civic society organisations should complement government efforts in ensuring that there are safe houses for survivors of GBV in strategic positions. However, to reduce donor dependency, communities should use structures such as the RWA groups to mobilise local resources in ensuring that safe houses and police posts are built. For example communities can mobilise for bricks while donors and the government can support communities with cement and roofing material. This promotes community ownership of the programme and a sustainable means of development as communities are taking active lead in the development of their community.

The study revealed various levels of vulnerability among RWA female members, the married, divorced, single, widowed, young and old. Quality programming and effective implementation is only possible when there is targeted programming because it is specific to needs. For example there should be specific programming for the younger RWA members, while there should be clear-cut programming for the married RWA members. This enables the programme to meet specific needs of a group because it will address the issues that make them vulnerable. For example running sexual reproductive health rights training for young women, who have been revealed are more vulnerable to SRHR related GBV. Blanketing the RWAs as a homogeneous group may not work. In the case of married women, the research revealed that women who were married were affected by GBV more than the single, divorced or the widowed women. Programmes targeting couples could be beneficial to the married women as we seek to reduce GBV.

Single women also have their own type of defencelessness. They do not own the means of production such as cattle, which makes them exposed to societal patriarchal systems that may take advantage of them resulting in them facing GBV. This means targeted programming should look at the single women and assist them in their area of weakness so that they are not

affected by GBV. The study revealed that more men controlled high value assets than women. There should be efforts by the RWA programme to promote women's access to high value assets such as cattle. This increases women's bargaining power they are empowered economically according to Heath (2012). Heath postulates that husbands of women who have higher baseline bargaining power cannot resort to domestic violence since their wives have the ability to leave the violent marriages. In line with Heath's argument, empowering the women economically would work, although this study could not conclusively determine the effectiveness of economic empowerment on reducing GBV because the RWA programme is not a holistic empowerment programme socially and economically. In addition women living with disabilities were singled out as one of the vulnerable groups among women. Both economic and GBV related programmes should also do targeted programming towards women living with disability who are taken advantage of by men in the community as they "help them satisfy their sexual libidos" "*(vakadzi zvirema vanobatsira varume vane hawi yekuda bonde munzvimbo)*".

One of the deep rooted causes of GBV is the promotion of harmful cultural practices that are endorsed by patriarchal gender norms which oppress women and girls. This study recommends that in addition to intensifying economic support to women, communities should invest in the education of the girl child so they have options of not being used as "sacrificial lamps" and are forced to marry older men for the economic benefit of their families. Chances of a family taking a girl who is educated to marry an older man for the purposes of meeting religious or cultural practices are slim. The RWA programmes therefore, should target paying fees for more girls from the funds they have put together to support community.

In addressing the deep rooted cultural and religious norms which prevent women from actively participating in decision making at household, community, district and ultimately national level, the study proposes a strategic engagement of the custodians of culture and religion by the Rural Women Assembly. The research recommends that the RWA be used as a community change agent to work towards changing community perceptions and cultural and religious practices that discriminate women on actively participating in various development aspects. The RWA in Ward 15, are slowly getting the trust of village heads who consult them on GBV issues and such relations should continue to be nurtured.

The RWA engagement with traditional leadership should not be confrontational but should seek to make the caretakers of culture and religion, the RWA programming allies. The involvement of these should take two forms, namely medium and long term. The medium term programme should look at the NGO programming which should target community development structures dominated by men such as the Village Development Committees, village heads, councillors and local members of Parliament. The medium term programming should also seek to influence national level leadership such as other members of parliament, other non-governmental organisations and other social movements to create a strong RWA association. The long term programme should earmark traditional and religious leaders such as chiefs and apostolic church leaders. The chiefs and religious require long term programming because of their complex nature. They are on the highest level in terms of preservation of cultural and religious norms which promote the discrimination of women and therefore influencing them may not take over night. It is however an uphill task to influence traditional chiefs, for example trying to influence a “spirit medium” who proclaims the next heir or chief through a trance (kusvikirwa) or a prophet who prophesizes that a 12 year old girl should marry a 70 year old man from the apostolic church sect. The traditional leadership

lineage is so rigid to an extent that it is pre-determined on who is the next man in line for leadership.

