



# Stopping Abuse and Female Exploitation (SAFE)

Formative Research Report

July 2021

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## Executive Summary

Foreign, Commonwealth and Development Office (FCDO) Zimbabwe is funding a four-year programme called: 'SAFE: Stopping Abuse and Female Exploitation'. The aim of the project is to protect women and girls in Zimbabwe from the most severe forms of violence, including child marriage. The SAFE programme has two components. The first component seeks to strengthen community actions to prevent and respond to violence against women and girls, and formative research forms part of this component. The aim of the formative research is to generate evidence to inform the design of SAFE's intervention models to address gender-based violence (GBV) against women and girls in three selected districts.

The objective of the formative research is to answer the following overarching questions:

- A. What are the main pathways connecting household economic stress, gender and social norms, and GBV (primarily intimate partner violence [IPV] and child marriage) at the household level in focal districts, and how are different members of the household affected?
- B. In what ways do survivors respond to IPV or child marriage, and why?
- C. In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?

The formative research used a qualitative, inductive, multiple case study approach, treating each district as a separate case study initially. The research was conducted in three districts: Mwenezi, Chikomba and Chiredzi. Eight focus group discussions (FGDs) and four key informant interviews (KIIs) were conducted in each of the three districts. The KIIs were conducted with community and/or opinion leaders (male and female) in each district, while the FGDs took diversity into account in different ways: gender, age, and vulnerability. All sessions were conducted in Shona or English, according to the participants' preference.

All sessions were recorded, transcribed and translated into English where needed. Data analysis was conducted using ATLAS.ti8. Data from each district was analysed separately and underwent two rounds of coding, where the second round consisted of sub-coding a number of the outputs generated during the first round of coding.

The data from each district was analysed separately and written up as stand-alone case studies guided by the three key objectives of the research, and organised under eight key headings (household stressors, norms and decision-making, violence, family ideal, help-seeking, child marriages, experiences of women and girls with disabilities, experiences of women and girls with HIV). The three districts showed similarities throughout, with interesting differences. Family structures are varied and diverse in all three districts, although it is only common in Chiredzi for multiple families to live together in one house. While it is very common for men and women in all three districts to engage in piece jobs, the nature of the jobs may differ in urban areas. In all three districts, teenage pregnancies and child marriages were reported as being on the increase due to COVID-19, with under-aged transactional sexual relationships emerging as an increasing concern. In all three districts, participants reported that men are expected to be the main breadwinners and that women expect to play a role in deciding what is done with the money earned by men. In rural districts, however, there is still a strong conviction that all the money earned by a woman belongs to her alone. Narratives about violence were similar in many respects across the districts, with physical IPV reported as being most common in the community, and the prevalence of IPV exacerbated by COVID-19. In all three districts, women and girls with disability were said to be particularly vulnerable to stigma, discrimination and violence. The stigma and discrimination against women and girls with HIV are perceived as having decreased over the years (due to consistent HIV education). Sex workers were identified as being particularly marginalised and stigmatised.

Reflecting on all three case studies, a number of key themes emerged.

### **Objective A: What are the main pathways connecting household economic stress, gender and social norms, and GBV?**

Poverty and hunger are part of 'normal' life but has been significantly exacerbated by COVID-19. It is uncertain when the added economic and social challenges caused by COVID-19 will end. All three districts emphasised that poverty and hunger drive GBV and especially IPV, creating an environment where violence is common and increasingly normalised. In this environment of poverty and hunger, two gender and social norms are instrumental in driving IPV: the first is the belief that men are supposed to provide for their wives and families; the second is that men are the heads of the household and have the right to discipline their wives. The violence that this leads to can be economic, physical, emotional and sexual. Women are most affected by economic stress, as they are supposed to take care of the household – another dominant social norm.

Earning money triggers violence in different ways. Men earn money, but waste it or refuse to spend it on household needs. If a wife complains, she may be abused. Yet if she earns money herself, she is also vulnerable to violence, as her husband may take her money, accuse her of prostitution, and/or beat her. The reality of women earning money and taking care of their households challenge men's headship, especially if she earns more than him. Another challenge to men's dominance is the notion of gender equality and men are often critical of the concepts of women's rights and gender equality.

There is an implicit, but very often explicit, belief that sex is provided on the condition of money or resources – even within a marital relationship. This link between sex and money is possibly why husbands so often accuse their wives of infidelity if they (the wives) have money; and why wives somewhat automatically accuse their husbands of having girlfriends if they (the husbands) come home without money. The notion of men having a right to sex (and insatiable sexual appetite) has arguably been internalised by women, for they are not upset by his infidelity, but rather by the fact that his money is being spent elsewhere.

Cultural norms around extended family also drive GBV. It is expected and accepted for couples to take in extended family members, which is an added economic burden that can cause conflict between the couple. The extended family members may also be subjected to violence – and this appears to especially be the case with stepchildren. A woman who gets married is also expected to seamlessly fit into the household of her in-laws, yet her in-laws may abuse her – especially if her husband is absent.

### **Objective B: In what ways do survivors respond to IPV or child marriage, and why?**

If GBV survivors do decide to disclose, the default is to report informally (telling a friend or family member). Formal services are limited and often hard to reach. Survivors often choose to not disclose to anyone. In doing so, she risks losing the one who provides for her and her children. Furthermore, it is not culturally accepted for a wife to report her husband.

Child marriage happens, although it is seen as less common than it used to be. Yet, with the added economic strain caused by COVID-19, it appears that child marriages have increased. However, the problem appears not to be just child marriage, but rather all under-aged sexual activity. Young girls are increasingly falling pregnant without being married. This appears to be mostly due to transactional sexual relationships, but not always with older men.

### **Objective C: In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?**

Women and girls with disabilities are seen as much more vulnerable to abuse and violence than other women and girls. They experience extensive stigma and discrimination in the community, and they rarely get the support and services they need. Women and girls with HIV appear to be more vulnerable in rural areas than in urban ones. Women with HIV are most vulnerable when they test positive for HIV, as their husbands usually accuse them of

infidelity while refusing to test themselves. COVID-19 has brought significant challenges for those with HIV, as many find it difficult to get the medication that they need.

Sex workers were identified as a particularly vulnerable group of women and girls. They are very stigmatised within the community. They are quite invisibilised within the services offered to women and girls, and few organisations cater to the very specific needs of sex workers. Unprotected sex is common as they earn more by doing so, increasing their risk of HIV and other STIs.



# 1. Introduction

## 1.1 Background

Foreign, Commonwealth and Development Office (FCDO) Zimbabwe is funding a four-year programme called: 'SAFE: Stopping Abuse and Female Exploitation'. The aim of the project is to protect women and girls in Zimbabwe from the most severe forms of violence, including child marriage. The SAFE Programme seeks to strengthen national and community actions to prevent and respond to violence against women and girls. It will do this through:

- Preventing violence by transforming harmful attitudes and behaviours towards women and girls, providing life skills training to confront abuse, providing advisory services to inform about sexual and reproductive health and rights, providing community education and training on violence prevention and response, and providing parenting support on non-violent disciplining techniques.
- Responding to violence by increasing service uptake by survivors, strengthening community justice structures, providing rehabilitation and reintegration services for victims, and providing relationship counselling to victims of child marriage and domestic abuse.
- Increasing the availability and use of evidence to ensure effective prevention and response, which reaches the most vulnerable people in Zimbabwe.

The SAFE programme has two components. The first component seeks to strengthen community actions to prevent and respond to violence against women and girls, and formative research is part of this component. The aim of the formative research is to generate evidence to inform the design of SAFE's intervention models to address gender-based violence (GBV)<sup>1</sup> in three selected districts.

The SAFE team commissioned a team of three researchers to do the formative research. While the research was initially meant to happen in April 2020, COVID-19-related delays meant that the fieldwork was only able to commence in May 2021.

## 1.2 Research Objectives and Research Questions

The objective of the formative research was to answer the following overarching questions:

- A. What are the main pathways connecting household economic stress, gender and social norms, and GBV (primarily intimate partner violence [IPV] and child marriage) at the household level in focal districts, and how are different members of the household affected?
- B. In what ways do survivors respond to IPV or child marriage, and why?
- C. In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?

To answer these overarching questions and thus achieve the research objective, four research questions and associated sub-questions guided the formative research. The four research questions are:

1. What are the economic stresses that drive GBV in households? How have they changed in recent times and particularly in relation to the COVID-19 pandemic? How are different members of the household affected by them?
2. What forms of violence do these economic stresses trigger? How have patterns of violence changed in recent times and particularly in relation to the COVID-19 pandemic? How are different members of the household affected by these forms of violence?
3. In what ways, and how, do gender norms contribute to, or protect from, IPV or child marriage in households facing economic stress? How have patterns of violence changed in recent times and particularly in relation to the COVID-19 pandemic? How do gender norms affect different members of the household?

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<sup>1</sup> For the purposes of this report, 'GBV' refers to gender-based violence against women and girls, as the research was not looking at other types of gender-based violence.

4. What are the most common ways in which survivors seek help when exposed to IPV or child marriage? Why do they choose to do this? Who helped them and in what ways? What is their experience of these support systems? To what extent is the situation changing?

## 1.3 Methodology

### 1.3.1 Technical Approach

The formative research used a qualitative, inductive approach, as it allows researchers to investigate issues that require explanation or understanding of phenomena in specific contexts.<sup>2</sup> An inductive and interpretivist approach is needed to better understand complexity around household dynamics and vulnerability, why women and girls experience abuse, and how this is being dealt with and understood.

A multiple case study approach was employed, treating each district as a separate case study initially. This approach allows in-depth investigation of contemporary phenomena within real-life contexts and recognises multiple factors and sources of evidence.<sup>3</sup> The collection and integration of diverse perspectives and accounts enables the development of a more detailed, in-depth understanding of the research issue, which in a multiple case study approach significantly strengthens the generalisability of the findings.<sup>4</sup> A multiple case study approach therefore provides a more holistic, comprehensive and contextualised understanding of GBV, enabling close attention to be paid to the diverse ways in which it presents in and across districts.

### 1.3.2 Sampling Methodology

The research was conducted in three districts: Mwenezi, Chikomba and Chiredzi. The first two districts are rural and the research was conducted in rural wards, while the research in Chiredzi was conducted in a high-density township ward. The sites were chosen intentionally, so that the research could reflect on both rural and urban settings.

Focus group discussions (FGDs) and key informant interviews (KIIs) were conducted in each of the three districts. The KIIs addressed all four research questions. The FGDs, however, differed in focus:

- One FGD guide (see Appendix A) focused more on decision-making and was used in four FGDs per district
- One FGD guide (see Appendix B) focused more on violence and was used in two FGDs per district
- One FGD guide (see Appendix C) focused more women with disabilities and their opinions on and experiences of violence, and was used in one FGD per district
- One FGD guide (see Appendix D) focused on female survivors' opinions on and experiences of violence, and was used in one FGD per district.

All the FGD guides were built around vignettes, to elicit easier and more open discussion.

The KIIs (see Appendix E) were conducted with community and/or opinion leaders (male and female) in each district. The FGDs took diversity into account in different ways: gender, age, and vulnerability. With the three FGDs with women with disabilities (one in each district) a total of 18 women took part. A limitation of this study was that data was not collected from the participants regarding the nature of their disabilities. However, based on researcher observation of visible presentation, the women participating in the study mainly had physical disabilities affecting their hands or legs, or they were blind. Two younger participants had intellectual disabilities and made very limited contribution to the discussions.

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<sup>2</sup> Snape, D. & Spencer, L. 2003. The foundations of qualitative research, in J. Ritchie & J. Lewis (eds). *Qualitative research practice: A guide for social science students and researchers*. London: SAGE Publications. 1-23.

<sup>3</sup> Yin, R.K. 2009. *Case study research: design and methods 4<sup>th</sup> edition*. Los Angeles: Sage.

<sup>4</sup> Lewis, J. 2003. Design Issues, in J. Ritchie & J. Lewis, J. (eds). *Qualitative research practice: A guide for social science students and researchers*. London: SAGE Publications. 45-76.

The SAFE team determined the sample size, based on the availability of budget. With cooperation from their partners in the field, they were responsible for identifying the different participants in accordance with the sampling strategy provided by the research team.

### 1.3.3 Field Work

The fieldwork was conducted by research team members who were able to do same-sex facilitation of all focus groups in Shona. Eight of the twelve KIIs were conducted virtually. They were conducted mostly in English, although participants could express themselves in Shona if they wanted to. The in-country fieldwork happened from 10-20 May 2021. Table 1 below shows the number of interviews conducted per session:

Table 1: Number of interviews and FGDs conducted

Activity and participant descriptions	Scope of inquiry	Mwenezi # of participants	Chikomba # of participants	Chiredzi # of participants	TOTAL
1 KII with community/opinion leader		1	1	1	3
2 KIIs - one woman and one man		2	2	2	6
1 KII with someone working with persons with HIV&AIDS		1	1	1	3
1 FGD with women from the ward, aged 18-25 years	Decision making	6	10	10	26
1 FGD with women from the ward, older than 25 years		7	8	6	21
1 FGD with men from the ward, aged 18-25 years		6	5	9	20
1 FGD with men from the ward, older than 25 years		7	9	10	26
1 FGD with women from the ward, aged 18-40 years	Violence	9	8	6	23
1 FGD with men from the ward, aged 18-40 years		5	4	6	15
1 FGD with women who have experienced violence, older than 18 years	Opinions about and experiences of violence	8	6	7	21
1 FGD with women with disabilities, older than 18 years		6	7	5	18
<b>TOTAL</b>		<b>58</b>	<b>61</b>	<b>63</b>	<b>182</b>

### 1.3.4 Data Analysis

All sessions were recorded, transcribed and translated into English where needed. This was done with the help of a team of research assistants managed by two of the researchers. The third researcher took responsibility for data analysis and report writing, using ATLAS.ti.8. ATLAS.ti.8 facilitates a hybrid deductive and inductive approach, which allows the researcher to combine structured qualitative coding based on research questions, whilst also adding flexible codes to capture emerging themes or unexpected phenomena. Using such qualitative analysis software was deemed important, to ensure fair analysis of data, but also reliable synthesis of the findings across districts. Data from each district was analysed separately and underwent two rounds of coding, where the second round consisted of sub-coding of a number of the outputs generated during the first round of coding.

### 1.3.5 Ethical Approach

The entire research process had international ethical clearance, received from Stellenbosch University's (SU) Research Ethics Committee (REC) on 11 December 2020.<sup>5</sup> This helped ensure that the project abides by the highest standards in ethical research practices and that the team was held accountable by SU's REC. Observing ethical research standards meant that (amongst other things) the study was conducted in the following manner:

- All participants volunteered to be part of the study and were aware that they have the right to refuse to answer and could withdraw from participation at any time
- Counselling services were available at all of the sites where research was conducted and all participants were informed of the identity and location of counsellors
- Full anonymity of participants and confidentiality of the information shared was observed at all times, including in this report
- Consent forms were explained by the researchers and signed by all participants prior to partaking in research activities
- Data was protected from unauthorised access at all times, by saving it on password-protected computers, while field notes were held in locked cupboards in locked offices
- Research assistants signed non-disclosure forms.

Due to the outbreak of COVID-19, the ethics protocol also included stipulations for keeping the researchers and participants safe from COVID-19 infection. A number of measures were put in place, including:

- Keeping a COVID-19 contact register at all of the research sessions
- Having both field researchers undergo a COVID-19 test 24 hours prior to entering Zimbabwe and prior to returning to South Africa
- Having researchers and participants wear masks
- Temperature checks for all participants prior to participation
- Regular hand sanitising
- Conducting all sessions outdoors
- Keeping acceptable physical distance between and among participants and researchers.

## 1.4 Limitations

The research had the following limitations:

- Due to COVID-19, the majority of KIIs were conducted virtually. This impacted the quality of the conversation, as there were often challenges with the connection, and as body language and facial expressions were not part of the interview.
- The research infrastructure had to be organised at short notice. This impacted the availability of potential participants. It also meant that the sessions in Chiredzi had to be conducted in two, rather than three, days.
- The selection of participants in Chiredzi may have introduced a bias, as the participants were mostly beneficiaries of the international non-governmental organisation (INGO) which had been tasked with sourcing the participants. In Mwenezi and Chikomba, however, the selection was done by key actors from government departments who work with the communities concerned.
- The survivors that formed part of the survivor focus groups in Mwenezi and Chikomba were all selected from shelters. They therefore have very specific experiences of support and service provision that would not necessarily resonate with survivors who have not reached out to formal services. However, this issue was partly mitigated by the survivor focus group in Chiredzi, which contained survivors selected from the community at large.
- In both Mwenezi and Chikomba, three of the four KIIs were conducted with men, which raises questions on a research project that focuses on violence against women and girls. However, it should be taken into consideration that the majority of these men are involved in GBV programming and that that is why they were selected. A remaining issue of concern is that the interviewed community leader in each district was male.

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<sup>5</sup> National Health Research Ethics Committee registration number: REC-050411-032. SU project number: 19251.

## 1.5 Structure of the Report

In Section 2 the findings of each of the three case studies are captured separately. The findings are organised around the 3 key objectives of the study (see Section 1.2). The result is that most of the findings are captured as part of Objective A, and the sections under Objective B and Objective C are shorter. However, it all forms an integrated discussion of the situation in the district. That is why the decision was made to organise each case study under eight key headings (household stressors, norms and decision-making, violence, family ideal, help-seeking, child marriages, experiences of women and girls with disabilities, experiences of women and girls with HIV), with the objectives serving as the overall structure.

Each case study (Section 2.1, 2.2 and 2.3) is organised in the same way. Section 3 integrates the three case studies by identifying the key themes that emerge from all three. The discussion is again organised around the three assignment objectives, which again means that the discussion under Objective A is longer than the discussions under Objective B and C.

In Section 4 the report is concluded, followed by the appendices containing the different interview and focus group guides, as well as the consent form that was signed by all participants.

## 2. Findings

This section explores the findings from the fieldwork conducted in the three districts. Each district is handled individually and as a stand-alone case study. The findings are organised around the three key objectives of the study.

### 2.1 Mwenezi District

**Objective A: What are the main pathways connecting household economic stress, gender and social norms, and GBV (primarily IPV and child marriage) at the household level in focal districts, and how are different members of the household affected?**

#### 2.1.1 Household Stressors

According to the FGD participants KII informants, there is variety in the way households are constructed in Mwenezi. It is common for extended family members, e.g. nieces and mothers-in-law, to stay with the family. Women-headed households are common for different reasons, including divorce, abandonment, death of their spouse, or spouse working elsewhere. There are also some child-headed households.

Income (in the form of money or food) is earned in three main ways: farming, vending, and piece jobs. In terms of farming, crops include finger millet, rapoko, sorghum, ground nuts, maize and cotton – and all of these crops were negatively impacted by the heavy rains that affected the area. Other farming activities include various livestock (e.g., cattle, poultry, bees). Vending includes any form of buying and selling, including across the South Africa/Zimbabwe border. Vending is often done by women with the vegetables they grow in their gardens but may also include produce that is bought in bulk in the town/growth point and then sold at a profit door-to-door within Mwenezi. Piece jobs are the random, ad-hoc jobs that men and women do, and are paid for daily in food, money, or other needed items (e.g., old clothes or soap). For men, this may include brickmaking, cattle kraal building, and working in someone else's fields. For women it may include doing someone else's housework (e.g. sweeping their yard and doing their cooking). Other, less common ways of earning income includes illegal mining by men and sex work by women (especially with truckers passing through). Many families also rely on the money sent to them by extended family members living elsewhere.

*I'm always here but it doesn't mean that I don't have any qualification, but because of the economic situations I can't find a formal job. We have resorted to staying here in the rural (area) doing jobs like farming, moulding bricks and also going to our gardens to help our wives. Sometimes we do menial jobs to raise money so that we order stuff for our wives for resell. She may walk around selling in order to get money, while we will be doing other things like herding cattle. (Men's focus group, 18-40 years, Mwenezi)*

According to the FGD participants, there are three major economic stressors within households. The first is poverty (lack of food and money) and it affects intimate partner relationships. When there is not enough food and/or money, there are many quarrels, disagreements and distrust between a couple. Second, when one partner earns more than the other, this often also brings stress and conflict into the relationship. Third, the mismanagement or misuse of money is another major stressor, e.g. when a husband spends the money he has earned on alcohol or an extramarital affair.

Where there is a lack of food and money, most of the participants believe that women are most affected. This is as, according to most of the participants, women are usually dependent on men to provide for them. But men often leave for South Africa, leaving their wife and children behind with no income, or engage in extramarital affairs, where they spend their money on the 'small house' and neglect their wives and children. While a man is supposed to provide for his family, it is nevertheless expected that when a family needs food and money, the woman must somehow provide it. Yet most women who do earn their own income are engaged in the informal sector, which is less reliable. It is usually the mother who carries the emotional burden of poverty and hunger, as the children will ask her (rather than their father) for the things that they lack. This is an enormous emotional strain and many women turn to transactional sexual relationships or sex work to provide for their children – which makes these women vulnerable in new ways. The emotional toll of it all was commented on:



*No, the mother is most affected, she has a burden on her mind, she wakes up and does everything for the man. And he leaves the house, he goes to just walk around doing nothing. After he is gone, the mother will look at the kids and think on what to put on the stove, thinking hard. In the evening, the man will not even ask what you are having for supper, he will not even have a plan, very few, the mother will see what she can do... (S) o the mother is most affected by it all (Women's focus group, 26+ years, Mwenezi).*

Children's vulnerability to the economic challenges is apparent in their (in)ability to go to school. When parents cannot pay school fees, children cannot attend school. For while some families may be able to scrape together enough food for the family to survive, many families rarely have any money. This means that children miss out on schooling or can only periodically attend when they have some money to pay school fees.

While economic challenges have apparently always been common, the past year has been particularly challenging for a number of reasons. First, the heavy rains meant that there was little or no harvest. COVID-19 meant that the border was closed for long periods of time, which meant that no cross-border trading could happen. Illegal cross-border trading was challenged by the Limpopo river being dangerously high due to the heavy rains. Overall, this meant that there was less cash all around, which affected the availability of piece jobs. There was simply less money and less opportunities to earn money. COVID -19 also impacted economically in other ways. People in the towns and diaspora came back to Mwenezi when they lost their jobs and income in town. This increased the number of people that had to be fed in each household and often also meant that these individuals were no longer contributing financially. Markets closed due to governmental regulations, which meant trading could no longer happen. Men and women could no longer travel to South Africa for work and many of those living in the diaspora stopped sending money as they lost their jobs due to COVID-19. Travel within in Zimbabwe was also heavily curtailed, which meant people could not move around to find work. Food prices went up and even if a person had money, it could often not be accessed when banks closed for extended periods. According to some of the participants, the donors that usually provided food aid stopped coming, as travel was not allowed.

The FGD participants discussed the various ways in which they and others are dealing with these economic challenges. The main way of coping in the community is by finding piece jobs to do. Both men and women in the community daily try to find small jobs that they can do and be paid for on the same day. Many families grow their own vegetables, which they can then eat and sell or exchange. They also drastically curtail the amount that they eat: it is common for adults to have one meal per day (usually dinner) and for children to have porridge in the morning and for dinner. Some people start new small, informal businesses (e.g., buying and selling airtime; buying and selling second-hand clothes; joining a savings and loans club); some sell their livestock; while others start farming with animals that breed quickly (e.g. chickens and rabbits). Many people in the community engage in illegal activities, such as illegal cross-border trading, illegal mining, or stealing food from others – although it appears that it is more often men and boys who engage in such illegal activities. Some borrow from family or friends in the community, or survive on hand-outs from donors and government. Some women turn to transactional, extra-marital relationships or sexwork to provide for her family, while some women leave her husband and children to be with a man that can provide food and money. Some men in the community abandon their wives and families when they cannot provide for them.

In reflecting on the ways that the participants are describing how they and others in the community are coping with these economic challenges, it is important to realise that these are not new challenges. While COVID-19 may have exacerbated the economic challenges of many of those living in Mwenezi, it must be recognised that they have always faced severe economic hardship. Yet economic challenges are not the only challenges they face. COVID-19 has brought unique challenges and the participants discussed how it affected them and people in the community in general. They explained that many couples in the community have now been forced to stay together in the same home for an extended period, which has caused friction and fights. Because of movement restrictions, children could not go to school and this has delayed their schooling. Many women in the community could not access family planning services, which has resulted in unwanted pregnancies. As many people had nothing to do during lockdowns, affairs started, including between underaged girls and older men. The participants also reflected that some people in the community suffered from the mental health impact of not being able to visit with friends and family.

## 2.1.2 Norms and Decision Making

Considering the severe economic stress facing households in Mwenezi, it is relevant to understand how decisions are made regarding the money that the household does have. This issue was discussed in several of the focus groups. As expected, there were many different views on this matter. What was unexpected, however, is that certain views were not consistently linked to a certain gender.

Cultural and social norms dictate that women have a right to the money earned by their husbands, while men do not have a right to the money earned by their wives. A wife's right to her husband's earnings is based on the fact that she is his wife and takes care of his household. Even the Bible is used in support of the belief that a husband must provide for his wife. So, while the wife's money is hers to do with as she sees fit, her husband must give her the money to buy the food and necessary items to take care of the household. Importantly, this view was espoused by both men and women:

*When it comes to women's money, you will never lay a hand on it and when she buys her plates or any of her stuff... That money you will never get hold of it even if you intend on returning it back... They see that it was a norm for them to just sit while they await cooking and some other stuff, that would be okay with them as long as you will be coming with money and handing her over whatever she needs like a child. (Men's focus group, 26+ years, Mwenezi)*

At the same time, all of participants felt that it is good for a woman to earn her own money (although not all women do so). Women who earned their own money was described as being happy, joyful and free. While there were several different reasons for why this was seen as important, all of these reasons were linked to power, for if a woman earns money, she has power: power to decide what happens to the money, or power to spend it on herself, or power to avoid her husband's beatings. Her husband also respects her more if she earns money. If the husband earns the money, he has the power to demand what is done with it – and to punish those who do not do what he had decided:

*He is the one who holds power, if you plan on the money that he has worked for, he will beat you... Yes, he is the one who should be listened to at that time... (b)y me the mother, if I talk too much I get beaten so I should listen and protect my body... The problem is if he sends money as soon as the money is finished, he will say you misused my money and you get beaten because of that money. So, he would be saying he should plan what he wants with his own money that this and that should be done. (Women's focus group, 18-25 years, Mwenezi)*

There therefore appears to be somewhat of a paradox: while culturally the wife has a right to the husband's money, she can nevertheless not be assured of his willingness to share it, and this dependence contributes to her vulnerability. No female participants queried this status quo. While they complained about men who do not provide as they should, they did not question the fact that women are vulnerable to violence if men are the sole breadwinners.

Ownership of the money is not necessarily the same as decision-making around what is done with the money. For example, some of the participants argued that a wife and husband each individually owns the money that they have earned, but that they should decide together on what is done with the money. There were various views on this: some think the man should decide, some think the woman should decide, and some think they should decide together. It appears that there are men in the community who are very prescriptive around what must be done with the money they provide for the household – and some participants said that this is the way it should be: "The one who organizes the use of money is the father of the house, because the wife cannot say what to do" (Men's focus group, 18-25 years, Mwenezi). This means that, within many families, it does not matter how hard the woman works, the husband continues to have the ultimate decision-making power.

Interestingly, though, it was not only women participants who believed that women should actually be the ones to handle and plan what is done with the money earned by the husband. A large number of the men participants also argued that it is best for the household if the woman is in charge of the budget and money. Especially in the focus group with men older than 26 years, there was a strong belief that women are better at planning and budgeting than men. Women, it was explained, do not waste and misspend money the way men do and they know the household needs better, and therefore they should receive the money earned by the husband and decide what is done with it:

*Money: mostly for us to have proper utilisation of it, you must come and give it to your wife... (T)hat's why we want to leave it with women, because you might end up hearing that there is no salt, no sugar, children*

*have no school uniforms... So most of the things the women are the ones who do plan all that and they would consult us here and there... We just know that when we receive money we then give it to them. They are our banks. (Men's focus group, 26+ years, Mwenezi)*

Many participants explained that a husband and wife should decide together on what is done with the money. Some participants even felt that this must also be the case with the money earned by the woman. At the same time, they recognised that this is not always possible in all families, as not all men and all women are good at financial planning and management. A couple's willingness to confer also depends on their personalities and how they are treated, e.g., a wife's willingness to pool money and decide together depends on the way her husband treats her:

*As a family, if we live well together and we agree that if I come back home with my money, and you bring back your own money, we pool it together, and plan together as husband and wife. We will check what is lacking in our house and go and buy. But if I notice that you do not treat me well as my husband, I will tell you that my money is for me to buy plates and your money buys food. (Women's focus group, 26+ years, Mwenezi)*

There are different ways in which the decisions men and women make on how they will spend 'their' money may cause disagreements and conflict within the relationship. All of the men's focus groups discussed how women have a tendency to give household money to their relatives, ignoring the needs of their own households. In the women's focus groups, the women participants' major complaint about men was that they spend household money on their mistresses (or 'small houses'). In this community it appears that accusations of infidelity appear are common when there are different views on finances: wives accuse husbands of having an affair if there is too little money, while husbands may accuse their wives of having an affair if she has money.

The views on how financial decision-making is understood and done are at least partly reflective of the dominant gender and social norms within Mwenezi. This is worth further discussion.

In the FGDs the participants explained that both culture and religion teach that a man is head of the household and that the woman should submit to him. A key responsibility of a man is that he must provide for his wife and family. If he does not do so, he is not a man: "...they say if you fail to do so as a man you are also considered as a woman or a child" (Men's focus group, 18-25 years, Mwenezi). The entire household should listen to and obey what the father says. In terms of typical household chores, the man is expected to do the 'heavier' work, such as wood chopping, construction and brickmaking.

A woman, on the other hand, should take care of her household, in terms of keeping everyone clothed, clean and fed. She has a right to expect her husband to provide in her financial needs. In one interview, the (female) key informant described women as 'perpetual minors', because they are so dependent on men: "So from cultural (perspectives), she is a perpetual minor. So, you should take care of her, you should also sanction her if he does anything that is not good, because she is a perpetual minor" (Key informant 3, female, Mwenezi). If a husband does not provide as he should, it appears that the wife has the (unspoken) right to blame, criticise and belittle him, since he is not fulfilling his core function. Furthermore, a woman's relatives have a right to something from her estate should she die, which places pressure on the woman to ensure that she owns nice things for her family members to inherit. Typical chores for women include 'lighter' household tasks, such as cleaning, cooking, laundry, sweeping the yard, selling wares from door-to-door, and looking after the children.

Infidelity was discussed extensively in all the focus groups. Unsurprisingly, considering the cultural expectations discussed above, sexual relationships are linked to financial provision. It appears that a wife's default assumption, should a husband be providing inadequate financial support, is that he is having an affair. This does not appear to be an irrational assumption, as the men's focus groups also extensively discussed how men in the community generally tend to engage in extramarital affairs and then provide financially for their girlfriends – to the financial detriment of their wives and children. While justifications were offered for such affairs (e.g., that a wife is not acting according to cultural dictates), it appears that such affairs are quite normalised and accepted. In other words, men do not need a reason to justify their affairs, for these affairs are simply a normal, unavoidable part of life. The normalisation of men having multiple partners was captured in one women's focus group, where participants argued that the only important thing is that his affairs are conducted in secret:

*Participant 1: Do you know that you might say 'I am not pleasing my husband', because you saw him with a girlfriend. But even your husband that you think you are pleasing might be having a girlfriend as well, an extramarital affair, that you do not know about. When you say 'I should please my husband' that worries*

*me, do you think a man will not have an extramarital affair if the opportunity presents itself to him? Will he say 'no my wife satisfies, I will pass'?*

*Participant 2: If the man is doing it behind your back it means that he is a good man, because other men will have extramarital affairs in your face.*

*Participant 3: Some are having extramarital affairs secretly, right? The man who has the extramarital affairs in the open is not a good man. (Women's focus group, 18-40 years, Mwenezi)*

In the women's focus groups, the 'other woman' was lambasted for troubling marriage and bringing financial difficulties to households. The major complaint was not that husbands were having extramarital sex, but rather that household finances were being spent on providing for girlfriends. While none of the women's focus group members stated that their husbands are having (or had) affairs, their often vehement and emotional discussions of infidelity and 'other women' created a strong impression that at least some of them have husbands who engage/d in extramarital affairs.

Seeing these women participants' condemnation of the 'other woman', it was interesting to note that a number of the women (including married women) in the focus groups openly admitted that they will engage in sexual relations, or get a boyfriend, in order to get food and money. Considering the severe economic challenges, this was for them a logical course of action. Some indirectly stated that they have done so in the past and will do so again, if needed. Yet no-one made the connection that they themselves could therefore, in some cases, be the 'other woman' that they are vilifying. The women in the focus groups felt fully justified in their infidelity, for husbands are supposed to provide for their wives. It appears that, should a husband not do so, he has given up his right to his wife's faithfulness.

If people do not adhere to the dominant gender and social norms, there are a number of ways in which the community may censure them. First, through gossip, e.g., where a man is gossiped about for not providing for his wife and family. Accusations may also be made of witchcraft, especially in the case of a woman who 'stole' another's husband, as there appears to be a strong belief in the power of love potions. If a woman's actions run counter to expectations, her aunt may be called to demonstrate with her and teach her how to behave. If a husband misbehaves, his wife may ask or encourage him to change his ways, but that appears to have less effect.

A number of focus group participants did note that the dominant gender norms are in the process of changing, due the idea that men and women, and adults and children, have equal rights. All these discussions framed these changes as having a negative effect on families and culture in general. The belief in equal rights was blamed for families falling apart, for it means that wives no longer respect their husbands and children disrespect their parents. As it challenges the headship of men, the concept of equal rights is viewed in a negative light:

*As for me, I notice a difference with these child abuse and equal rights. There is nothing you could say, as you would be violating the rights of the other. So it is something that is affecting our culture and social being. So we would see that the father was the one with a say and responsible for planning. But now it's impossible. That's why you see marriages, families falling apart. The youths can now get pregnant while they are still young and you will not be able to ask them. So it's something that has been affecting us recently even when it comes to leading as fathers. So as I see it it's now being difficult the way we live. (Men's focus group 26+ years, Mwenezi)*

### 2.1.3 Violence

In the discussions around household stressors, decision-making, and gender and social norms, the participants already discussed various issues that bring conflict into intimate relationships. The ways in which money is earned and spent often leads to disagreement. For example, where one partner steals, misuses, or lies about what is being done with money, or where one partner earns less/more than the other, it is a major cause of strife. When husbands fail to provide financially, it also leads to disagreements, with women blaming them for not providing as expected. Overall, the lack of money is a major cause of disagreement and even violence: "... (T)here is no peace without money..." (Women's focus group, 18-25 years, Mwenezi).

In reflecting on how they and couples in the community handle such differences, a number of ways were identified by participants. Often it leads to beatings. While it is usually the husband who beats the wife, there may be couples where the wife is physically stronger and beats the husband. Disagreements may also lead to divorce, or with one partner simply leaving the household permanently. Generally, at least according to the women's focus groups, it appears that the husband usually gets what he wants and that a wife will comply so as to ensure that her children are provided for. Witchcraft was also blamed for quarrels, and if a quarrel is caused by witchcraft it will lead to



divorce should a counter-potion not be used. Only two constructive suggestions were made for ways to help couples deal with disagreements. First, a couple must actually ‘talk it out’, openly and transparently sharing their views and feelings. Second, they can (also) get a third party to help them do so and mediate on how to resolve the issue/s.