Closely linked to the engagement of the gatekeepers of culture and religion, is a deliberate effort to actively involve men as allies of the RWA programme. Right now male involvement is limited. What we are having instead are a few men that are coming to join the RWA as competitors to the female RWA representatives. The RWA itself came into being to correct historical imbalances between women and men created by a patriarchal society. RWAs should be a safe space for women to deliberate on their issues. If men want their own structure, they can start a “Rural Men’s Assembly”. More men should be trained in GBV and gender issues outside the RWA structure other than them joining as RWA. Husbands for example should support their wives when they go to RWA programmes instead of them “brushing” the activity as a mere “women’s thing” a perception some men have over women’s rural initiatives. The study revealed that gender empowerment programmes are considered as women’s issues at community level because of lack of information on gender issues on the part of some members of the community. This is also so because those providing gender programmes have been reaching out mostly women and leaving out men.

Targeting the male dominated systems such as the VIDCO, the traditional leaders and men is expected to see a promotion of gender sensitive programming that will address issues of discrimination of women and exclusion in decision making and economic empowerment. At household level, targeted husbands will support their wives once they understand the importance of gender equity. Targeting village heads in gender mainstreaming means more land being released to women if they implement programmes that seek to address the historical injustices on access and control of land.

This research proposes that there be a standardisation of RWA initiatives from village to regional level. This calls for the strengthening of the RWA structures. Within the ActionAid operational areas, each partner is facilitating the formulation of the RWA structures. However there are no clear regulations on how the movement should work, how many women and whether or not men should be part of the structures. There are no modules in place on how the movement should operate and neither are there clear strategies of the RWA movement specifying the mission, vision and objectives. The research recommends the setting of targets to lead the pressure group into coming up with monitoring and evaluation (M and E) frameworks and help in measuring the effectiveness of the programme. M and E can provide the important feedback on the effectiveness of the programme and will need to be undertaken according to agreed indicators.

There is need for improved coordination and communication between the community-based RWAs and the RWA national interim for an effective running of the programme. Eventually a substantive national leadership should be in place with active involvement of the community level RWAs. Coming up with a constitution led from grass root level can assist the legitimisation of the social movement. This research recommends that NGOs implementing the RWA programmes should stop competing among themselves and direct their efforts on assisting communities and help in eradicating poverty. NGOs should be independent, flexible, non-profit peoples' organisations working for or assisting in the empowerment of economically and socially marginalised (William, 1991). According to Aneither (2005), NGOs are organisations committed to the root cause of problems trying to better the quality of life especially for the poor, the oppressed, the marginalised in urban and rural areas.

In the RWA programmes, while stakeholders have been integrally involved, there has not been meaningful and effective stakeholder participation, in particular on resource fundraising for the implementation of the RWA and the work around GBV reduction in Nyanga. This research recommends that there be a well-coordinated stakeholder resource mobilisation efforts involving various stakeholders, for example engaging Musasa project to support the in the establishment of safe houses for GBV survivors in Nyanga.

5.3 Chapter Conclusion

This chapter focused on the conclusions, recommendations and summary of the study. Conclusions and recommendations in connection with how the RWA structures can be effective in economically empowering women to help in fighting GBV were highlighted. The chapter highlighted the conclusions and recommendations obtained from respondents and observations from the group under study. When I embarked on the research to see the effectiveness of the RWA in reducing GBV, I had objectives to achieve. Conclusively, after the research, the study successfully met the research objectives.

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APPENDIX A: QUESTIONNAIRE (ENGLISH)



Dear Research Participant

My name is Takaitei Bote and I am a Master of Arts Degree student with Midlands State University. As part of the programme requirements, I have to carry out a research related to development. Therefore, I have decided to carry out the research entitled: **“The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case Study of the Rural Women Assembly (RWA) initiatives in ward 15 of Nyanga District, Zimbabwe”**.

I am kindly requesting for your assistance in completing this questionnaire. All the information you will give will be treated with strict confidence and will solely be used for academic purposes only. I would appreciate it if you answer the following questions to help me measure the effectiveness of the RWA initiatives in Zimbabwe in reducing gender based violence. Please indicate N/A where it does not apply to you.

Section 1: Demographic information

- a. What is the Age of Interviewee:.....
- b. What is the sex of the Interviewee.....
- c. What is your marriage status i.e (Married, divorced, widowed, living with partner but not married, single/never married.....)
- d. If married what type of marriage is it? Customary, or Chapter 5.11 (Magistrate Court) or Chapter 5.12 (church, marriage bans).....
- e. How long have you been married, widowed or divorced (.e, g since 2014, or a year ago. only answer if it applies to you).....
- f. How many children do you have, please indicate how many female and males and how many children you stay with.....
- g. What is your location (Village, Ward and District).....
- h. What is your Employment or form of livelihood e.g. farmer, cross border and how much do you earn per month.....
- i. What is the employment of your spouse/partner or form of livelihood and how much does he earn per month.....
- j. What is your community role e.g. village health worker
- k. Religion .e.g. Christian, Non-Christian.....
- l. If Christianity is your religion what is your church denomination? E.g Johane Masowe. Does your husband go to the same church. If no which church or religion is he?