According to the FGD participants, the most common form of GBV is physical violence, where the husband slaps or beats his wife. Emotional violence is common in the form of verbal abuse, although in this case both the wife and the husband may abuse each other. However, only in the case of verbal abuse by the husband does it also lead to physical abuse of the wife. Husbands in the community also perpetrate economic violence against their wives when they earn money but do not share it with their wives. Often, they refuse to disclose how much they earn and only share as much as they choose to. Such economic violence often leads to verbal abuse, with the wife criticising the husband, which in turn leads to physical violence when the husband beats his wife because she complains. Sexual violence also occurs in the community, although it is less known and spoken about, as women in the community do not want to disclose if it happens to them. Sexual violence is perpetrated by husbands against their wives, but also by men against women who are not their partners, including when girls start doing sex work to earn money or food (more on that in Section 2.1.6).

In discussing why these different forms of GBV happen, participants mostly discussed why physical violence (beatings specifically) happen. A husband’s extra-marital affair is seen as one of the key causes of GBV. The wife complains about the affair, so the husband beats her; he may also critically compare his wife to the other woman and then proceed to beat her. Hunger is seen as a second major driver of GBV in the community. When people are hungry, their tempers are short. If women then, for example, complain about the lack of food, husbands easily get angry and start beating them. Generally, women’s complaints appear to usually lead to beatings – even when such complaints are legitimate (e.g., when the husband spent the household’s money for school fees on alcohol). Furthermore, COVID-19 lockdowns meant that many couples spent an inordinate and unusual amount of time together, which in some cases led to emotional and physical abuse.

One key informant that was interviewed discussed the role of culture in GBV perpetration. According to her, there exists a culture of silence that dictates that women should not tell others if they are abused. This means that GBV continues indefinitely and intergenerationally. Furthermore, the power imbalances within relationships are normalised by culture. Men are seen as the ‘heads of the household’ and women as ‘perpetual minors’, with the woman dependent on the man. With such power imbalances, it is easy for a man to turn to violence, and difficult for a woman to leave the violent relationship:

*Then from an economic side, the power imbalances then also make a woman vulnerable to abuse because she’s depending on her husband. So you get some women who are in serious abuse but will say ‘auntie, I can’t report this to the police, I just want someone to talk to, I should not report to the police because that’s the one who also looks after children, is the breadwinner, he provides for my family back from our ward, where is my origins and for these children we have, so I’m not going anywhere.’ (Key informant 3, Female, Mwenezi)*

Alcohol was identified as a driver of GBV in two ways. First, many men in the community spend money on alcohol instead of on the household, meaning that alcohol is linked to the economic violence that the household experiences. Second, alcohol is linked to physical violence and sexual violence. Husbands become violent when intoxicated and beat their wives, especially if their wives complain about them spending money on alcohol. Men may also become violent towards the children in the household. Sexual violence may also result from alcohol abuse, where husbands force themselves on their unwilling wives.

COVID-19 has also contributed to GBV. With people losing their jobs or means of income, poverty increases, which - as discussed earlier – triggers quarrels and violence. Many husbands in the community, feeling helpless because of their inability to provide for their families and tired of being blamed by their wives, vent their anger on their wives and children. As one participant in a men’s focus group explained his own situation: “The kids want to go to school so their mother is getting angry at an extent where it’s hard for me to not hit my wife (Men’s focus group, 26+ years, Mwenezi).” Couples, not used to spending so much time together, quarrel more and often resort to physical violence. Women and girls in the community, due to extreme poverty caused by COVID-19, are more often resorting to transactional sexual relationships, which leaves them vulnerable to abuse. Where women and girls are in abusive relationships, travel restrictions, as well as the lack of alternative options, mean that they cannot leave the violent relationships.

According to the focus group discussions, it is the women in the community that are the most vulnerable to the GBV within their households, although a few participants did note that some physically strong women may also

beat their husbands. Widows may be vulnerable to her husband's family claiming their land back when her husband dies. There was little discussion of children's vulnerability to GBV, although it was noted that foster, adopted or stepchildren might not be treated as well as biological children. Girls are vulnerable to GBV when they engage in transactional sexual relationships, which they are prone to do if they are poor (more on that in Section 2.1.6).

However, even if not experiencing GBV themselves, children are affected by the GBV happening in their households. Participants in all the focus groups extensively discussed the emotional toll of witnessing a mother being abused by a father. It affects children's ability to study in school and leads to them fearing their father and rarely having a good relationship with him. They may also try to defend their mother, which can lead to them also being beaten. Some may run away from home to escape witnessing the violence, while girls may enter early marriages as a way to escape the violent household:

*Violence? I think most of the time the violence occurs between the parents... Children are mostly affected by the conflicts between both their parents. The children will be affected because they don't have any role to play. They will be just watching while their mother is being assaulted or their father being denied food. This will hurt children more than their parents. (Men's focus group, 18-40 years, Mwenezi)*

In reflecting on how various family members in the community tend to respond to GBV within the household, the abused wife's in-laws were seen as usually being hostile to her. Her mother-in-law may even encourage the husband to beat her, or at best simply ignore it if it happens:

*That is the kind of mother-in-law that stands looking at her son whilst you are being beaten and she encouraged her son (saying) 'beat her head' whispering, and she raises her voice to say 'don't do that' and she whispers to her son that 'beat her so hard after I have left'... (Women's focus group, 18-40 years, Mwenezi).*

According to the participants, if a woman discloses violence to her family-in-law, it is also common for them to turn against her. This may also happen if the husband has a 'small house', where the family-in-law may side with the girlfriend rather than the wife. Even friends cannot always be trusted, for they may gossip about the abused women or tell her husband what she had said. The mother of the abused woman, seeing her daughter experiencing violence, may choose not to visit her anymore, as a way of avoiding seeing her in such pain. The abused daughter may also ask her to stay away, especially in cases where there is a risk of the husband beating his mother-in-law should she criticise his behaviour.

### 2.1.4 Family Ideal

Considering the realities of the extreme economic challenges and GBV within many households, a number of the focus groups were asked to reflect on what they would see as the 'family ideal'. What would a happy family look like? Across the board, the ideal and happy family would have sufficient food. Hunger clearly emerged as a major obstacle to happiness within the household. Second, in a happy family all the children will be able to attend school all the time. Third, the ideal family would have reliable income-generating activities and a stable source of income. It is notable that almost all of the participants first point of description was focused on the family having enough food. Furthermore, none of the participants had any visions of excess. On the contrary, their dreams were simply about having 'enough'.

Aside from material resources, the ideal family would love each other and get along well, respecting each other and planning together. The father would not make deductions from the money he earns to support a girlfriend; and if he does cheat on his wife, he will hide it well enough that his family does not know.

The participants did not offer very concrete ideas for how the vision of an 'ideal family' could be achieved. Again, the mere fact of 'having enough food' was seen by many participants as an automatic way for a family to be happy. Other suggestions included that the wife should also have an income, so that she is not dependent on her husband, and as he will then respect her more. Counselling for couples and workshops for couples on better communication could also be valuable. Children should be included in decision-making.

If changes could be made that can help families become safer and happier spaces, it is relevant to know which people within the community could help with the implementation of such changes. A number of participants were asked to reflect on who the influential people in the community is that can act as change agents in addressing



GBV. Community leaders, especially traditional leaders like chiefs, were often the first to be mentioned. They have much authority, especially as they preside over the community court and have the ability to penalise people in the community:

*I will start with traditional leaders because they have a lot of influence, they have a lot of command at community level. So getting their buy in, having them lead conversations, awareness campaigns, having them agree to come on our YouTube video saying about child marriages, saying about intimate partner violence, it can go a long way. (Key informant 3, female, Mwenezi)*

Religious leaders can also have considerable influence. They are respected within the community and their religious authority can promote or caution against certain beliefs and behaviours. Other community leaders include village health workers, NGO workers, and certain community gatekeepers (e.g., older women). Many of these individuals have considerable influence and are trusted within the community. It should be noted, however, that these individuals must be engaged not only because of their positive impact, but to ensure that they do not have a negative impact. Government representatives that have the ability to implement laws and punish perpetrators can also be influential. These include the police, the judiciary services commission, and the district administrator. Popular, charismatic individuals can be particularly effective in getting certain messages across.

**Objective B: In what ways do survivors respond to IPV or child marriage, and why?**

### 2.1.5 Help-Seeking

One focus group was conducted with GBV survivors, although a number of the other focus groups, as well as the key informant interviews, also touched upon survivors and their responses to GBV. In terms of help-seeking behaviours, it should be noted that no survivor framed help-seeking activities in terms of her own actions. Rather, it was discussed in the abstract (the same as in the other focus groups and in the interviews), namely as avenues of help that may be available to someone experiencing GBV. The discussions of help-seeking did not reflect upon personal experiences of the usefulness or effectiveness of specific channels or actors.

The survivor focus group advised those experiencing GBV to go to a shelter. This was arguably because all of them had been assisted by a shelter (and had been sourced as participants in the research through the shelter). Musasa was identified several times by name as offering shelter services that assist survivors, and their tollfree counselling and assistance telephone line was named as a way survivors can reach out to them. If a woman needs intervention urgently, she can reach out to the police – and the police’s Victim Friendly Unit was named specifically. A possible alternative is the husband’s relatives, especially aunts, who can mediate and potentially also talk to the abusive husband. Survivors can also go to the chief, although he is legally not allowed to handle GBV cases. Furthermore, perpetrators often simply pay the chief’s fines and continue with their abusive behaviours. Some churches have trained counsellors, who can counsel survivors but also provide couples’ counselling, and one woman with disabilities specifically stated that the women at church counsel and support her. One key informant spoke of a district-specific referral pathway that involved several organisations, although the nature of the referral pathway and the names of the organisations were not mentioned. However, in other discussions several specific organisations were identified as being involved in providing survivor services and support: the Ministry of Women’s Affairs and the Ward Coordinators, the Ministry of Social Development, SHOGPAD (and organisation that cares for children), the Ministry of Health, PLAN International, the Judiciary Services Commission, CARE International, the Mwenezi Development Training Centre, World Vision, and the Legal Resource Foundation. However, there was no discussion of the specific services these different organisations offer.

Participants cited a number of potential reasons explaining why those experiencing abuse do not seek help. It may be that they simply do not know of the assistance and services that are available to them. Furthermore, in rural areas it is also difficult to access services, as they are not available everywhere and transport is expensive. However, the biggest barrier to help seeking appears to be a culture of silence and condemnation. Women are supposed to suffer in silence, and she may be gossiped about, blamed and stigmatised by her family-in-law and the community if she reveals the abuse she is experiencing and tries to escape it. She is blamed for ‘ending the marriage’. As a survivor in the survivor focus group explained, those experiencing violence often fear that disclosure will only lead to worse circumstances for herself and her children:

*(The survivor) would contemplate that if she goes to seek help, (she) would be forced to leave the home and stay where? The husband will say ‘you have reported me at Musasa as if you are clever, so I know you no longer want you to stay here.’ (The survivor then thinks) ‘where should I go? Now I have so many*

*children, where should I place these children? What shall I do?' You then endure in that torment because of...the children, then you stay even when things are tough... Even when you try to talk to her she will tell you that 'woman, where will I go? I don't have anywhere to go...' (Women's focus group, survivors, Mwenezi)*

### 2.1.6 Child Marriage

Two focus group discussions and the key informant interviews specifically asked participants about child marriage, but the issue was also emerged unprompted in several of the other focus groups. All of the participants that discussed the issue believe that child marriage is less common than it used to be, as the government has outlawed it, but also because it is becoming more acceptable for pregnant girls to stay, unmarried, with their parents. In some wards, child marriage is more common than in others. These may be the wards with bigger Apostolic sects, as a number of Apostolic churches call for and support child marriage. It may also be the wards with Shangani communities, as this tribe continues to see child marriage as permissible:

*Yes, we have a community especially the Shangani community... (When I went there in recent times (to) the community (to speak) on child marriages, they laughed. Laughter that showed that it's a big surprise for them that a child of fourteen years cannot be married and they did not know that it's a crime. They did not know.... And there is a big fight with the community now, to say we don't actually say 'let's do away with your culture' but (rather that we say) do make sure that the girls who go for initiation are above eighteen and are those who would have finished school. (Key informant 2, male, Mwenezi)*

Aside from religious and cultural motivations, a number of other possible reasons were offered for why child marriage occurs. Girls themselves may choose to get married before they are 18 years old, as they wish to escape the poverty of their parents' household and are assuming that married life will be better. Marriage can also be a way to escape other things: where girls are unable to go to school or keep failing school; or where there is violence in the parental home. Of course, it is also a way for the girl's family to get much-needed resources. Some participants believe that this is why COVID-19 has led to an increase in child marriages. Young girls and their parents want to escape poverty and see child marriage to achieve this goal. A father may also force a girl to get married if she is pregnant, to ensure that the father of the unborn baby provides for the girl and the baby. Unplanned pregnancies increased due to school closures because of COVID-19, as girls had little to do with their time. While some have gotten married, others stay in their family home.

**Objective C: In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?**

### 2.1.7 Experiences of Women and Girls with Disabilities

There was one focus group with women with disabilities. The key informants were also asked to comment on the circumstances of these women in Mwenezi. Both women with disabilities in the focus group and the key informants consistently described women with disabilities as being more vulnerable, at increased risk, and prone to more suffering, stigma and discrimination than other women. They are stigmatised and discriminated against by their communities: "So you are looked down upon. Because you are disabled. So, in my view, disabled people are not treated the same as the normal people... People treat them as if they do not exist" (Women's focus group, women with disabilities, Mwenezi). They are often not adequately cared for by their families and as their vulnerability and dependency make them easy targets, they experience more violence and abuse than most women. In an economy such as Mwenezi's, that relies on physical activities such as farming, trading and piece jobs, women with disabilities are automatically marginalised and unable to take part. Where there are economic challenges, such as those brought on by COVID-19, they are among the worst affected, as they survive by getting assistance from government and NGOs. During disasters such as COVID-19 there is less such assistance available, as development and humanitarian organisations have more people to assist.

The women with disabilities explained that this stigma and discrimination is why a woman with disabilities desperately needs a caring husband and children, for she is vulnerable and unable to defend and provide for herself. This is, unfortunately, also why she is so vulnerable to abusive men. According to the focus group with women with disabilities, a common community perception is that a woman with disabilities should be 'easy' to have sex with and should be thankful for anyone who is willing to do so. She is therefore often unable to negotiate for

safer sex, or for relationships based on equality and trust. According to the focus group participants and key informants, it is very common for women with disabilities to experience abuse. They usually experience emotional abuse, but sexual violence is also common, as they are easy targets. A community belief that sex with a woman with disabilities will make the perpetrator rich, is one of the reasons such sexual violence occurs. Women with disabilities can also not easily access services if they are raped or abused.

### 2.1.8 Experiences of Women and Girls with HIV

Only the key informants were asked to reflect on the plight of women and girls with HIV. According to the key informants, there remains stigma attached to being HIV-positive, although all the key informants believe that this stigma has decreased and that community members are now much more accepting of those with HIV. HIV advocates, publicly and unashamedly living with HIV, have been instrumental in bringing this change. Nevertheless, stigma remains and some people still do not know how HIV spreads, and thus want to avoid the HIV-positive. This appears to be even more so with single women who are HIV-positive:

*What I have realized are single women who are living with HIV or widows who are living with HIV, they are perceived [as] bad. That is the feedback they give us. Even when we are having dialogue, sometimes they say, we want a dialogue specifically for single women living with HIV, a focus group specifically for us because we share different challenges. (Key informant 3, female, Mwenezi)*

HIV may lead to abuse within intimate partner relationships. Women tend to get tested as part of antenatal clinic visits. While she then knows that she is HIV-positive, her husband may accuse her of having engaged in extramarital sexual relations – and refuse to get tested himself. This leaves her open to continued accusations of infidelity, while her husband's actions remain unquestioned, and such women are often rejected by their husbands and forced to return to their parental homes. While she can choose not to disclose her status to her husband, this may mean that she cannot get her baby on anti-retroviral treatment (ART), as this can only be done with the consent of the baby's father. ART initiation and treatment is therefore threatened. Women and widows with HIV are still very stigmatised and find it difficult to negotiate for condom use.

## 2.2 Chikomba District

**Objective A: What are the main pathways connecting household economic stress, gender and social norms, and GBV (primarily IPV and child marriage) at the household level in focal districts, and how are different members of the household affected?**

### 2.2.1 Household Stressors

In reflecting on the families described in the vignettes, all of the participants agreed that such households were common in their communities. An extended family member/s is almost always staying in the household, and/or children from previous relationships. Some families in the community do not have husband or father present in the household, and some children are cared for by grandparents.

Participants described their district as relying economically mainly on farming, informal trading and remittances from family living elsewhere. Farming is with groundnuts, maize, roundnuts, beans, and tobacco, and while some people may earn an income from selling their harvest, many only harvest enough to feed their household. Informal trade involves vending at markets, but often door-to-door, selling produce such as vegetables from their gardens, chickens, forest fruits, eggs, etc. Family members, usually husbands or children, living and earning money elsewhere (in Chivhu, Harare or South Africa) may share money and/or groceries at intervals. It appears that most people in Chikomba are unemployed but may do piece jobs to earn cash or food items.

The participants of all the focus groups were of the opinion that their income (and that of people in the community generally) is never enough to cover their basic needs. Harvests may fail, due to too much/too little rain, lack of fertiliser, or animal diseases. Some people do not have enough land to support them and their family. Money itself is a problem. Cash is hard to find, and the Zimbabwean currency very weak. Bond notes are often rejected and charges for services like Ecocash exorbitantly high. Many community members have relied on donors providing

food and basic necessities – but often those donations cease, or some families are excluded from a donor's distribution list.

These were all financial and food security challenges that households already faced prior to COVID-19. The pandemic has, however, exacerbated it, as most people could not earn money the way they usually do. With the ban on travel, farmers could not travel to sell their produce; informal traders were not allowed to trade; people could not do piece jobs around the community. The prices of everything increased and with border closures people were unable to travel to South Africa for cheaper products. Many people in the community already lived hand-to-mouth prior to the pandemic, so with the pandemic their situation became extremely challenging:

*During the COVID-19 era it became an emergency which came when everyone was not prepared. We can't say there was any family which was prepared on the issue of food security. All the families were worried because other sources of money were not functioning. Sometimes when you grow your crops or perishables - horticulture produce like tomatoes - you will not find market because the vendors were not allowed to trade or other supermarkets were not able to buy our produce due to travelling restrictions. (Men's focus group, 18-25 years, Chikomba)*

The focus group discussions revealed, however, that economic stresses are not only due to the challenges of acquiring money and/or food. Many people in the community are under considerable economic stress due to how their households – or particular individuals within the households – use money. Both the male and female focus groups explained that many men in the community cause considerable economic strain because of what they do with the household's money. These men may spend it on girlfriends or on alcohol; they may take the money earned by their wives and spend it on themselves; they sometimes borrow the money and never return it. Some men in the community take household items (e.g., farming equipment) and sell it in order to get cash to spend on themselves, and there are also husbands who live in the cities or other countries and fail to send money back to their families in Chikomba. Other family members may also be the cause of economic stresses. For example, when wives send some of the household's money to support their mothers, or a husband invites his mother to stay with the couple, it causes financial strain and often also resentment. Where couples have competing priorities around what household finances should be spent on, and/or lie about what they are spending it on, it can cause considerable financial pressure.

The overwhelming majority of the focus group participants (men and women) agree that women in the community are most affected by these economic stresses. This is as women are responsible for ensuring that the household, and the children in particular, are taken care of. Thus, while men might generally be labelled as 'head of the household', there is general consensus that it is actually women who take responsibility for the family – and thus take the strain when food and money are scarce. While some men may abandon their families during financially challenging times, women feel the pressure to feed their families and take good care of them – at least partly because of the cultural expectation that this is what women should do. Therefore, poverty and lack of food lies most heavily on women:

*It is the wife (who is most affected when there is not enough money in the house). She is the one who is mostly affected because most of the time she is the one thinking if there is salt and cooking oil in the house. Most men will not be there they will be even at the bars making sure that they leave another dollar for him to drink the next day. They will come back home in the evening without any idea how things are at home. (Men's focus group, 18-25 years, Chikomba)*

Children are also heavily affected, especially since poverty may mean that they cannot attend school anymore. This affects their future opportunities. But poverty and hunger also affect their sense of self and status: "The children are affected at school and not having food, so their lives are affected. The child becomes misplaced and feels worthless because of poverty" (Women's focus group, 26+ #1, Chikomba). Stepchildren may be especially affected when stepparents resent them for the added strain they put on the household budget. They may be refused food and schooling, but the biological children of both parents not. Child-headed households are also very vulnerable to economic stress, seeing that they have no adults that can provide.

While some of the participants did recognise that that some men in the community may feel stressed because of cultural expectations that they should be providing for their families, the majority of the (male and female) focus group participants believe that it is women and children that carry the heaviest burden. This burden is exacerbated when men leave to look for work or turn to girlfriends or alcohol to help ease the emotional strain, as this behaviour increases the burden of their families. It should be noted, though, that men's tendency to abandon their families, or not fully support them, is at odds with cultural expectations. According to both the male and female focus group participants, men are supposed to provide for their families. It is during financially challenging times that both



husbands and wives are supposed to put in all possible effort to get the needed food and necessities for the family. Any activity – piece work, gardening, collecting fruits in the forest, fishing, looking for work in another country – should be done to ensure that the family is fed. During ‘normal’ times, the expectation is that only the man need to do this, as it is his responsibility to provide for this family, but during challenging times, both parents must ‘hustle’:

*But when the situation has turned to be like this, the woman is now expected to go for piece work... (Y)ou now have to go out for piece work weeding other people’s fields, helping to supplement the little that the husband is getting. Not just wait for the husband whilst doing some gardening at home. She really has to stand with her husband and forego other duties in trying to help the family for its survival. (Men’s focus group, 26+ years, Chikomba)*

In reflecting on what the participants share about their lives, and the lives of people in their community, it is clear that the people of Chikomba have been facing financial challenges for an extended period of time (which was exacerbated by COVID-19). Over the years they have developed a number of coping mechanisms to help them deal with poverty and hunger. This includes migrating to other countries (e.g., South Africa or Mozambique); relying on donations from NGOs (e.g., the World Food Programme), the government, or charitable neighbours; engaging in illegal activities, such as stealing, illegal mining, or illegal trading; doing any kind of piece job; collecting wild fruits and vegetables; relying on remittances from family living in other countries; and trying new ventures (e.g., making and selling homemade beer). Women and girls may turn to prostitution or engage in temporary transactional sexual relationships. Young girls enter child marriages, hoping for more food and better care in the household of their husband (more on this in Section 2.2.6). Some families have come up with ingenious ways of tricking friends into feeding them:

*If I find myself in a tough situation, I am failing to get work... I go to my friend’s house early in the morning, I would know that the time to eat will come and I will get some food from my friend, while my wife does the same at her friend’s place. The only problem will be the children, they will not leave the neighbour’s house because they will be eating there the whole day. A time will come when the neighbours start asking your children to go back home during mealtimes, they will just tell the children that their parents called them, because they would have realized they are feeding them daily... That is the biggest challenge, as a man I will visit different friends daily and get at least one meal from them while my wife does the same, the problem will be the children. (Men’s focus group, 26+ years, Chikomba)*

It is worthwhile noting that the impact of COVID-19 was and is felt wider than only financially. Lockdowns, with all family members confined to the household, has added tremendous stress and tension for couples that rarely spend so much time together. Stress has increased for those engaging in illegal activities (e.g. trading or sexwork during lockdown), fearing being caught by the police. Where household members fell ill from COVID-19, it added to women’s burdens, as they are expected to care for the sick person. Mental health problems increased also among men, confined to homes and unable to earn money; often exacerbated when their wives were still able to provide for the family (e.g. through gardening). According to one key informant, the marriages of many people in the community ended because of these stressors:

*...(I)t has complicated relations within household, for example, we can now not move to other places to seek maybe the temporary work or piece works to take carry of the family. Now that those forms of income has dried up we tend to see conflicts are rising in the households. Also, with this COVID, it’s increasing the burden on women, instead of doing other livelihood options they then tend to take care of those who are now bedridden or those who now sick because of the pandemic. Also even the general stability in the community where people are not even aware what is going to happen tomorrow, how are we going to survive tomorrow? This lockdown it is causing a lot of mental health problems. As you know, GBV and mental health problem have got some relationships. When someone is stressed tend to be violent, especially men. (Key informant #2, male, Chikomba)*

## 2.2.2 Norms and Decision Making

When discussing how families make decisions around household budgeting, each focus group emphasised that the different families in the community do it differently. In some families, the men keep the money and decide how it will be spent; in some families the wife keeps it all, since she can be trusted not to waste it; while in other families each partner keep the money they themselves have earned. It appears that it depends on the personalities of the husband and wife, for some can be trusted with money, while others cannot, and some are unwilling to share and pool their money, while others will not. Most of the participants indicated that they think it is best when couples decide together on the household budget, and that couples who are in control of their lives and are happy decide

together on how their money should be spent. Yet, while most of the participants in all the focus groups believed that joint decision-making is best, the men's focus groups had some conditions for this arrangement. In the one men's group, most of the participants felt that the husband in a family should always keep a little bit of money back for himself. As one male participant explained the situation in his own household: "(E)specially on my side, I have to put aside a budget for my needs. Because the moment that money is in my wife's hands, my needs will not be prioritised" (Men's focus group, 26+ years, Chikomba). The participants in both the men's and the women's focus groups also explained that, culturally, a woman's money is seen as being only hers. Thus, while men are supposed to use their money to provide for the family, the wife can spend her money as she sees fit. This challenges the notion that the couple should decide together about what is done with what they earn, as the wife can simply say that her money is not part of the equation. Some of the men in the men's focus groups appeared to resent this (more on this below). Joint decision-making is also challenged when a husband lives away from home, or if the couple is not fully honest and transparent with each other.

There were two men in the men's focus groups who stated that it is the men in the household who should decide how household finances are spent. However, the rest of the participants in the men's focus groups, as well as the women attending the women's focus groups, called for joint decision-making, or for the woman to make all of the decisions. Again, as in Mwenezi, a number of the male participants explained that most men in the community cannot be trusted to spend the money wisely, but that women always prioritise the needs of the entire family. This is why they believe that women should, at the very least, keep all the money and budget allocated towards food and household items.

In Chikomba, the majority of the FGD participants stated that women should also be earning money and contribute to the household finances. The female focus group participants equated earning their own money with happiness: "(Earning money) makes me feel happy" (Women's focus group, 18-25 years, Chikomba). They explained that earning their own money was the best way for them to be less dependent on their partners – and therefore less vulnerable – for if they earn the money, they decide what is done with it. This is true not only of money. For example, if a woman cultivates vegetables in the garden, she is the one who decides what should be eaten and what should be sold. Earning money ensures that a woman can take care of herself and her children irrespective of what her husband does. It gives her freedom to make decisions, but also freedom from disagreements and conflict with her partner. As one woman participant explained (and in the process motivated her fellow group members to earn their own money): "To get rid of violence, ladies, let us work. These men if you try to (get them to share their money) you will never win... So, to overcome it you just must work for yourself" (Women's focus group, 26+ years #2, Chikomba). Most women participants strongly felt that the best way for a woman to have decision-making power and freedom is to earn her own money.

While most of the men in the men's focus groups agreed that women should also be earning money, they were more ambivalent about the consequences. Women who earn money were said to be boastful, especially if her husband was not earning money, and want to take control of the household:

*I think when women earn money... they will boast themselves or look down upon their husbands. Especially when the husband doesn't have any job that gives him money. They will look down upon their husbands saying they are not of their grade, because she earns more money than him. (Men's focus group, 18-25 years, Chikomba)*

The participants in the men's focus groups accused women in the community of never wanting to share the money they earned, and some of the men participants felt that women should generally be more honest and transparent about what they spend their money on. Amongst some of the men in the men's focus groups there appeared to be some resentment of the independence that women acquire by earning their own money. It was often hidden behind laughter and jokes, but the fact that they (the men) are not allowed to touch women's money was clearly an irritant for some of the participants:

*The wife will be very happy that she has a lot of money. But the thing that I discovered why they are so happy is that they don't give (share) their money, it made them happy (not to share) [laughter]. They will get extremely happy and you be knowing that there is money and you want some to cover your side. They will say there's not even a cent [laughter]. (Men's focus group, 26+ years, Chikomba)*

According to the women in the women's focus groups, this jealousy or resentment often takes the form of accusations of infidelity. If a wife earns money, e.g., by selling garden vegetables, her husband may accuse her of doing sex work. The same thing may happen if he sees her buying nice things for herself (e.g., a dress) with her money. As infidelity is seen as justification for sending a wife back to her parents, wives would often hand over



their money to their husbands to avoid the humiliation of being forced from their marital homes. This again reinforces the husband's position as head of the household:

*He will start accusing saying that 'you were not doing piece jobs, instead you were with your boyfriends'... So the issue here is that the man is the household head, he is the one making decisions about money... I can even be returned to my family home. He will say 'because when I married you, you came to my home so you should tell me your plans when it comes to money. I will tell you what to do.'* (Women's focus group, 26+ years #1, Chikomba)

Especially the survivors' focus group shared many experiences and examples of how men control women's finances and ability to earn money. A major challenge appears to be that some men forbid their wives to earn money. She is not allowed to improve herself (e.g., return to school), but can also not engage in informal trading activities. The survivors experiencing this controlling behaviour explained that their husbands become jealous, fearing that they will find another man and leave them. A discussion in one of the men's focus groups affirmed this fear:

*Let's add there, they (women) will be more than happy that she has been promoted at her job and the husband has less money. She will think of divorcing the husband who has less money because she has more money... It happens and it is common.* (Men's focus group, 26+ years, Chikomba)

Some women FGD participants reported believing that men are right to suspect infidelity. In the focus group discussions, these women participants argued that women should not work to avoid the risk of having an extramarital affair or being suspected of having one. One women participant shared a story of how she used to have a job that earned a lot of money, but that she resigned as she knew her husband would accuse her of infidelity. This decision, she explained to the group, was the right one, as a woman should always choose to stay married. In her opinion, being educated and earning money is not reconcilable with being married:

*Those who are at work are single women... So where will you get the man to marry you? You have the money, but you are not married... Education is now making her look like a fool. It is blocking her from getting married, some educated women act like fools, the education is not helping them, how is it helping? Having 5 different men? An uneducated woman is better off because she is married.* (Women's focus group, 26+ years #1, Chikomba)

It is, however, important to note that almost all the survivors in the survivors' focus group expressed a great need to learn skills and find jobs, so that they can take care of themselves and their children. They repeatedly emphasised the importance of earning their own money. They want to be trained and educated, seeing it as a crucial step to getting jobs and earning money – and then being able to avoid or escape abusive situations.

Reflecting on the focus group discussions and the opinions, stories and experiences shared, patriarchal gender norms appear to dominate within the participants' communities. Husbands are expected to lead the wife and family, and as household head and leader they can do no wrong: "The father does not sin" (Women's focus group, 26+ years #2, Chikomba). The expectation is that he must earn money and as breadwinner must provide for the household. These norms extend to boy children and how they are raised. For example, when poverty strikes, girl children will be taken out of school to save money, while boy children will be kept in school. While household chores are typically allocated based on the household's size and the age of the members, men's chores are typically perceived as the harder ones, such as thatching, brickmaking, and cutting firewood.

Women in the community must look after their husbands and family. The participants in the men's and women's focus groups explained that it is a woman's responsibility to feed the household and keep everything in good shape, and not to do so will mean that she has failed as a woman and mother. She must respect her husband and his family and if her husband does not provide, or does not treat her well, this is a burden that she must carry in silence. Women are taught to not raise their voices to their husbands, but to always speak nicely to them. She should spend her husband's money wisely and may do gardening or piece jobs to contribute to the household. Her typical chores include cooking, cleaning, laundry, and taking care of the children.

If men and women do not stick to these prescribed ways of being and doing, the major drawback is that they will be looked down on and mocked by the community. The focus group participants explained that, especially when a couple in the community cannot provide for their family, both the husband and the wife may be ridiculed by the other members of the community. The husband is seen as lazy and is made fun of, as he is supposed to be the breadwinner: "In our community the neighbours usually laugh at you, that this man is failing to support his family and how old he is... No one will help you or say, 'let's help him', instead they will laugh at you" (Men's focus group,

18-25 years, Chikomba). The same happens to the wife. Even though she is not expected to be the breadwinner, she is nevertheless expected to always fulfil the needs of her family, especially by providing food.

Clearly the cultural gender norms as explained by the participants are often at odds with the lived realities that they described. For example, many men are not providing financially for their families, and many women shout at their husbands for not doing so. None of the participants commented on this discrepancy. What they did note – and, interestingly, it was almost exclusively noted by participants in the men’s focus groups– is that traditional cultural customs and values are no longer being followed by everyone. For example, women now wear trousers, and both genders can do any job or chore. When discussing changes in traditional cultural norms and values, what was most noted by the focus group participants was that the power dynamics between men and women, and between adults and children, are changing. ‘Equal rights’ was used to explain, and usually blame, this change: “We now have equal rights. So, it has changed because the wife maybe above the husband” (Men’s focus group, 18-25 years, Chikomba). The emphasis on children’s rights has meant that children no longer respect adults and see themselves as their parents’ equals, and that adults can no longer beat children that are not their own. Women are no longer following what they were taught when they were young. A few men in the men’s focus groups explained that, while women used to be well-mannered, they now say that they have rights and see any recourse to the traditional way of doing as oppression:

*(I)t is our age-long custom that the father is the organiser at home and uses the opportunity he finds at home. But these young ladies we meet today can tell you that you are planning wrongly and only their ideas should be considered. If you disagree with her, it’s impossible, then violence starts because of these modern wives of ours. (Men’s focus group, 26+ years, Chikomba)*

### 2.2.3 Violence

The discussions on income, food security and decision-making highlight that money and how it is spent lies at the heart of many disagreements between couples. Aside from that, extramarital affairs and family members appear to be two other key triggers of disagreements. These triggers are, however, again linked to money and how it is spent, and based on some of the discussions it seems that only in situations of poverty do extramarital affairs and family members lead to disagreements. In other words, if a couple always has enough money, the husband’s girlfriends or the wife’s mother will not lead to quarrels, because quarrels are always about the money being spent on the girlfriend or the family member/s.

According to the focus group participants, such disagreements are handled in one of two ways in the community. The first is to be open and honest and to talk it out – and this is the option preferred by most of the participants. The other option is to involve a third party, such as a family member, to mediate and/or counsel the couple on how to handle the situation. Unfortunately, often couples do not follow either of these routes, or these options are unsuccessful, and quarrels can lead to divorce. It also often leads to violence.

The focus group discussions and key informant interviews explained that women and girls in Chikomba experience physical, economic, emotional and sexual violence. With physical violence, beatings are the most common. Culturally, it was always acceptable for husbands to beat their wives as a way of disciplining them. While people in the community are now more aware of women’s rights – which includes the right not to be beaten – beatings are still common. Economic violence is also common, taking on different forms: husbands not sharing their earnings and not providing for the family; husbands taking the money earned by their wives; husbands selling household items and keeping the money for themselves; and husbands preventing their wives from earning any money. Emotional and sexual violence was much less often discussed by the participants. Sexual violence was almost only discussed in relation to girls, where they are sexually abused by relatives, or by partners when in transactional sexual relationships. One participant mentioned wife inheritance, stating that it is a common practice. Child marriages happen (discussed in detail in Section 2.2.6).