Section 2: Household dwellings, assets, ownership, gender and work

- a. What type of dwellings do you live in e.g brick houses, pole and dagga huts.....
- b. How many are the brick houses and how many are the huts?.....
- c. Who owns the house/s and why.....
- d. What is the size of your agricultural land?.....
- e. Who owns the land and why.....
.....
- f. Do you have access to the land, If No explain why?.....
.....
- g. Who works in the field .e.g indicate who does the ploughing, cultivating, weeding and why.....
.....
- h. Who keeps the money earned by both of you and your spouse within the household and why.....
.....
- i. Do you budget together with your husband/partner. If No, explain why.....
.....
- j. Do you have a situation when the husband keeps his own money and you keep your own money. If Yes.... Please say why.....
.....
.....
- k. What kind of livestock and poultry does your family have. i.e cattle, goats, sheep etc, please provide the numbers?.....
.....
- l. Which of the livestock do you own personally and how many.....
.....
- m. Who owns the livestock and poultry which are not owned by you in your family and why is it so?.....
.....
- n. Are there any other household assets/produce which you own personally? Please specify?.....
.....
- o. Who does the reproductive work such as care and maintenance of household and its members, including washing, child bearing and family nursing, cleaning. E.g. is it father, mother, girl child or boy child and why?.....
.....

Section 3- Decision making

- a. Generally who makes decisions within the household and state why this person makes decisions and indicate the type of decisions.....
- b. Provide a hierarchy of decision makers within your household from the top (highest decision maker) to the lowest decision maker using the following as example within your household. Please organise starting with the highest and ending with the least decision maker e.g Father, Mother, boy child and girl child.....

Section 4: Gender Based Violence

- a. **Spousal emotional violence:** Have you ever been humiliated or threatened with harm or insulted or made to feel bad by husband/partner? Yes or No.....
- b. **Spousal sexual violence.** Have you ever been physically forced into unwanted sex or forced into other unwanted sexual act or physical forced to perform sexual acts any husband/partner Yes or No
- c. **Spousal Physical Violence:** Have you ever been pushed, shaken or had something thrown at you, or slapped or punched with fists, or hit by something or kicked or dragged or strangled or burnt or threatened with a knife/gun or other weapon or hair pulled or arm twisted by partner/husband? No.....
- d. **Any spousal gender based violence:** Have you ever experienced physical, sexual or emotional violence from a husband/partner
- e. **Women’s attitude towards wife beating/GBV.** Do you blame yourself for being beaten or facing any other form of violence. If yes, tell us why and if no, do you blame your husband/partner and why.....
- f. From your own understanding what are the causes of the various forms of GBV within you household?.....
- g. Even if you have not experienced GBV, is GBV rampant in your area. Who is the most affected and what are the causes?.....

Section 5: Impact of the Rural Women Assembly project

- a. Are you a member of the RWA project, for how long and what is your role.....
- b. Please describe your situation before being part of RWA project work with regards to the following:
 - access and control of assets
 - decision making.....
 - household income.....

-work in the home.....
respect by the husband.....
GBV.....
-any other situation
.....

c. Please tell us why you joined the RWA project.....
.....

d. How have you been engaged in the RWA project? What activities have you been engaged in?.....
.....

e. Describe the situation after the RWA intervention (the most significant change) with regards to the following:
-access and control of assets.....
-decision making.....
Has household income increased, how much per month and what is your contribution?

-work in the home.....
-respect by the husband.....
GBV.....
.....
-any other change or negative situation

f. Describe the role played by the RWA group members in addressing your challenges (if any) with regards to the following:
access and control of assets.....
-decision making.....
Has household income increased, how much per month and what is your contribution?

respect by the husband.....
.....
GBV.....
.....
-any other issue
.....

g. What did you do regarding the GBV challenge you are facing as an individual (If any).....
.....

h. Describe the support provided by FACT Nyanga in addressing your challenges with regards to the following:
-access and control of assets.....

-decision making.....

- Has household income increased, how much per month and what is your contribution?

.....

GBV.....

-any other support from FACT Nyanga.....

.....

j. Have you participated in exchange visits to other RWAs in other wards , districts and nationally and what have been the advantages of meeting other RWAs.....

.....

ist the activities you been engaged in at district, national, regional and internationally with regards to the RWA project.