In discussing different forms of GBV, almost all the groups described and discussed violence perpetrated by the husband on his wife. Most of the participants reported seeing women as most vulnerable to GBV. It is within this context that the causes of GBV was identified. The GBV driver most discussed by the participants in the women’s focus groups, was extramarital affairs. These women participants argued that extramarital affairs drive GBV in different ways. When a husband has a girlfriend, he spends his money on her and not on his wife and family – which is in itself a form of violence. Furthermore, many men are generally ill-disposed towards their wives if they have a girlfriend, and then easily find excuses to beat her. Especially if the wife queries or criticises the fact that he is spending money on his girlfriend, she will almost always be beaten:

*Because we understand in our day to day lives there will be some worm (husband's girlfriend) elsewhere, which will be using the money. And that will lead to violence in the home. Because there will be some worm that will be using the money or eating the household food. If there were two buckets of mealie-meal, only one will be left. Hey, you my husband? (you may ask about the missing bucket). Violence starts. (Women's focus group, women with disabilities, Chikomba)*

The second-most discussed cause of GBV was alcohol abuse. Participants (from both men's and women's focus groups) explained that, when men take household money and spend it on alcohol, especially when the household is under financial strain, this is in itself a form of economic violence. However, what was discussed at length in the women's focus groups, was the beatings that ensue once the husband returns home drunk. The wife would ask why the husband spent the money on alcohol and he would proceed to beat her:

*What will happen when he is back is I am going to ask him that, since he had said he did not manage to work, then where he get the money to get drunk? Obviously, violence will continue because he will be saying 'you are my property and you should not be too forward, neither should you ask me about it'. Violence begins and it continues like that. (Women's focus group, 26+ years #2, Chikomba)*

In all the men's and women's focus groups, as well as in the KIs, participants explained that poverty and hunger create the underlying environment that drives GBV. When people are hungry and stressed, tempers are short. If the wife asks or criticises her husband for the lack of food and money, he beats her. But other forms of violence (sexual, emotional and economic) also increase within an environment of poverty and hunger. This is arguably why the FGD participants identified COVID-19 as a major driver of GBV, for it exacerbated the poverty and hunger that was already common within the district. COVID-19 also facilitated GBV in other ways. During lockdowns, couples were forced to stay together, full-time, in the same household. Not used to such constant, proximity, conflict often resulted, and a definite increase in physical abuse was noted by shelter providers.

Furthermore, the reality as described in the FGDs and KIs is that women in Chikomba are very dependent on their partners and this dependence makes them vulnerable to abuse. Where men have so much more power than women, it is easy to abuse the power, and a woman's attempts to overcome this dependence, or mitigate the negative effects of it, may lead to violence. For example, participants in one women's focus group described a common coping strategy of women in the community whereby, when their husbands provide too little food, they would only feed themselves and their children, and do so when their husbands are not at home. However, the risk was that the husband would find out and then proceed to beat her. Some husbands also beat wives that turn to sex work to earn money. One male participant stated that some women in the community instigate fights, so that they can report their husbands to the police (although it was not explained why this would benefit the wives).

Based on the focus group discussions, there appears to be a wide array of things that a wife may do that may lead to her husband beating her: talking too much, nagging, touching his phone, complaining about his behaviour, not doing chores, complaining when he takes her money, or denying him sex. She can also be beaten for things the children did wrong, or when the children pick her side in an argument. Underlying this behaviour, and justifying it, is the fact that both culture and religion are perceived as valuing men more than women. It is then acceptable for a husband to beat his wife:

*It's like men have certain negative belief that they can abuse as they can feel, even the boy child, the way he is being raised in the rural communities. I think the way we are bring up the boy child, it's actually exacerbating the problem. Where they feel there are in control, where they feel they can do anything to the women. So that low respect to the women in the community, I think it's driving the gender-based violence. (Key informant #2, male, Chikomba)*

While both the men and women in the focus groups reported that women are the most vulnerable to GBV, they also identified two other vulnerable groups. First, girl children are vulnerable especially to sexual abuse when they turn to sex work or transactional sexual relationships to overcome poverty and hunger. Entering child marriages also make them increasingly vulnerable (discussed in more detail in Section 2.2.6). Second, stepchildren are also vulnerable to GBV. In the community, stepparents often resent the cost of their stepchildren's upkeep, especially during times of poverty and hunger. Stepchildren may be emotionally and even physically abused or denied food and schooling.

Some focus groups were asked to discuss how different members of the household are affected by and respond to the GBV they witness in the household. Both the men and women participants reported that children are the most affected by the violence the father perpetrates against their mother. It causes them emotional trauma and

affects their ability to concentrate in school. They will start to hate their father for what he does to their mother and might even attack him. The mother of the abused wife usually finds it painful to witness and may try to convince her daughter to leave the abusive relationship. Yet there are also mothers who will side with their sons-in-law.

The reaction of the mother-in-law of the abused wife was discussed in much detail, especially in the women's focus groups. Furthermore, the mother-in-law was also discussed, unprompted, several times within the women's focus groups. From these discussions it emerged that in the community the relationship between mother-in-law and daughter-in-law is often negative and may contribute to the GBV occurring within the household. It is worthwhile looking more closely at this relationship, noting that it is usually a bad relationship. While there are a few mothers-in-law and daughters-in-law that get along and care for each other, this is the exception rather than the rule. The participants explained that, if the mother-in-law would have preferred her son to marry another woman, there will inevitably be conflict between the two women. If they stay together in the same household, the relationship is bound to get worse the longer they stay together. Both women resent the resources that the man spends on the other:

*Participant #1: There are few mothers-in-law that love their daughters- in-law... They are few. To hear that there is harmony at that house: it is not possible.*

*Participant #2: No, it is not possible, there is an issue (for example) she (the mother-in-law) looks at what her child used to give her and he is no longer doing the same. Today he has given her 2kg sugar. How much is (the daughter-in-law) left with? She looks at all that so it's difficult. (Women's focus group, 26+ years #2, Chikomba)*

According to the women's focus groups that discussed this difficult relationship, if the man abuses his wife, the mother-in-law might side with the daughter-in-law if they get along. But usually, she will not do so and may even encourage the violence. At times, she may also instigate disagreements between the couple, which in turn may lead to the wife being abused. Even men in the men's focus groups acknowledged that mothers-in-law may trouble a couple's relationship:

*I think the mother-in-law can be a trouble causer of domestic violence, because when someone is married, he will then be focused with his wife and the family for a better future. Mothers-in-law have a tendency of (expecting to be) receiving the same support from her son as to that she used to be given before her child marries. In this case they will start to blame her daughter-in-law. If she was given something valuable before, she will then provoke her child... She will tell him that he's no longer loving her because of her wife. So I think that mostly mothers-in-law are trouble causers. (Men's focus groups, 18-40 years, Chikomba)*

## 2.2.4 Family Ideal

Some of the focus groups were asked to discuss what the ideal family would look like. Again, the idea of having basic needs met was central: having enough food, money, clean clothes, and going to school. Interestingly, a number of participants described the ideal family as one where the members (including the children) are together, talking and discussing things and sharing their thoughts. The survivor focus group emphasised that an ideal family would be one where the man does not oppress the woman, allows her to work, and there is no violence. In discussing how families can move closer to this ideal, the need for income was emphasised, and the fact that more training might be needed to achieve this ideal. Parents must be a team that support each other, and counsellors should counsel families that are having problems.

If families were to move closer to this ideal, and if GBV is to be addressed in Chikomba, who would be the people bringing these changes and who would the people that community members listen to? Traditional leaders were identified as being potential agents of change. They are very influential at community level and people see them as role models. They are in any case gatekeepers to the community and intervention will not be possible without their permission. Two specific traditional leaders were identified as already being engaged in GBV prevention work. Another potential strategy that was identified was to intentionally engage the younger chiefs and headmen. Religious leaders should also be engaged, as they are also influential within the community. Other community role models (people that have made a name for themselves) should also be identified and mobilised. Examples of such individuals is the boxer Charles Manyuchi and the TV and radio producer Leo Chibhamu. The police are also listened to and specific individuals within the police can be mobilised as champions. Sergeant Ndhlovu from the Public Relations Department of the police and Inspector Makonde of the Victim Friendly Unit were identified as people already involved in addressing GBV. Ex-perpetrators can potentially also be effective at convincing people of the error of their ways:



*We also have other men (involved in our programme) who used to be perpetrators but are on a reform path. Where we can say they are more of champions than perpetrators. (They)... are also engaging in the communities so that they can also talk with other men. Though it's (only) one or two (men). You know, it's difficult for someone to open up, say 'I was once an abuser'. But if you can have more men like that who can hasten to say 'you know me doing this, but I have seen the light, I have seen the ills of this. It's good to live in peace.' I think it will work. (Key informant #2, male, Chikomba)*

## **Objective B: In what ways do survivors respond to IPV or child marriage, and why?**

### **2.2.5 Help-Seeking**

One focus group was conducted with women survivors of GBV and (amongst other things) it explored the ways survivors seek support and services. The key informant interviews also discussed this issue.

The FGD participants and key informants reported that, should a woman experience violence and choose to seek help, a relative would usually be the first person she reaches out to: "In the manner in which we live traditionally, we don't first reach out far off. You start by notifying the relatives" (Women's focus group, women with disabilities, Chikomba). The police, and the Victim Friendly Unit specifically, can also potentially help. The police may frighten the abusive partner so that he improves his behaviour (at least for a while). When first reported, the police will usually only admonish the perpetrator, but if he again abuses the woman he may be beaten. A woman may seek out a shelter and the shelters of Kwenda Mission and Musasa were mentioned specifically by participants in the survivors' focus groups. A range of different service providers exist that can assist women in different ways: Women and Law in Southern Africa can provide legal support, while Standing Hand for Economical Empowerment and Women in Zimbabwe can provide financial support. Different government ministries can assist in different ways. Community-based cadres report GBV and link survivors to services, as do village health workers. There are also toll-free lines that women can phone to get counselling and/or referral advice. Chiefs and headman can provide counselling and/or judgement should a marriage be unstable, while some women turn to the church and church leaders if they need help.

Unfortunately, both the survivors' focus group participants and the key informants reported that there are not only barriers to women seeking out these different possible service providers, but many of these service providers fail to assist women. Relatives may not know what to do to help the women or tell others about the abuse. Many service providers are not available, or are far away, meaning that women cannot access them. There are also some women who simply do not know their rights and the possible avenues of help, and thus they do not seek help. A number of the survivors' focus group participants argued that the police is corrupt and may be bribed by the perpetrator, meaning that there is no punishment despite repeated reporting: "The problem these days is that if I go to the police after fighting with my husband, when my husband is called by the police, he carries two dollars with him and give it to the police. He then becomes their friend and I lose the case" (Women's focus group, women with disabilities, Chikomba). Furthermore, the partner may reject her if he finds out she reported him, sending her back to her family. If the police beat him, this only increases her burden, as she has to nurse him. Some policemen try to seduce the women that come to report their partners.

The main barrier to seeking help, however, appears to be that women fear that it will destroy their marriage – and this many women fear above all other things. Being a single, rejected/divorced woman is the ultimate humiliation. Furthermore, it will mean that they have no-one to help them financially. This is why, as the survivors focus group participants and key informants explained, many women experiencing violence see no benefit to seeking help.

### **2.2.6 Child Marriage**

In two focus groups and all the interviews, participants were asked to reflect on child marriage, although the topic emerged organically in some focus groups. Most participants are of the opinion that child marriage is happening in Chikomba District and a number of the participants stated that they believe that it has increased due to COVID-19. One key informant, involved in programming aimed at preventing child marriage, quoted the rise in their statistics tracking child marriages. At the same time, there were two participants that do not believe child marriage is happening, at least not anymore.

The focus group participants explained that girls are entering relationships at younger and younger ages, but whether these relationships are necessarily with older men was open to debate. Some of the participants explained

that girls were entering relationships with boys their own age, or at least close to their own age, and at times it was because they fell pregnant. But most of the participants stated that these early relationships and child marriages to older men is because girls believe they will be better provided for in their partner's household. In other words, poverty and hunger are driving girls to enter relationships. In one focus group with women between the ages of 18 and 25 years, the participants explained that girls (including themselves) are increasingly rushing into marriage, to the extent that to be 21 and unmarried is considered odd and old. These participants offered many reasons for why girls choose to marry (or elope) at such young ages: when they are forced to work too hard at their parents' household; if they stay with abusive stepparents; or if they cannot afford school fees.

According to the FGD participants and key informants, child marriages to older men are happening primarily because girls and/or their parents want money or food. The girl believes she will be better cared for in the new household, while the parents wish to get bride price: "Some parents are marrying off their girls in a bid to acquire food. They take their girls and ask for two buckets of maize meal" (Men's focus group, 18-40 years, Chikomba). Some child marriages happen for religious reasons, where specific religious communities (Apostolic faith communities were mentioned explicitly) marry their girls off at a young age.

As part of the discussion of child marriage, the issue of early pregnancy was often raised. According to a number of the participants, girls are engaging in sexual behaviour and falling pregnant at a younger and younger age. The COVID-19 school closures have exacerbated the situation, as school children have little to do. While there are still parents that demand that the man or boy must marry their pregnant daughter, it is increasingly accepted that pregnant girls will stay, unmarried, with their parents. Yet pregnancy affects their ability to attend school. While laws have changed and pregnant girls may no longer be refused access to school, there is still stigma to being pregnant and in school. Therefore, some parents do not allow their pregnant daughter to go to school, or she refuses to go.

**Objective C: In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?**

## 2.2.7 Experiences of Women and Girls with Disabilities

The research only engaged directly with women with disabilities in one focus group per district with women with disabilities. The key informants were also asked for their views on how women and girls with disabilities are treated and affected by violence. While one of the key informants were of the opinion that women with disabilities were being treated like all other people, the opinions of the other key informants as well as of the women with disabilities in the focus group were the exact opposite. The women with disabilities in the focus group explained that they are not valued or respected in the community and are stigmatised and discriminated against. For example, they are not given positions of authority in the community, even though they are able to fulfil the requirements and responsibilities: "We are left behind on assumption that we are not able to take the posts. But we have the ability to take the posts" (Women's focus group, women with disabilities, Chikomba). They feel that they are last in line for handouts from donors and government, and that almost nothing is being done to assist them, even though there are many people with disabilities in the community. The stigma and discrimination connected to disability are so extreme that there are still parents that hide their child with disabilities:

*Do you know we still have people who are hiding disabled children? ...Members of the same communities are not even aware that there is disabled child. It is still happening and that girl child is not educated, she is disabled, she does not socialize with any other community member, she is not exposed to any other information her peers receive. (Key informant #2, male, Chikomba)*

Women and girls with disabilities are extremely vulnerable to abuse, as they cannot easily fend for themselves economically. There are many jobs and chores they cannot do, and abusers can easily take their money, or refuse them money. But it appears that they are particularly vulnerable to sexual abuse, because of their vulnerability and dependency: "You find out that those girls they become targets of sexual abusers. Because they cannot voice, or they cannot speak for themselves. In terms of those who are physically challenged they cannot defend themselves when the abuser comes" (Key informant #2, male, Chikomba). Some turn to sex work but is there also more vulnerable than women and girls without disabilities. Furthermore, they do not have specific places that they can easily access to report and support services can rarely cater for their specific needs. One of the women in the focus group with women with disability explained how difficult she found it to report the violence she is experiencing at home:



*I am a woman who has children with this man, but the way he treats me, or that his parents (treat me, is not good)... But I have had children with him. We don't have a specific place where we can go and report our issues. That is how things are. We are people who experiencing violence. (Women's focus group, women with disabilities, Chikomba)*

## 2.2.8 Experiences of Women and Girls with HIV

In terms of HIV, only the key informants were asked to reflect about women and girls with HIV and their experiences of GBV and support services. One of the key informants is involved in HIV programming in Chikomba and explained that there are extensive support structures in place for women with HIV. For example, there are 14 women's HIV support groups in the district. Through the work done by different organisations and influential actors, HIV is less stigmatised than it used to be. People now know that anyone can get HIV and many of those who are HIV-positive are open about their status. According to this one key informant, discrimination against people with HIV is very low.

However, this is not the opinion of the other key informants, who argued that especially women with HIV face significant stigma and discrimination. Because they have better health-seeking behaviours, women are usually the ones to test and discover that, they are positive. In disclosing to their partners, they are accused of infidelity and the partner refuses to test. The blame therefore rests only on her and if she gets sick, he sends her back to her family or leaves her under the care of her children. Being sick leaves her particularly vulnerable for, should her husband refuse to support her, she is left destitute. She is blamed by her husband and the community for getting HIV and accused of engaging in immoral behaviours.

COVID-19 has been particularly challenging. One informant, involved in HIV programming, explained that as the economy worsens, women increasingly test positive for STIs and HIV. There is no correlating statistics for men – because men do not test nearly as much as women do. With COVID-19 bringing considerable economic strain, it is therefore no surprise that women are increasingly testing positive for HIV and other STIs. Those who are positive (men and women) have found it difficult to get the needed treatment, as travel restrictions made it very difficult to get medications. Furthermore, to get the needed travel permission letter, many are forced to disclose their HIV-status, and many choose to rather go without medication than disclose to authorities that they are HIV-positive. Others default on their medication because they can no longer afford enough food (and enough nutritional food) to ensure that they do not get sick from taking the medication.

One informant is involved in programming targeting sex workers and, when queried about HIV-positive women, started discussing their particular situation. Sex workers are heavily stigmatised and discriminated against in the communities they live. They also face violence from their clients. Yet there are very few programmes that target or even engage with sex workers, meaning that they are not getting the services that they need. During COVID-19, when lockdown meant that they could not work, many became economically destitute, but there are few service providers or organisations that assist them:

*I have been working with sex workers... here in Chikomba district since it started. I have appreciated the challenges that the sex worker (has) and also we do not have sex worker-friendly services. It's not very easy for them to access services without being stigmatized. So I realised that they are actually a unique group which have been invisible for quite a while. (We have) just have been talking about women (Key informant #1, male, Chikomba).*

## 2.3 Chiredzi District

**Objective A: What are the main pathways connecting household economic stress, gender and social norms, and GBV (primarily IPV and child marriage) at the household level in focal districts, and how are different members of the household affected?**

### 2.3.1 Household Stressors

The participants in the different focus groups indicated that the families described in the vignettes were common in their community, as Chiredzi families also survive by doing informal jobs and have extended family members staying with them. It does appear, though, that women-headed households are extremely common in the district. Participants described families in the community where men are absent because they either abandoned the family, was never present, or is living elsewhere (usually in South Africa). Families may also share a house with another family, or multiple other families.

It appears that most people survive through informal activities, especially vending. As in the other two districts, many survive by doing piece jobs, although the nature of piece jobs reflects the urban nature of Chiredzi: aside from piece jobs also common in the other districts, such as watering gardens or making bricks, participants from Chiredzi may do stock take at supermarkets or offload cement trucks. There are parts of Chiredzi where farming is being done, but it is often affected by drought. Some women do sex work full-time, while others may do it to supplement their income when needed; some men steal to provide for their families.

In general, income is sporadic and informal, with people in the community living day-by-day – and thus very prone to disruption. People are heavily affected when thieves steal their money, when a piece job pays less than promised, or when family in the diaspora do not send promised money or groceries. Unexpected expenses, such as medication, bribes or fines, can also be a big blow. COVID-19 exacerbated an already-precarious situation. According to the focus group participants, the few people in the community that were formally employed had their contracts cancelled; no informal vending was allowed; and people could not go out to look for piece jobs. With many people in the community not having any savings, the impact of COVID-19 was immediate and hard, as people simply had no way of getting the money and food they needed to survive: “(COVID-19) destroyed out lives” (Men’s focus group, 26+ years, Chiredzi). While there were some donors that provided food and/or money, the focus group with young men reported that few younger participants were selected for such programmes and that the donations were going to people less deserving and in need than themselves:

*Again those who were collecting data (to decide who to support), I think there was favouritism. Because a person would pass where you stay... those enumerator pass and go to the next corner. So you will know what was happening, because at the end of the day you will discover that those people who (are already receiving donations)... are still benefiting. They are much better in terms of surviving. (Men’s focus group, 18-25 years, Chiredzi)*

It should be noted that many of the participants in the older focus groups were being supported by donors and had vastly different opinions of and experiences with donors (this is discussed in more detail in Section 2.3.5).

The financially challenging situation is further exacerbated by social factors, especially within the household. Where a husband spends the little money, he earns only on himself (e.g. on girlfriends or beer), it causes stress and resentment. Wives may complain and nag because their husbands do so, or because they bring no income whatsoever, which also intensifies stress. Where the wife gives money to her relatives, it adds pressure on the household finances, as do the extended family members that stay with them. If stepchildren stay with the couple, the stepparent may resent the economic burden of providing for the child. Where a father or mother choose to only provide (e.g., give food or school fees) to certain household members, tension and resentment grows. Men may also be under considerable pressure from their friends and girlfriends to go out, socialise and drink alcohol, which puts pressure on the household’s finances.

Most of the focus group participants agreed that women are most vulnerable to economic stress, for they are responsible for looking after the household. Even most of the men’s focus groups agreed that women feel a responsibility to look after the household and ensure that everyone is fed and cared for – and that the absence of money and food is therefore a major stressor for women. The children in the household will always approach their mother with their needs, meaning she is constantly confronted with hungry and needy children:

*...(T)he child still comes back to the mother. And you the mother will ask yourself what you will give to the children. You become sleepless till morning... Truly speaking, you don’t sleep. So yes, the mother carries the burden. (Women’s focus group, 26+ years, Chiredzi)*

Men, however, are according to culture supposed to be providing for the family (more on cultural expectations in Section 2.3.2). They therefore feel constant pressure to provide for their families and such financially challenging times may be a considerable strain on them. It should be noted, however, that it was almost exclusively participants in the men’s focus groups that said that men carry the most strain during financially challenging times. A number

of participants reported believing that children were most vulnerable during such times, as skipping meals, seeing friends with food while they have none, and not being able to attend school is extremely challenging. They may also be left unattended when their parents go looking for food, leaving them vulnerable to abuse.

Under such economically challenging circumstances, men are supposed to prioritise finding food for their household and work hard, hustling to grab any possible opportunity. Women are expected to be strong and patient but must also hustle so that their families do not starve. Male participants in the men's focus groups emphasised that women must not cheat on their husbands during such times, as women easily get boyfriends or turn to sex work to get food for themselves and their children.

While COVID-19 has been particularly challenging, all of the focus group participants described their lives prior to COVID-19 as also being very hard. They were almost always living hand-to-mouth, usually having to seek and earn money every day to have something to eat that day. Therefore, even before COVID-19 they had developed a number of coping strategies. Money can be borrowed from family and friends or from loan agencies, or food can be bought on credit. Especially women in the community join savings-and-loans groups, which offer them the opportunity to start a small business, as do the soft loans that the Zimbabwean government at times make available. Families may simply start eating less, e.g., by having only one meal per day instead of three or may start begging. Many people in the community turn to illegal activities, such as stealing, or may gamble. Men may leave to go to South Africa – some send money back, but others leave simply to avoid having to provide for their families. Some families send their children (or some of the children) to live with family in rural areas, where it is cheaper. The whole family may also move back to the rural areas. Some people in the community survive through support by donors, while many women and girls turn to sex work to provide for the family.

COVID-19 was described by the participants as not only affecting families economically, but also socially. It changed the family dynamic, with family members no longer being able to travel or (during lockdown) allowed to leave the house. For some families, it meant that the whole family started doing chores in the home, working together to clean and plant their homestead, since there was nothing else to do. But with other families, COVID-19 led to family break-up, for example where fathers or mothers immigrated or abandoned the family, or children were sent away to live with other family members. With girls doing transactional sex to provide for the family, some fell pregnant, which meant that they could no longer attend school. Some, when doing sex work, were arrested for breaking the lockdown regulations. Some family members started doing drugs, some became thieves, and there were suicides: “Some people opted to commit suicide because of poverty, we recorded a number of suicide cases during this pandemic” (Men's focus group, 18-25 years, Chiredzi).

### 2.3.2 Norms and Decision Making

All the focus group participants struggle financially. The key informants also described Chiredzi as a community where most people work informally and often struggle to make ends meet. It is therefore relevant to take note of how decisions are made around the spending of the money that is earned – and what this tells the observer about family dynamics.

A number of focus groups were asked to reflect on how families in the community decide on how the family income (earned by the father or the mother) is spent. Most of the participants, including many of the men from the men's focus groups, reported believing that the wife should be in control of the household finances, as she knows what the household needs and is better at planning. While she may ask the other family members for their opinions, and while the father may remind her of certain important items (e.g., rent), she is the one who should be making the final decision. Part of the reason why the wife should manage the money, is as the husband cannot always be trusted. Both men and women in the focus groups emphasised that men will easily misspend household money: “(W)omen cannot buy a drink whilst at home there is no relish (food), but men can buy beer and drink knowing exactly that there is no relish at home” (Male focus group, 18-25 years, Chiredzi). Only a few participants stated that it is men who should decide on how the money is spent, arguing that the man is the owner of the money as it is earned by him.

Many participants argued that, ideally, a couple should decide together on how the household's money should be spent, as this will lead to less arguing and to the family achieving their goals. However, each focus group discussion also acknowledged that the 'right' way of decision-making depends on the specific family and family dynamics. If a husband and wife understand each other and trust each other, then they will be able to share their money and decide together on how it is spent. But if a husband cannot be trusted to spend money wisely, then he should not be able to keep it and decide what is done with it, and then a wife should not share her money with him.

Interestingly, the men's focus groups were again also quick to emphasise that some men waste money and should therefore not be trusted.

The Chiredzi focus groups had much less discussion (compared to the other two districts) of how a man's earnings belong to the household. There was actually only one person – a man – who categorically stated that a man's money is not his own: "He is the father and husband, it's no longer (his) money. It is now family money. You will start to decide together, and one can have a plan to buy cattle or a goat, and food" (Men's focus group, 26+ years, Chiredzi). However, there was extensive discussion of the money that a wife earns. Some of it was prompted by interviewer questions, but some of it (again, especially with the men's groups) emerged unasked.

The participants in the women's focus groups felt strongly that it is important that a woman should be earning her own money. Sometimes quite vehemently, the women in these focus groups explained that this is the one way a woman can ensure that she does not have to ask her husband for anything and that she and her children are taken care of. Directly and indirectly, two reasons emerged for why it is so important not to depend on your husband: first, because he may often not provide the needed money, and second, he will abuse the power he has as the breadwinner, belittling and hurting his wife in different ways through denying her the money she needs to take care of the household. Earning her own money is therefore a way to claim power and make herself less vulnerable. One of the women in the survivors' focus groups explained how earning her own money has made changed the dynamics between herself and her husband:

*Now I don't ask my husband even vegetables. He will come and eat with beef I buy, because I work. But what irritates him is the issue that he will say that 'when you see the wife making her money she is no longer interested in you.' Like I used to call at 8 asking him where he is. Now I don't call. (He will say) 'there is no wife who don't ask her husband where he is'. I will tell him that 'you are jealous and you are also sometimes hurt, I will not look for you. Rather, I will look for my child who has gone to play and did not come back. I can't look for a grown man who knows how to come back home alone.'* (Women's focus group, survivors, Chiredzi)

A woman earning her own money was repeatedly described, especially in the women's focus groups, as being happy, because she can give her children and herself the needed food, clothes and school fees, without having to ask her husband. Therefore, it appears that, even while the husband is expected to be the breadwinner and provider, a wife is happiest when she does not have to depend on him. She also has the freedom to decide what is done with the money, since she earned it.

It was only the men's focus groups who identified problems or challenges when women start earning money. The participants in the men's focus groups reported believing that a woman who earns more than her husband controls the house, meaning the husband has no say. Furthermore, the participants in the men's focus groups explained that wives who earn money may be doing so through sex work. From the discussions it appeared that many the participants in the men's groups believed that a husband is right to suspect his wife of infidelity if she is earning money. Earning more money may also lead to her doing sex work, as the influx of cash means that she is now visiting more places and meeting men:

*(T)his issue makes me think that if the wife is getting something, it will affect the husband: 'How she got things while we fail?' So sometime if the wife has, the husband who doesn't get anything he should be affected that the wife is getting something... They may get money which they keep aside (and spend on themselves).* (Men's focus group, 18-40 years, Chiredzi)

These fears may be what is leading some men in the community to refuse their wives the right to work. The survivor focus group emphasised that men do not want their wives to earn money or do anything that may improve their status (e.g., go to school).

The discussions around decision-making and the earning of money revealed the role that gender norms play in influencing what is seen as acceptable behaviours in relation to decision-making and the handling of household finances. A number of the focus groups were asked to reflect on the dominant gender norms within their community.

Focus group participants (both men and women) described men as being the head of the household, making the decisions, and the owner of the house and everything in it. He is the one who must provide, while his wife is only there to assist him. Many people in the community believe that men are superior to women, able to make decisions without being challenged: "For him he will do what he wants and there is no one who will ask him" (Women's focus group, survivors, Chiredzi). Women, on the other hand, are taught to consult their husbands with all decisions,



obey their husbands in everything and be their helpers, and never to withhold sex. They must make sure that their husbands bath, have ironed clothes and good food, and women must be wise and not lazy. Women in the community are also taught to love and respect their in-laws, and to be obedient and well-behaved: “You must make sure your home is organized. You are going to be a new daughter-in-law, be it in your bedroom or dining, you should organize your things. You should sweep and clean up nicely, practicing good hygiene” (Women’s focus group, 26+ years, Chiredzi).

This is what the focus group participants reported men and women in the community were taught and seen to be. At the same time, reflecting on the opinions, stories and experiences shared by the participants, it appears that this is often not the way men and women in families behave. For example, as already discussed (and will be discussed more below), men often do not provide for their families; women are often breadwinners, and some criticise and challenge their husbands. Why these discrepancies? One reason may be the challenging financial climate. Both men and women need to hustle and provide for the household to survive. Desperation may also mean that either of them take on any jobs, meaning that gender-specific jobs and roles are becoming less common: “I think the time that we are in is not the time where roles are to be gender-specified. As long as you can have a livelihood from what you select to do, it doesn’t matter. You can do anything” (Women’s focus group, 18-25 years, Chiredzi). However, some focus group participants blamed the new laws on gender equality for the discrepancy between cultural norms and lived reality. Seeing these laws as violating the cultural belief in the superiority of men, some of the male participants blamed the laws for all the problems in the family:

*Things were in a good order, but the moment the government’s law of the gender balance (came), that’s where things go wrong. Nowadays, women tell you that there are equal rights on everything. Even in the house they say we must do equally. (Men’s focus group, 26+ years, Chiredzi)*

One women’s focus group also explained and discussed how the extended family is no longer teaching young children and adolescents how men and women should act and be. This group felt that this is the reason why people in the community are no longer abiding by cultural norms. Some of the group’s participants argued young children and adolescents are no longer being taught as people no longer have the energy or resources to spend time with extended family members; other participants said it is because of jealousy within the family, while yet other participants blamed the government’s policies on gender equality for bringing an end to these teachings.

The reality is also that there are many women-headed households in the community. This may be because women have been abandoned, widowed, or because their partners live and work elsewhere. Child-headed households are usually headed by girls. One key informant explained that their organisation’s research and registration process found more women-headed households than male-headed households in the community. With their being so many women-headed households, the dominant gender norms are challenged – for men are obviously not providing and not heading these household. As one young man explained: “I grew up without a father. I knew that our mother was the one who decides what we do and what is needed in the house. Even if I got the money, I bring it home, so that she decides how to spend it” (Men’s focus group, 18-25 years, Chiredzi).

### 2.3.3 Violence

The previous sections already identified a number of reasons why couples may argue. In discussing potential triggers for quarrels between couples in the community, focus group participants also explained that a couple’s priorities and choices may differ; they may argue about if/how they should provide for and engage with relatives; there may be dissatisfaction after comparing themselves to other families; or the couple simply does not trust each other. While better and open communication may mean that couples can work through these disagreements, the participants explained that disagreements often lead to separation or divorce. It may also lead to violence.

Focus group participants identified and described four types of GBV as happening in their communities, namely physical, economic, sexual and emotional, and it is almost always perpetrated by the husband against the wife. Physical violence usually takes the form of beatings. Economic violence includes the husband refusing to give his wife money, spending his money on a girlfriend, or taking his wife’s money. Sexual violence includes husbands forcing their wives to have sex even when they do not want to, but also the transactional sexual relationships and child marriages that girls enter (more on that in Section 2.3.6). Emotional violence includes showing no appreciation for what the other does, and for belittling or criticising the other. This is the one form of violence that women were also accused of perpetrating: “Maybe the other way round, now that the woman would even shout at the husband that ‘You are useless. You’re not... able to provide for your family.’ That can be emotional abuse to the man, perpetrated by the woman” (Key informant #3, female, Chiredzi).



In discussing what drives GBV, the focus group discussions and key informants identified two key factors that create an environment conducive to GBV. The first is lack of money and resources. It causes an immense amount of stress, that can easily turn into violence. The second key factor is hunger. When people are hungry, they get angry and violent much more easily:

*I think the reason why people end up being violent or having domestic disputes, mostly it's about economic stress. You know, if there's no food in the house. Like I said before, the women will ask their husband and if she does not have and he is kind of thinking that he has been put in a corner. He will end up beating the wife. And even if a child were to ask for food, they might also end up being beaten up. So... violence will be a result of having like no money, or no food, no livelihood. (Key informant #3, female, Chiredzi)*

Considering the role that poverty and hunger play according to the participants and key informants, it is therefore to be expected that COVID-19 led to an increase in GBV.

A range of other factors also contribute to GBV happening within households. Where couples do not trust each other, they always assume the worst of the other, which can trigger violence. Culturally, there is the belief that a man can do anything he wants with his wife, as he paid bride price for her. Gossip in the community may lead to violence, where a husband hears untruthful stories about his wife, yet does not believe her version of events.

In the focus group discussions, physical violence was always described as husbands beating wives. Various reasons were offered for why these beatings occur in the community. Some men, when drunk, may beat their wives, while others already had the intention of beating her and is merely using alcohol as an excuse. A wife, asking her husband for money or food, may be beaten by him. If she complains about her husband drinking while there is no money or food, it will very often lead to a beating. A wife may also be beaten if she complains about her husband having an affair or spending money on a girlfriend. Therefore, in various ways, husbands in the community use beatings to control their wives and get their own way. When wives claim they have equal rights, when they touch their husband's phone, when they do not want to give their money to their husband – all of these are actions that may lead to beatings. Jealousy may be another reason. Where a husband suspects his wife of engaging in an affair, he may beat her. Jealousy may also lead to sexual violence. The suspicion may be based on something as simple as seeing her talking to another man at the market, yet he will feel justified in beating her. Various other controlling behaviours may also result, such as monitoring her phone and the clothes she wears.

Based on the focus group discussions, economic violence appears to be rooted in poverty. Where a husband does not earn money, or is unable to earn money, he does not provide in the needs of his wife – which many of the female focus group participants see as a form of violence. There are also husbands in the community who spend household money on girlfriends and themselves or take the money their wives earned. Very few forms of sexual violence were discussed, apart from husbands forcing their wives to have sex. This appears rooted in the cultural belief that a man has a right to sex and that a woman cannot refuse him. If she does, he is justified in forcing her, or in beating her.

While all of the focus group discussions identified women as being most vulnerable to GBV, stepchildren were also noted as being at risk. If a child is the child of only one parent, the stepparent usually does not want him/her in the house. Especially if resources are few, this resentment may take the form of bullying behaviours, refusal of food or school fees, and even physical violence. This may lead young girls to entering child marriages (more on this in Section 2.3.6). They may be forced to do so by their stepparent, but they may also choose to do so – and then suffer GBV within the marriage.

All of the focus group participants agreed that children are most affected by the GBV that they witness within their households. It affects them, making them unhappy and unable to concentrate in school. They may also start imitating the behaviour they witness, not respecting others, beating others, and growing up to abuse their partners. The mother of the abused wife may also be affected, distraught by what her daughter is experiencing. She may try to convince her daughter to leave her abusive husband, or she may confront her son-in-law. She may also inform her son-in-law's relatives of what is happening, in the hope that they will intervene.