How have these activities strengthened the RWA

Project?.....

h. Describe the role played by other stakeholders, men, other women, community, village heads, local authorities, Ministry of Gender, and like-minded organisations in addressing your challenges (if any) with regards to the following:

-access and control of assets.....

-decision making.....

Has household income increased, how much per month and what is your contribution?

.....

GBV.....

-any other support.....

h. Do you think the RWA initiative managed to reduce GBV or it increased it within your household and why.....

.....

i. What are the strengths of the RWA project in general.....

.....

j. What are the weaknesses of the RWA project in general.....

.....

k. What are your recommendations in which women empowerment initiatives can help in reducing GBV in Zimbabwe?.....

.....

l. Suggest any other interventions which can help reduce GBV in your area.....

m. Any other issues you may want this researcher to know:Ends

APPENDIX B: QUESTIONNAIRE (SHONA)



Dear Research Participant

Zita rangu ndinonzi Takaitei Bote. Ndiri kuita zvidzidzo zve Master of Arts Degree ku Midlands State University. Kuti ndipezve zvinodiwa nezvidzidzo izvi, ndinofanira kuita tsvakurudzo inoenderana nezvidzidzidzo zva ngu. Saka ndiri kuita tsvakurudzo inonzi : **“The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case Study of the Rural Women Assembly (RWA) initiatives in ward 15 of Nyanga District, Zimbabwe”**.

Ndinokumbira mupindure mubvunzo inotevera. Zvese zva muchapindura zvichachengetedzwa uye hazvisi kushambadzwa kuruzhinji. Musanyora zita renyu. Nyorai kuti N/A kana mubvunzo usina nechekuita nemi.

Section 1: Demographic information

- m. Makore enyu:.....
- n. Muri muka dzi kana murume.....
- o. Nyaya dzewanano (Makarooa here, makasiyana nemurume here, Shirikadzi, hamuna kuwanikwa/ single.....
- p. Kana makawanikwa, makawanika nenzira ipi? Customary, or Chapter 5.11 (Magistrate Court) or Chapter 5.12 (church, marriage bans).....
- q. Mava nenguva yakareba sei mawanikwa, masiyana nemurume kana muri shirikadzi (.e, g kubva muna.....
- r. Mune vana nevazukuru vangani. Vechikadzi kana vechirume vangani. Munogara nevangani.....
- s. Mune vamwe vana here kana vanhu vakuru vasiri va na venyu vamunogara navo muchichengeta uye vangani.....
- t. Munogara kupi (Village, Ward and District).....
- u. Munoita basa rei kana nzira dzekurarama nadzo e.g. Murimi. Uye munowana mari yakadini pamwedzi, kana kangani pagore iri marii.....
- v. Murume wenyu anoita basa rei rekuti mhuri irarame uye a nowana marii pamendzi, kana kuti kangani pagore iri marii.....
- w. Munoitei munharaunda menyu kubatsira va mwe, semuenzaniso wekuti muri a mai hutsanana.....
- x. Munoenda here kusvondo kana ha muendi

- y. Munopinda svondo ipi kana muchienda kusvondo E.g Johane Masowe. Murume wenyu anopinda svondo yenyu. Kana asingapinde anoenda kusvondo kupi kana kuti haasi mukirisitu.....
.....

Section 2: Household dwellings, assets, ownership, gender and work

- h. Munogara dzimba dzakadini in e.g dzezvidhinha ingani uye dzakawakwa nemapango nehuswa ingani
- i. Ndiani muridzi wemba uye nei ari muridzi.....
- j. Munda wenyu wekurimira wakakura sei e.g hectare or acres
- k. Ndiani muridzi wemunda uye nei ari muridzi.....
.....
- l. Munobvumidzwa kushandisa munda here. Munoushandisirei. Kana musingabvumidzwe, tiudzei nei musingabvumidzwe.....
.....
- m. Ndiani anoita zvinotevera .e.g kurima negejo, kukaruveta, kusakura . Nei iri riri basa ravo.....
- n. Ndiani anochengeta mari yemumba menyu uye nei munhu iyeye achichengeta mari iyi?.....
- o. Munoronga pamwe chete here nemurume wenyu panyaya dzemari. Kana zvisingaitike nei zvakadaro.....
- p. Munoita mazvake mazvake here mumba menyu. Murume achichengeta mari yake, mukadzi yake. Kana zvirizvo, nei zvakadaro..
.....
- q. Mune zvipfuyo zvakaita sei pamba penyu e.g mombe, mbudzi, makwayi, madhadha kana huku. Zvingani
- r. Ndiani muridzi wezvipfuyo izvi. Zvenyu zva munoti zvenyu ndezvipi
- s. Ndezvipi zvimwe zvepamba zvingadaro zvirizvo zvekurimisa kana midziyo zva munoti ndezenyu imi mbune.....
.....
- t. Ndiani anoita basa repamba rakafanana nekuona kuti munhu wese adya here vana vakashambidzika here nekuvageza, kuwacha nekutsvaira Nyorai kuti ndiaamai, mwanasikana kana mwana komana kana baba. Nei vanhu va mataura vachiita basa