### 2.3.4 Family Ideal

In discussing the ideal family, it was notable that the focus groups in Chiredzi did not emphasise food in the same way participants in the other two districts did. Only two participants said that the ideal, happy family has enough to eat. This may be because the focus group participants were sourced with the help of an organisation that does food and financial interventions in the community. A number of the focus group participants are beneficiaries of

this programming and are therefore ensured of having enough to eat (more on this in Section 2.3.5). This may be why there is less of an emphasis on food.

The ideal, happy family was described as one where everyone gets along and help each other. The parents respect and understand each other. There are no arbitrary rules that only one partner must obey the other, and both have chores and jobs to do during the day. The ideal, happy family is also one where the children go to school and where the parents engage with their children, playing with them and talking with them:

*Are the children going to school? If they come back, did the husband go out with your children, just settling down and having conversation with your children? It will give happiness to that family. The children will like their parents, and you as a parent, you will notice that everything is moving well, whether there is food, is there a TV or not. But there will be more happiness, more than those who afford everything. I think this is the family with happiness. (Men's focus group, 18-40 years, Chiredzi)*

Counselling was suggested by some of the participants to help some families move closer to this ideal. The key informants were also asked who in the community would be able to drive positive change around ending GBV and making families safer. While no specific individuals were identified, different government departments and types of leaders were highlighted as being influential and potentially impactful. Church leaders and traditional leaders were identified by the key informants as having considerable influence, although some of them may first need to be sensitised and educated themselves. Some of the key informants argued that traditional chiefs are particularly important, as they have oversight over certain cultural practices and ceremonies that are problematic. However, the influence of chiefs is limited in urban areas like Chiredzi.

They key informants stated that different government departments, such as the Ministry of Women's Affairs, the Ministry of Youth, the police, the Department of Social Welfare, and the Ministry of Education should be mobilised and all work together, as people in the community have faith in the powerful people that work for these ministries and departments. Community representatives, health workers and local authorities are also important to mobilise, because of their reach at grassroots level. Non-governmental organisations, especially international ones, should be part of the process, as they usually have considerable resources. But these organisations should allow themselves to be led by local people, to ensure that they are developing local people:

*(W)hat you need is to come up with strategies that can assist these people, like forming clubs. Because there is a lot of money that is coming from NGOs and these things are, these funding that is coming, you find that they end up buying very expensive things, giving to community people who are not appreciating those expensive things (e.g., sanitary pads and school uniforms). They are being bought from conglomerates, people who already have got the money... We are also saying these community clubs are supposed to be providing products, (rather than paying conglomerates)... Most of the things should be (made)... in the communities, without maybe going to companies to buy these things. (Key informant #1, male, Chiredzi)*

## **Objective B: In what ways do survivors respond to IPV or child marriage, and why?**

### **2.3.5 Help-Seeking**

Some of the focus groups, including the one with female survivors, as well as the key informants were asked to reflect on where women and girls who are experiencing violence can get help. It appears that most women in the community prefer to access informal systems. This includes confiding in a friend or family member, to relieve the stress of keeping the secret, or to disclose to the husband's family members, in the hope that they will intervene. Women may also go to their church leaders or fellow church members, who can pray and possibly also intervene.

The formal service providers include the police's Victim Friendly Unit, who also provide counselling for abused women and talk to their husbands. There are different organisations offering counselling for abused women and/or for the couple, while Child Line is available for children who are experiencing GBV. The Legal Resource Foundation and Women Lawyers of Southern Africa can assist abused women with the legal aspects of her situation, such as protection orders, divorce papers and ensuring that child support is paid.

Two of the focus groups (one with women ages 26 years and older, and one with men ages 26 years and older) extensively discussed how help in the form of food security can assist in ending GBV. In both focus groups most of the participants were beneficiaries of an INGO programme that ensures that the household receives enough

food. This has meant that these participants only must source the money for rent and school fees, which has lessened their economic stresses immensely. This, in turn, has meant a decrease in GBV in the household. One women participant shared her story of what this has meant for her family:

*(The INGO) did not offer us food only... The best service that (the INGO) has offered in our lives is not food only, but it has cemented our marriages... (If it was not for it; women could have lost their husbands. Because some of our men (their jobs and income) ... stopped when Corona started. Then household violence began... (The INGO) has made it possible for us to buy the grocery that is required in the household. You eat and be full, challenges will come but when we are together as a household. Being happy that we are in our household. Because you know it that when there is no food in the household, aunty, there is no love that flows in the home. Because you will get in the blankets and show each other's backs because of hunger. But because of (the INGO) we are together, we are happy in our households... Sure, even the physical violence we used to experience in these households is now low because now the man knows that he is only left with looking for money for rent through piece jobs. (Women's focus group, 26+ years, Chiredzi)*

According to the FGD participants and key informants, there are a number of potential reasons why those experiencing abuse do not seek help. The first barrier is cultural and societal. A husband's abusive treatment of his wife is seen as typical, acceptable behaviour by many in the community and a wife is expected to patiently bear it. Even her parents may tell her to simply persevere. For many people in the community, it is a taboo to report such behaviour. If women do report, they may not be believed, or they will be gossiped about in the community. That is enough to stop many women from reporting.

The second reason is economic. Should these women report their husbands, they run the risk that he stops supporting them and their children. He may send her home to her parents and if he is arrested, he cannot earn money. To ensure that she and her children are provided for, she therefore opts against reporting. The third reason is that many women in the community do not know of the services and support that is available, or those services and support are too far away for them to access. The needed services may also simply not be available.

### 2.3.6 Child Marriage

One form of GBV that affects girls, is child marriage. In the focus groups and interviews where participants were asked about the occurrence of child marriage, their opinions were more varied than the opinions of the participants in the other two districts. A number of participants reported believing that child marriage is no longer happening, or that it is happening very little and only because of the challenging economic climate. Yet some of the other participants argued that child marriage is very common, especially in the rural wards of Chiredzi, and that it has increased because of COVID-19: "It was being said over the radio that ever since Covid-19 started last year... there are over 2000 girls below 18 years, 13-18 (years), up to 2000 plus that got into marriages, because of Covid" (Women's focus group, 26+ years, Chiredzi). Again, in the focus groups the discussion of child marriage was accompanied by a discussion of the increase in early pregnancies. Focus group participants reported that they believe early pregnancies have increased because of school closures due to COVID-19. Having nothing else to do, girls engaged in sex and fell pregnant, and many entered transactional sexual relationships to provide for themselves and their families and then fall pregnant.

A number of reasons were offered by participants for why child marriages happen, and young girls fall pregnant. The key reason appears to be hunger. The girl and/or her family see marriage or transactional sex to get the food they desperately need. Therefore, if poverty in the community was not so common and extreme, child marriages and early pregnancies would not be so common either. Focus group participants explained that some girls may want to enter a marriage or relationship, believing it will lead to more food, while other girls' fathers may force them to do so. Her mother may not like it, but the father is the one who decides. Some families in the community have religious reasons for arranging a child marriage (for example, the Apostolic Church endorses child marriage). There may also be cultural reasons to get married at a young age. For example, child marriage is common in the Shangaan tribe and once a girl reaches puberty, she is expected to get married:

*(W)hen a child or a girl reaches puberty, that is 10, 11, 12 years old, right. As soon as a girl reaches that age, so she goes (to initiation school), she is trained how to... handle men, marriage set up and what. Now, she comes back to the community and they are normally given badges to say you are now ready to satisfy a man sexually, to have a home and the like. (Key informant #2, male, Chiredzi)*

Focus group participants and key informants explained that child marriages and early pregnancies are not always with older men, for girls marry and/or fall pregnant with boys, too. But getting married or falling pregnant does not necessarily mean that she and her child will be looked after. Her father may send her to the family of the person who got her pregnant, but she will not necessarily get married. Even if she does get married, the husband will not necessarily provide for her, and may also send her back to her parents. The father of the child may sometimes not even provide for her and his offspring, which may lead her to turn to sex work:

*Chiredzi has got a lot of economic activities happening... and these people have enough money to buy sex even from young children. So these are the people who are actually end up, getting these people pregnant. But at the same time they will not be prepared to marry them, so we end up having a lot of young prostitutes in the community. Because once you have been chased away from home to go to your husband, you join those sex workers what we call 'queens', and you will be accommodated and you are given food. But you will be selling sex and those women will be getting money out of you as a child. (Key informant #1, male, Chiredzi)*

**Objective C: In what ways do the experiences of women and girls with multiple and intersecting vulnerabilities differ to those of other women and girls experiencing IPV or child marriage?**

### 2.3.7 Experiences of Women and Girls with Disabilities

One focus group was conducted with women with disabilities and all the key informants were asked to reflect on the plight of women and girls with disabilities in Chiredzi. All agreed that women and girls with disabilities are treated very poorly by the community. They are discriminated against, e.g., where others do not want to share a house with them and do not want them to take part in community programmes. They are criticised when they are unable to help clean communal spaces. They find it difficult to access services, such as medical care, and many have no access to education. They are teased about their disabilities, but also blamed for anything that goes wrong, e.g., messy toilets or dirty rooms. The participants in the group with women with disabilities explained that it is very hard to be treated so badly and that it makes them very angry, and that that is why women with disabilities have to be strong emotionally: "...(!)t demands perseverance for people with disabilities to live. You just think I am also a human being but mostly we are expected to live like animals..." (Women's focus group, women with disabilities, Chiredzi). According to these participants, those with disabilities are usually only treated well by people who grew up with someone with disabilities. Yet caregivers are not always good to those with disabilities. There are even some who do not allow those with disabilities to go outside, as they (the caregivers) are embarrassed by them.

The reality is that women and girls with disabilities must rely on others, which makes them more vulnerable than other women and girls. This is evident in the fact that a number of participants in the focus group with women with disabilities, as well as the key informants, explained how common it is for women and girls with disabilities to be abused by their caregivers. They cannot defend themselves and many cannot even report the abuse without assistance:

*...(W)omen living with disabilities are experiencing a lot of violence and these include physical as well as emotional and sexual violence. And the most common of it is emotional and sexual violence... Sometimes they can fight, they cannot fend off the perpetrator and usually they are exposed to abuse (sexual violence) from caregivers. Usually these people rely on their caregivers for support. And when they are abused by these (caregivers) they cannot ask for the help. Because the abuser is... so close to that person. So, you find out issues to do with abuse of women with disabilities is usually under-reported or not reported. (Key informant #4, male, Chiredzi)*

The abuse they suffer affects them emotionally, as they often blame themselves for the violence they experience.

### 2.2.8 Experiences of Women and Girls with HIV

Only the key informants were asked to reflect on how women and girls with HIV are being treated in the community. COVID-19 has meant that those with HIV struggled to get the medication that they need, as the medication and/or the staff to dispense it is not always available. But all four key informants believed women and girls with HIV are not more vulnerable than women and girls in general. This, they believe, is due to the years of advocacy and education around HIV, which has meant that the stigma to having HIV has decreased significantly. Those with HIV are quite well-protected and get the counselling and services that they need:



*...(I)n Chiredzi now we have got many organisations which had come on board and conscientized people on inclusivity, how to live with people with HIV. To the extent that nowadays issues which are to do with violence to people with people living with HIV had reduced drastically. That stigma and the discrimination had reduced drastically, I can say. To the extent that we are quite happy on that note to do with people living with HIV. It's not now an issue of major concern. (Key informant #4, male, Chiredzi)*

Therefore, while some of the key informants felt the fact of having HIV may be due to violence (for they believe that women with HIV were probably forced to have sex without a condom by a man who knew he had HIV), the key informants also reported believing that women and girls with HIV are not at more risk for violence than the rest of the women and girls in the community.

With some of the key informants, the discussion of HIV led to a discussion of sex workers and their experiences and vulnerabilities. Furthermore, in one of the women's focus groups (women aged 18-25 years) most of the participants were sex workers. The situation and vulnerability of sex workers was therefore discussed in quite some detail.

Sex workers are at high risk for contracting HIV, as they are often unable to negotiate for condom use. One sex worker bluntly explained that men pay more for unprotected sex and that it is therefore worthwhile doing so. Yet getting HIV and other STIs may prevent these women from working when they get sick and getting the needed medication to treat STIs is expensive. It is therefore a constant risk to engage in unprotected sex.

Sex workers do not earn much, averaging 2 dollars per client. Even prior to COVID-19 they made a precarious living, but the participants who work as sex workers explained that COVID-19 has made it even worse. With bars and restaurants closed, it is difficult to find clients. Clients also now rarely buy them food, which used to happen when they met in bars and restaurants. Sex workers were also arrested and fined by the police for contravening hard lockdown rules. Yet they had to do so, for sex work is the only income they have, through which they must provide for themselves and their children. All the sex workers in the focus group with young women were single mothers.

Sex workers are at risk for violence. Their clients may beat them, and some clients do not pay. They are stigmatised by the community, especially by other women. Yet, as they explained during the focus group, they feel that they have not wronged anyone. On the contrary, they reported believing that men would not ask for their services if their wives did not refuse them sex, so the fault lies with the wives:

*They will be looking down upon us... (Saying) that 'have (you) not find something else to do than standing in the road (i.e., sexwork)?'... 'You are going to take our men.' Aah, they won't even think of it that they are denying their men (sex). (Women's focus group, 18-25 years, Chiredzi)*

From the various discussions in the different focus groups, it emerged that what one person calls a 'prostitute' or 'sex worker', others label a 'girlfriend'. It is not always clear whether wives are complaining of their husbands spending money on girlfriends or paying for sex workers. The difference may in any case be academic, as the outcome is that household money is being spent to support other women. What it does mean, though, is that the vitriol and anger that is targeted at 'small houses' and 'girlfriends' are then arguably always aimed at women who openly do sex work – for these are obvious and public targets. Wives deeply resent the 'other woman' and the fact that she gets the money and food that the wife and her children need. This will challenge any attempt to address the stigma that is attached to sex work.



## 3. Synthesis of Case Study Findings

The findings of each of the three case studies were captured separately in the preceding section, facilitating the development of intervention programming uniquely tailored to each district. This section, however, integrates the three case studies. After a brief reflection on the similarities and differences between the different districts, as well as between the different age groups engaged in the FGDs, the key themes that emerged from all three districts are discussed. The discussion is again organised around the three assignment objectives.

### 3.1 Reflecting on the Different Districts

Reflecting on the **family structures** within the different districts, the research consistently found that in all three district there were various and varied family structures, which included a mix of couple-led, women-led, child-led families (there was no mention of single-men-led families). In all three districts there were reports of women led-households due to the absence of the men, either because they worked elsewhere, they were deceased, divorced or they abandoned the families. According to the participants, it appears that in Chiredzi and Mwenezi (compared to Chikomba) there are more families that have men who are working across the border in South Africa. Men from Chikomba, should they choose to work away from home, were reported to work in the district town centre of Chivhu and in the capital Harare. In the rural districts of Chikomba and Mwenezi the participants indicated that it is common for extended families, including in-laws, to live together. In the ward where the research was done in Chiredzi, it is more common for multiple non-related families to share or co-rent one house, with these shared houses built in close proximity to one another, limiting individual privacy. In Chiredzi women-led households seemed to be more common than in the other two districts and it was reported that many such women openly engage in sex-work.

Comparing common **livelihoods** across the three districts, it is common practice for women and men in all three districts to engage in piece jobs. However, the nature of these piece jobs differed in the two rural districts compared to the urban district. Common piece jobs in the two rural districts included brickmaking, cattle kraal building, working in someone else's fields, doing someone else's housework (e.g., sweeping their yard and doing their cooking), watering gardens or making bricks, while in urban Chiredzi piece jobs involved activities such as stock-taking at supermarkets or offloading trucks. In the two rural districts, families also depended on farming, including livestock production, and vending agricultural produce. In all three districts it was reported that some families rely on remittances or groceries received from relatives living across the border, but this was more common in Mwenezi and Chiredzi. Participants of Chikomba spoke of receiving food aid from NGOs, but that such aid has dwindled due to the advent of the COVID-19 pandemic. Participants from Chiredzi reported that many community members live off the cash transfers donated by Plan International.

In all three districts there was consensus that **teenage pregnancies and child marriages** were a common occurrence and that the incidences of these have escalated during the Covid-19 era (due to school closures). However, participants in Chiredzi reported that child marriages were less common in the urban centre, but more prevalent in the peri-urban and rural outskirts of the district. Participants in all three districts attributed teenage pregnancies and child marriages to poverty which led adolescent girls to engage in transactional sexual relationships, often with older men, or to seek marriage to boys or men with the hope of better living conditions in their new family homes. In Mwenezi, it appears that families tend to expect their pregnant teenage daughters to marry so that the family do not have to carry the additional burden of fending for an additional family member, while in the other two districts there appears to be increasing acceptance of pregnant girls staying unmarried and with their parents. Participants from all three districts reported that religious beliefs and practices, in particular those of the Apostolic faith sects, promoted child marriages.

There was general consistency in the **gender norms** of the different districts. In all three districts, participants reported that men are expected to be the main breadwinners (although they are not always), and that women were generally expected and expecting to play a role in making decisions on the use of money that their husbands

brought home. In the rural districts there were strong beliefs that the money made by the woman belonged to her alone and that she should do with it whatever she pleases. In Chiredzi there was stronger support amongst participants for the idea that incomes of women must be combined with those of men and decided on together.

**Narratives about violence** were similar in many respects across the districts. Physical IPV was reported as being most common in the community, but emotional and economic IPV were also everyday occurrences. The prevalence of IPV was also perceived as having been exacerbated by the Covid-19 pandemic. IPV was described as being driven by several factors, including conditions of poverty, men's engagement in extra-marital affairs, men's alcohol abuse, and their channelling of the meagre family resources towards these behaviours. Cultural norms about men's superior positions also fuelled IPV, as men were justified in becoming violent when their wives queried their behaviours and decisions or when wives would not comply with what was expected of them. Notably, women's engagement in sex work was reported as a common occurrence in Chiredzi. It was also only in Chiredzi that women spoke explicitly about sexual IPV (as husbands forcing their wives to have sex), arguing that it is fuelled by the cultural belief that a man has a right to sex and that a woman cannot refuse him. In the rural districts, discussions about sexual violence mainly centred around adolescent, school-going girls (which was also reported in Chiredzi).