Section 3- Decision making

- c. Ndiani anodzika mutemo mumba menyu uye nei achibvumidzwa kudaro.....
.....
- d. Kuvanhu vanotevera ndiyani anodzika mutemo mumba menyu kubvira ane masimba epamusoro kusvika wekupedzisira. Tangai ane masimba akawanda muchidaro kusvika kune wekupedzisira asina masimba e.g , Baba , Mai, mwanakomana, mwanasikana ..
.....

Section 4: Gender Based Violence

- h. **Spousal emotional violence:** Makambonya dziswa, kutukwa pakazara vanhu kana pane vana kana kushorwa nemurume wenyu Kana zvakamboitika izvi nei murume wenyu achikudaro.....
.....

- i. **Spousal sexual violence.** Makambomanikidzwa kuenda pabonde here nemurume wenyu musingade chero kuitiswa zvimwe zvinhu zvine chekuita nepabonde
- j. **Spousal Physical Violence:** Makambosaidzirwa here, kana kutemwa nechimwe chinhu, kurohwa mbama kana chibhakerwa, kana kurohwa bhutsu, kuzvizvurudzwa, kudzipwa, kupiswa, kunongedzerwa nebanga kana pfuti , kudonzwa bvudzi kana kumonyorodzwa ruoko.. Kana zvakamboitika izvi nei murume wenyu achikudaro.....
- k. **Any spousal gender based violence: Makamboshungurudzwa nedzimwe nzira here nemurume wenyu uye makashungurudzwa sei**.....
.....
- l. **Women’s attitude towards wife beating/GBV.-** Munombozvipa mhosva here yekurohwa kwamunoiwa kana kushungurudzwa Kana muchizvipa mhosva nei muchidaro.....
.....
Kufunga kwenyuchii chinokonzera kushungurudzana mumba menyu?.....
.....
- m. Chero musina kumboshungurudzwa henyu kufunga kwenyu dambudziko rekukushurudzana mudzimba ririko here. Rinonyanya kuitika kuvakadzi here kana kuvarume uye rinokonzerwa nei. Even if you have not experienced GBV, is GBV rampant in your?....
.....

Section 5: Impact of the Rural Women Assembly project

- n. Muri nhengo yeRWA here . Mave nenguva yakareba si muri nhengo uye munechinnzvimbo chei muRWA.....
.....
.....
- o. Tsanangurai kuti hupenyu hwenyu hwanga hwakamira sei musati mava nhengo yeRWA tichitarisa zvinotebera :
Access and control of Assets:-Kubvumidzwa kushandisa kana kuva muridzi wezvinhu zvepamba zvakaita semunda, zvipfuyo.....
Decision making-kutungamira kutara mutemo mumba
.....
- mari yamunobata kana yemumba menyu kubva mumabindauro enyu.....
-basa repamba.....
Kuremekedzwa nemurume.....
.....
Nyanya yekushungurudzwa.....
.....
-Zvimwe
.....
- p. Nei makabatana nevamwe kuva nhengo yeRWA.....
.....

Ndiudzei zvirongwa zvamunoita senhengo yeRWA (activities).....

q. Tsanangurai zvashanduka muupenyu hwenyu kubvira mave nhengo yeRWA:

Kubvumidzwa kushandisa kana kuva muridzi wezvinhu zvepamba zvakaita semunda, zvipfuyo.....

- kutungamira kutara mutemo mumba.....

Mari yemumba menyu yawanda here, yave marii pamwedzi kana pagore. Imi mune chekuita here nekuwanda kwemari yemumba menyu kana zvimwe zvakana zvakashanduka

-Basa remumba repamba rawanda here kana rave shoma.....

Murume wenyu ave kukuremekedzai here kana kuti haasi

- Nyaya yekushungurudzwa yakamira sei

Chii chimwe chashanduka muzvakanaka kana zvisina kunaka

r. Tsanangurai kuti dzimwe nhengo dzeRWA dzakakubatsirai sei kunyanya panyaya dzekushungurudzwa.....

s. Sedungamunhu makaiti nenyaya yekushungurudzwa kama makamboshungurudzwa

t. . Tsanangurai kuti sangano reFACT Nyanga rakakubatsirai sei senhengo yeRWA kunyanya pazvinotevera:

Access and control of Assets:-Kubvumidzwa kushandisa kana kuva muridzi wezvinhu zvepamba zvakaita semunda, zvipfuyo.....

Decision making-kutungamira kutara mutemo mumba.....

- mari ya munobata kana yemumba menyu kubva mumabindauro enyu.....

Nyanya yekushungurudzwa.....

-Zvimwe zvakadzidziswa kana kubatsirwa neFACT Nyanga

u. . Makamboendawo here kumaexchange visit ekuti musangane nemamwe maRWA kumamwe maWards, Districts, dzimwe Nyika. Kana makaenda ndekupi kwamakaenda

v. Zvii zvimwe zvakaita zveRWA pamwe nemamwe maRWA kumamwe maWards, District, National kana kune Dzimwe nyika. Zvabatsirei kuwandudza chirongwa cheRWA.....

w. Tsanangurai vamwe vanobatsira maRWA vakaita sevarume, ana sabhuku, Councillors, veMinistry of Gender panyana yekukurudzira vakadzi vave nezvinotevera.....

Access and control resources: Kuva varidzi ve munda:.....
.....

-Kuti madzimai achiwanikwa ari vatungamiri munharaunda menyu.....

-Kunyaya dezkushungurudzwa

kwemadzimai.....

-Zvimwe zvakabatsiwa.....

- x. Kufunga kwenyu chirongwa cheRWA chiri kubatsira kuderredza kushungurudzwa kwemadzimai here kana kuti kwete. Kana mukati chiri kukonzera kuwedzera kushungurudzwa kwemadzimai, tsanangurai kuti nei madaro.....
.....C
hirongwa cheRWA chiri kunyanyogona papi.....
.....
- y. Chirongwa cheRWA chiri kutadza papi.....
- z. Zvii zvamungakurudzire kuti maproject ekusimudzira madzimai aite muZimbabwe kuti apedze dambudziko rekushungurudzwa kwemadzimai?.....
- aa. Taurai zvimwe zvingaitwe kupedza dambudziko rekushungurudzwa kwemadzimai.....
.....
- bb. Zvimwe zvamunganda kutaura:Ends.....

APPENDIX C: INTERVIEW GUIDE FOR STAKEHOLDERS



Key Informant Interview Guide- Stakeholders- Village heads, Councillors, Police, Ministry of Women Affairs, ZFU

My name is Takaitei Bote and I am a Master of Arts Degree student with Midlands State University. As part of the programme requirements, I have to carry out a research related to development. Therefore, I have decided to carry out the research entitled: **“The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case Study of the Rural Women Assembly (RWA) initiatives in ward 15 of Nyanga District, Zimbabwe”.**

I am kindly requesting for your assistance in completing this questionnaire. All the information you will give will be treated with strict confidence and will solely be used for academic purposes only. I would appreciate it if you answer the following questions to help me measure the effectiveness of the RWA initiatives in Zimbabwe in reducing gender based violence. Please indicate N/A where it does not apply to you.

1. Name of Informant
2. Sex of Informant
3. Name of Organisation
4. Position within the organisation
5. Areas of operation, wards, district.....
6. How rampant is GBV in your area and who is more affected and why.....
7. What are the major causes of GBV in your area
8. What are your organisational strategies in reducing GBV?
9. What other strategies with regards to women empowerment can you suggest that can help reduce GBV
10. Have you ever interacted with RWA projects
11. How is your organisation/Ministry/ working with RWA s projects in your area
12. How are the RWA programmes in your operational area linking with other RWAs at Ward, District, national, regional and international levels and how have this strengthened the RWA groups
13. The RWA is a programme launched at regional level, how have you assisted the RWAS to link the RWAs in Nyanga with the regional stakeholders, national and District If not, why not. If yes how has this strengthened the programme

14. If you are not linking the RWA groups with other RWAs at Ward, District, national, regional level, tell me why are you are not doing so
15. How have you worked with the RWAs in a bid to influence development policies in your area, ward, district, national or regional;
16. What are the strengths and weaknesses of the RWA projects in reducing GBV
17. How effective have the RWA programmes in your operational areas been in reducing GBV. From your analysis has GBV reduced or increased and why do you say that. Provide some evidence if possible
18. How have the RWA programmes assisted women to access and control resources such as land and money
19. How have the RWA programme assisted women with regards to participation in decision making at household and community level
20. How does your organisation work with other stakeholders such as Ministry of Gender, like minded organisations, FACT Nyanga with regards to GBV issues
21. Which organisations have you directly worked together regarding the RWA project, locally, at District level, nationally, regionally and internationally?
22. The RWA project in Zimbabwe was launched nationally, how effective has it been in promoting women empowerment as a women's movement
23. How is the RWA programme influencing national development goals
24. How have you engaged men as allies to help in reducing GBV or you have not? If you have not why
25. How have you engaged traditional leaders in helping to reduce GBV in your area
26. What are the recommendations in which women empowerment initiatives can help in reducing GBV in Zimbabwe
27. Any other recommendations on how GBV can be reduced in Zimbabwe

APPENDIX D: INTERVIEW GUIDE FOR NGOS IMPLEMENTING RWA



Key Informant Interview Guide- NGOs Implementing RWA programmes

My name is Takaitei Bote and I am a Master of Arts Degree student with Midlands State University. As part of the programme requirements, I have to carry out a research related to development. Therefore, I have decided to carry out the research entitled: **“The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case Study of the Rural Women Assembly (RWA) initiatives in ward 15 of Nyanga District, Zimbabwe”**. I am kindly requesting for your assistance in completing this questionnaire. Please answer against each question and provide an electronic answer. I will however follow up with you for an in-depth interview. All the information you will give will be treated with strict confidence and will solely be used for academic purposes only. I would appreciate it if you answer the following questions to help me measure the effectiveness of the RWA initiatives in Zimbabwe in reducing gender based violence. Please indicate N/A where it does not apply to you.

1. Name of Informant
2. Sex of Informant
3. Name of Organisation
4. Position within the organisation
5. Areas of operation, wards, districts
6. How many RWA groups is your organisation supporting, comprising how many women and how many men?.....
7. When did you start the RWA programmes.....
8. Objectives of RWA programme
9. What are the main activities for the RWA programme.....
10. How rampant is GBV in your area and who is more affected.....
11. What are the major causes of GBV in your area.....
12. What are your organisational strategies in reducing GBV?.....
13. What other strategies with regards to women empowerment can you suggest that can help reduce GBV.....

14. How are the RWA programmes in your operational area linking with other RWAs at Ward, District, national, regional and international levels and how have this strengthened the RWA groups.....
15. The RWA is a programme launched at regional level, how have you linked the RWAs in Nyanga with the regional stakeholders, national and District If not, why not. If yes how has this strengthened the programme.....
16. If you are not linking the RWA groups with other RWAs at Ward, District, national, regional level, tell me why are you are not doing so.....
17. Which organisations have you directly worked with regarding the RWA project, locally, at District level, nationally, regionally and internationally?.....
18. What is your relationship with ActionAid and what support to you receive with regards to RWA programmes.....
19. The RWA project in Zimbabwe was launched nationally, how effective has it been in promoting women empowerment as a women's movement nationally, regionally, locally.....
20. How is the RWA programme influencing national development goals in particular for women empowerment.....
21. What are the strengths and weaknesses of the RWA projects in reducing GBV.....
22. How effective have the RWA programmes in your operational areas been in reducing GBV. From your analysis has GBV reduced or increased and why do you say that. Provide some evidence if possible.....
23. How have the RWA programmes assisted women to access and control resources such as land, money. Please provide some statistics as evidence if possible.....
24. How have the RWA programme assisted women with regards to participation in decision making at household and community level.....
25. How does your organisation work with other stakeholders such as Ministry of Gender, like minded organisations with regards to GBV issues.....
26. How have you engaged men as allies to help in reducing GBV or you have not? If you have not why. How effective has been the involvement of men in RWA projects.....
27. How have you engaged traditional leaders and other local leaders in helping to reduce GBV in your area.....
28. What are your recommendations in which women empowerment initiatives can help in reducing GBV in Zimbabwe
29. Any other suggestions on how GBV can be reduced.....

APPENDIX E: LETTER TO REQUEST RESEARCH AUTHORISATION FROM NYANGA DISTRICT ADMINISTRATOR



The District Administrator

Nyanga District

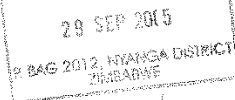
29 September 2015

My name is Takaitei Bote and I am a Master of Arts Degree student with Midlands State University. As part of the programme requirements, I have to carry out a research related to development. Therefore, I have decided to carry out the research entitled: **"The Effectiveness of Rural Women Empowerment Programmes in Reducing Gender Based Violence in Zimbabwe: The Case Study of the Rural Women Assembly (RWA) initiatives in Ward 15 of Nyanga District, Zimbabwe"**.

I am kindly requesting for your authorisation to conduct the research in Nyanga. I will interview Rural Women Assemblies (RWA) groups, selected village heads and councillor in Ward 15 and key stakeholders such as Ministry of Women Affairs, Gender and Community Development, the Zimbabwe Republic Police Victim Friendly Unit, Department of Social Services, Zimbabwe Farmers Union and the FACT Nyanga. All the information that will be obtained from the research will be treated with strict confidence and will solely be used for academic purposes only.

Yours Sincerely

Takaitei Bote



No objection

APPENDIX F: GBVAND RWA WARD 15, NYANGA PICTURES




A Ministry of Health and Child Care and United Nations Population Fund billboard at Mushumbi Shopping Centre, Mbire District, Zimbabwe, February 2015



Women's University students protest march against gender based violence on 19 May 2014 in Harare in memory of their colleague Isabel Masuka who was murdered by her husband in April 2014. Picture from In Memory of Isabel Masuka Public Facebook Group.

WOMEN'S UNIVERSITY IN AFRICA
Addressing Gender Inequality & Promoting Equity in University Education



ISABEL MASUKA
6 AUGUST 1974 - APRIL 19 2014
SAY "NO!" TO GENDER BASED VIOLENCE. JOIN THE MARCH AGAINST GENDER VIOLENCE

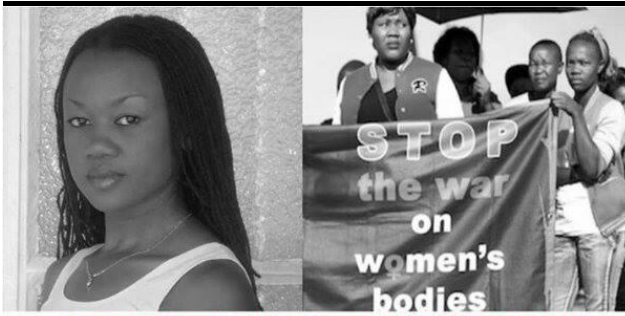
The Women's University in Africa students supported by the Women Film Makers of Zimbabwe will engage in a protest march against Gender Based Violence on **Monday 19 May 2014**, in memory of their colleague Isabel Masuka. She was murdered by her husband on the 19th of April 2014.

The Protesters will march from Africa Unity Square to the University's Mt Pleasant Campus, Corner Upper East and Brighton Road from 0900hrs. They will then be addressed by the Minister of Women Affairs, Gender and Community Development Honourable Oganku Muchinguri. Over 20 Civic groups have joined the WUA Students in solidarity.

Support the cause by joining the march and adding your voice to the fight against Gender Based Violence.

For more information visit the university website www.wua.ac.zw or call 04-332131/2/3

WEAR BLACK IN SOLIDARITY



**SAY NO! TO GENDER BASED VIOLENCE. RISE UP AGAINST ABUSE
JOIN IN THE MARCH @ 0900 AFRICA UNITY SQUARE 19TH MARCH 2014**

Posters to advertise the protest march against gender based violence on 19 May 2014 and in memory of Isabel Masuka.



The Logo of the Rural Women Assembly



Thandiwe Mutsenge, a member of the RWA group from Muwi Village, Ward 15 Nyanga, displaying the purpose of the RWA programme and standing near a pig sty, 29 September 2015



Mrs Manyawu, the RWA chairperson for Ward 15 showing some of the IGP's she is running under the RWA project. To the right, are women selling various produce at Tombo 1 township in Ward 15, Nyanga District, 29 September 2015



To the left, a woman selling cabbage at Tombo 1 Township in Ward 15 of Nyanga District and to the right a woman selling clothes at Tombo 1 Township. Both pictures were taken on 29 September 2015.



Ward 15 terrain and Tombo 1 township, 29 September 2015



Left: The RWA enumerators studying the research data collection tools. Right the researcher (in a hat) with the RWA leadership and also the enumerators 29 September 2015



Mrs. Manyawu's homestead (left) and right Mrs. Manyawu arriving home after fetching water, showing some of the unpaid care work/reproductive work women do. Mrs Manyawu's the RWA Ward 15 Chairperson, 30 September 2015



Left: Mrs Manyawu's daughter in law sharing food during the evening of 29 September 2015. Right: the daughter in law sweeping the home during the morning of 30 September as part of the reproductive work done by women in Ward 15



The researcher, Takaitei Bote (2nd left) at Mrs. Manyawu's home, the night of 29 September 2015 as part of the participant observation activity. In the picture (right) is Mrs. Manyawu and two of her grandchildren (centre and extreme left).