In all three districts, **women and girls living with disability** were said to be particularly vulnerable to stigma and discrimination. They are marginalised and often are excluded from income-generating activities. In all three districts, participants spoke about emotional abuse by caregivers. In Mwenezi and Chikomba women living with disabilities were perceived as easy targets for sexual violence for different reasons.

In all three districts, stigma towards **women and girls living with HIV** was said to have declined over the many years of HIV education and programming, so that they were not perceived to be particularly more vulnerable compared to other women. Some of the key informants in Chikomba and Chiredzi discussed sex workers as part of their discussion of women with HIV, identifying sex workers as a particularly despised, marginalised, and vulnerable

## 3.2 Reflecting on the Different Age Groups

In each district, the FGDs with community members were split according to age (18-25 year; 25+ years; 18-40 years). This was done to address the possible power dynamics between people of very different ages and thus to ensure greater openness in the group sessions. While there were not marked differences in the themes and opinions of the different age groups, a few reflections are nevertheless worthwhile.

Some age differences in conceptualising gender and GBV were observed in the FGDs. Older men and women tended to justify gender inequality and male domination as a cultural norm which must be upheld to maintain peace in the home. Although there was general agreement across age groups on the devastating effects of violence against women and girls, older women participants often subscribed to a narrative that positioned such violence, and gender inequality generally, as something to be endured (rather than something that should be ended). In some FGDs these older women would encourage their fellow-participants to persevere and endure for the sake of their children and their marriages. Younger women, while not openly calling for 'gender equality' in such terms, generally displayed more frustration with and resentment of the violence and inequality they are experiencing. It was often younger women who spoke of their own decision-making in doing trading or other piece jobs, and/or entering transactional sexual relationships to provide for their needs and those of their households.

Older men blamed governmental laws calling for gender equality for causing women to disrespect men and undermine men's authority as heads of households. Younger men did not generally criticize or refer to gender equality laws as the older men did. Rather, some of the young men in the 18-25 years FGDs tended to be knowledgeable (to some extent) of gender equality and GBV, yet somewhat unable to practice or implement their beliefs. With respect to economic stressors, the young men in the FGDs reported that young men in the

communities experienced higher levels of unemployment and poverty compared to older men in the community. Many of these younger men expressed the belief that they (as young men) are marginalised within the existing government and NGO interventions meant to assist the poor.

### 3.3 Objective A

Poverty and hunger are part of the daily reality in Mwenezi, Chikomba and Chiredzi. The political situation in Zimbabwe, droughts and diseases have created a situation where people are constantly under considerable economic stress, sometimes not knowing whether they will have enough to eat the next day. Many people live a hand-to-mouth existence, hustling to find the resources to fulfil their needs that day, with little ability to save or plan. This 'normal' poverty was exacerbated by COVID-19 to an alarming degree, as lockdown measures meant that people were not able to source their daily food and money. Economic stress has thus increased even more. While Zimbabwe does not currently have such hard lockdowns, the impact of COVID-19 is still being felt and there are still restrictions on the informal economy. With the end of COVID-19 not in sight, and with unpredictable changes in regulations inevitable, COVID-19 will continue challenging households for the foreseeable future.

All three districts emphasised that poverty and hunger drive GBV and especially IPV. It creates an environment in which recourse to violence is common and becomes increasingly normalised. This link between poverty and violence is affirmed by the experiences of Chiredzi participants receiving consistent, sufficient food aid. They categorically stated that IPV has decreased in their households simply because they are no longer hungry and only must source money for non-food necessities. In Mwenezi and Chikomba, the ideal family was repeatedly described as one with enough food. The centrality of having enough to eat, and the impact of not having enough on family dynamics, should not be underestimated.

In an environment of poverty and hunger, two gender and social norms are instrumental in driving IPV. The first is the belief that men are supposed to provide for their wives and families. Women marry men with the understanding that he will provide what she needs, and in turn he will get a wife that will bear his children and take care of his household. When he fails to honour this 'contract', women feel justified to complain, berate and belittle him. While cultural norms dictate that women should quietly obey their husbands and never complain, a husband's failure to provide appears to be seen (at least by women) as such a fundamental betrayal that she (as wife) is no longer beholden to the expectation of quiet obedience. This then clashes with a second fundamental cultural norm, namely that men are the heads of the household and have the right to discipline their wives. Beating your wife is an accepted cultural practice. Although people know that it is now less accepted, it is still common and rarely are there repercussions for the husband.

The enforcement of men's position as head of household that expects obedience also takes on other forms than physical violence. It was especially the survivors that emphasised the controlling behaviours of men. Behaviours such as not allowing a wife to work or leave the house, not allowing her to have single female friends, policing what she wears, and checking her phone, is justified by cultural norms that say that he is the head of the household and that she belongs to him as he paid bride price. Men's status as head of the household is also used as a justification for the economic violence they may perpetrate, e.g., not sharing their money with their wives, or spending sorely needed money on beer or girlfriends. As leader of the household, they have the right to make these decisions.

Women are most affected by economic stress. Even though men are supposed to be the breadwinners and providers, women are supposed to take care of the household. If her husband does not provide, she is unable to fulfil what is seen as the most fundamental responsibility of women, for gender norms dictate that a woman must take care of the needs of her household. This causes significant stress for many women, especially those who are solely reliant on men, for they are reliant on their husbands to be able to fulfil this role and requirement. Men are also affected by economic stress, seeing that they are expected to provide for their families. Yet the participants

made it clear that men are much more able to ignore this gender norm and the expectations it places upon them. 'Provision' seems to be an abstract concept, while women are very concretely confronted by and responsible for their hungry families. It appears that, the more urban the community, the less community censure there is if a man or woman fails to abide by gender norms. Whereas in more rural communities men and women who do not provide and take care of their families will be laughed at and gossiped about – and this does serve as a deterrent for such behaviour – community censure appears not to be such a big part of urban living.

Men's failure to provide for their families trigger violence directly and indirectly. If a man earns money but spends it only on himself or wastes it indiscriminately, this is in itself a form of economic violence. This appears to be a common occurrence, notable in the fact that most male and female participants felt that women should be responsible for the household budget.

Where wives complain (either about misspent money, or the absence of money) they may be beaten. In the light of men's inability to provide, many women engage in activities to earn their own income. Yet this may trigger new forms of violence, as it challenges the existing, traditional power dynamics. Many men resent it when their wives earn money, especially if their wives earn more than they do, for they feel that women then start to control the household and no longer listen to them. There is this constant tension: on the one hand men state that women should also 'hustle', as the extremely challenging economic environment requires that both parents are needed to provide for the family; yet they resent it when their wives have money that they (as men) have no say over. For, culturally, a woman's money is her own and she has sole say on what happens to it. While both men and women feel that women spend their money wisely and, on the family, men nevertheless resent the power that it gives women – and the power that it takes away from men. This can lead to violence, e.g., where he forbids her from working, or where he forcibly takes her money. Often men accuse their wives of earning money through sex work, which justifies a beating. The reality of women earning money and taking care of their households challenges men's headship – even more so if one considers the many women-headed households in all three communities.

Another challenge to men's dominance is the notion of gender equality. It is notable that it was predominantly male participants who were critical of the ideas of women's rights and gender equality. They blame it for the friction and conflict in relationships, for the breakdown of traditional culture, and for the disobedience of their children. Traditional culture and gender equality is seen as irreconcilable. While Zimbabwean law calls for gender equality, these male participants nevertheless feel that traditional culture is best for the community and for keeping the peace.

It appears that there is an implicit, but very often explicit, belief that sex is provided on the condition of money (or resources). For example, a woman marries a man, and has sex with him and bears his children, because he provides for her – it was often described in terms that is reminiscent of a contract. Girlfriends are right to expect their boyfriends to fulfil their material needs; at the same time, a boyfriend that gives his girlfriend food or money has a right to sex. This link between sex and money is possibly why husbands so often accuse their wives of infidelity if they (the wives) have money. The default assumption seems to be that they cheated, not that they engaged in vending or piece work. Wives also somewhat automatically accuse their husbands of having girlfriends if they come home without money. This is arguably also driven by the cultural belief that men have insatiable sexual appetites, have a right to sex, and are unable to control themselves. This is simply 'the way men are' and should a wife complain, he has a right to beat or punish her. Men's right to sex has arguably been internalised by many women, for it appears that they are not upset by the fact that he cheats, but rather by the fact that his money is being spent elsewhere.

Cultural norms around extended family also drive GBV. It is expected and accepted for couples to take in extended family members, such as mothers-in-law and nieces, who need a place to stay. Yet if the couple is poor, this added economic burden may cause friction between the couple. The partner may resent providing for their partners' family, which can lead to violence. The extended family members may also be subjected to violence – and this appears to especially be the case with stepchildren. They are often bullied, abused and neglected by their

stepparent, who resent their presence and the financial strain they add. A woman who gets married is also expected to seamlessly fit into the household of her in-laws, yet her in-laws may abuse her – especially if her husband is absent. The relationship between the mother-in-law and daughter-in-law appears to be especially contentious, with mothers-in-law accused of conspiring to get their daughters-in-law in trouble and/or supporting their sons' violent behaviour. This all appears to revolve around the control of resources, with both mother-in-law and daughter-in-law resenting the others' access to the son/husband's resources.

Aside from the husband and wife who are central in IPV and in providing for the family, it is children who are most affected both by poverty and hunger, and by the GBV happening in their households. It does appear, though, that stepchildren are at particular risk. If there is poverty, they will be treated worse than the biological children of both parents. They may even experience violence.

### 3.4 Objective B

If survivors do decide to disclose the violence they are experiencing, the default is to report informally. This means they tell a friend or family member. Formal services are available, but the challenge is that they are limited and often hard to reach – although the participation of survivors who did access shelter and support services are testament to it being possible. Survivors often choose to not disclose to anyone – and the major driver of this reluctance is cultural beliefs and expectations. It is not culturally accepted for a wife to report her husband. To get him into trouble is the antithesis to being a good wife. The central reason for not disclosing, however, is that she runs the risk of losing her husband. This means that she has no-one to provide for her and her children, which is a major deterrent. It is also humiliating not to have a husband. Within these communities it is a point of pride and honour to be married and an important indicator of status.

Child marriage happens, although it is seen as less common than it used to be – at least partly because it has been outlawed. Certain tribes still support child marriage, as do certain churches. But the biggest driver appears to be economic. By getting married, the young girl hopes to enter a family where she will get more food and resources, while her family gains bride price and have one less person to provide for.

However, the problem appears not to be just child marriage, but rather all under-aged sexual activity. Young girls are increasingly falling pregnant without being married. This appears to be mostly due to transactional sexual relationships, but not always with older men. Even young boys may be the father of the unborn child. While culturally it used to be expected, and enforced, that the couple get married, it has become accepted for the pregnant girl to stay unmarried. However, she may be kicked out by her family, or her family may be unable to provide for her and her new child. Such young girls may turn to sex work to provide for themselves and their child.

### 3.5 Objective C

Women and girls with disabilities are seen as much more vulnerable to abuse and violence than other women and girls. They experience extensive stigma and discrimination in the community, and they rarely get the support and services they need. They are vulnerable to violence as they are so dependent on their caregivers – and are often sexually abused. If they do experience violence – which is very common – it is difficult for them to access services.

Women and girls with HIV appear to be more vulnerable in rural areas than in urban ones. Overall, the perception is that stigma and discrimination has decreased due to the large-scale conscientizing done by many different organisations. In rural areas, however, those with HIV may still be stigmatised. Women with HIV are most vulnerable when they test positive for HIV, as their husbands usually accuse them of infidelity while refusing to test themselves. Their husbands may beat them or mistreat them in different ways for being HIV-positive. COVID-19 has brought significant challenges for those with HIV, as many find it difficult to get the medication that they



need. With travel restrictions they are often forced to disclose their status to be able to get travel permission so they can get their medication.

Sex workers were identified as a particularly vulnerable group of women and girls. They are very stigmatised within the community. They are quite invisibilised within the services offered to women and girls, and few organisations cater to the very specific needs of sex workers. Unprotected sex is common as they earn more by doing so, increasing their risk of HIV and other STIs. Yet women who sporadically rely on sex work to make ends meet are arguably even more invisibilised. Even though sex workers are stigmatised, many women admit to seeing sex work as a viable avenue for earning quick cash when it is much needed. These women may not see themselves as 'sex workers' per se, due to the ad hoc nature of their sex work. It is questionable that they then adequately protect themselves, especially since it is obvious that negotiation around condom use appears to be tricky, both for full-time and ad hoc sex workers.

## 4. Conclusion

The report title contains a quote from one of the participants from a women's focus group on Mwenezi: "There is no peace without money". The participants from all three districts repeatedly emphasised that the volatile situation created by poverty and hunger should not be underestimated. In their view, GBV cannot end if poverty and hunger do not end. Women are perceived as important to this goal of addressing poverty and hunger, for they are seen as more reliable and responsible in how they spend money, but also in their focus on caring for their families. Women (at least in the eyes of the participants consulted in this study) can be trusted to do the right thing with money, whereas men can usually not be trusted.

But will economic interventions alone be enough to change the violent nature of relationships and families that has been normalised to such a large extent? The research has shown that certain gender and social norms in these three districts are significant catalysers of GBV and especially IPV. Men are still seen as superior to women, with power in relationships unevenly divided and recourse to violence an accepted way of life. Yet these traditional norms stand in stark contrast to the reality of many women-headed households, many women providing for their families, and Zimbabwean laws that call for gender equality. This tension between 'the world as it is supposed to be' and 'the world as it is' is not conducive to peaceful interpersonal relationships and families. If men feel their power is being threatened, violence often becomes a way to handle the fear and the threat.

In these communities marriage, especially for a woman, is an important indicator of identity and status. This was revealed not only in the women's focus groups' fears of being divorced or single, but also in the visceral reaction against small houses, girlfriends and sex workers. Marriage is something more than these merely transactional intimate relationships – and this is arguably why so many wives are willing to persevere despite the abuse they suffer. Yet, looking at the descriptions of many participants, even marital relationships can be seen as transactional, with provision being exchanged for sex. Such an understanding of marriage is arguably very common and not limited to Zimbabwe. But could a possible way of addressing GBV be to help communities revisit what intimate relationships and marriage could potentially be, if there is friendship, trust and companionship? Participants hinted at this possibility themselves. The ideal family was described as one where partners talk and share, where they engage with their children and like to spend time together. There is more to relationships than sex and money – although this is of course very difficult to see if one is in starving in abject poverty. Nevertheless, working with communities on building intimate relationships that are mutually supportive and encouraging could be an important component of addressing GBV.

Women and girls with disabilities are clearly an at-risk group that are intersectionally vulnerable and require focused, specialised intervention. Surprisingly, women and girls with HIV did not emerge as significantly more vulnerable than other women and girls – although this might only have been because there were no focus groups with HIV-positive women specifically. However, it should be noted that sex workers organically emerged as a population group that is significantly intersectionally vulnerable, but to a large extent invisibilised in existing service delivery and intervention. Working with this population group could also potentially be a way to get a better understanding of the views on sex, money and infidelity – and the expectations of intimate partner relationships.

It is in the nature of formative research that the research process itself leads to new questions that could not be answered from the concluded research. It may also highlight unexpected issues relevant to future interventions or research. Based on the formative research done in Mwenezi, Chikomba and Chiredzi, the following questions and issues have emerged:

- While the SAFE programme has a particular focus on child marriage, the formative research revealed that participants have noticed a marked increase in early sexual activity amongst adolescents and early pregnancies amongst girls. At least some of it appears to be transactional. What should be put in place to better address the vulnerability of adolescents in general and girls in particular? This arguably involves proper SRHR education and engagement. What interventions are currently being implemented that address sexual risks and associated economic vulnerabilities identified to be prevalent among rural adolescent girls and young women in the studied districts? What is their design, focus and established impacts? What barriers have been identified to uptake and desired outcomes? What adaptations are needed in content, delivery, or optimal procedures to improve outcomes and counter the exacerbating vulnerabilities identified in the study? The prevalence of teenage pregnancies identified in the study warrants the evaluation of the coverage, accessibility, and quality of service delivery of youth friendly SRH services to adolescent girls in rural Zimbabwe.
- In all three districts the vulnerability of non-biological children (stepchildren, foster children, adopted children, or extended family members who are still children) was repeatedly discussed. What household

and parenting interventions are currently being implemented in the three districts, if any? And in other parts of Zimbabwe? Household and parenting interventions could arguably benefit from a specific focus on this issue, especially considering how common non-nuclear families are.

- In the rural areas, traditional leadership (comprising of chiefs, headmen and their councils) is mostly respected and are often the first point of help (outside of families) when a couple needs conflict resolution and mediation. However, many traditional leaders seemed to lack the skills to address such issues. While they are not permitted to handle cases relating to violence (particularly sexual and physical violence), they are still approached with the many other issues that couples may disagree on and seek conflict resolution or mediation on. It becomes important to not only equip the traditional leadership to handle these cases, but to also educate them on which kinds of cases should be referred elsewhere and who the responsible authorities are.
- Some young men (more and more often than the older men in the FGDs) demonstrated some knowledge of gender equality and violence against women and girls. However, they lacked practical knowledge about how live and be gender equal in the context of the poverty that they experience. There is a need for guidance around what gender equality and non-violence means in practice, and for how men can practically live their lives according to these principles.

Considering the realities, risk factors and drivers identified in this research project, GBV interventions in these districts could include dimensions of the following:

- sustained and sustainable economic empowerment type interventions. It must be kept in mind that (paradoxically) women's empowerment programmes on their own without men's involvement may not work well given the gender dynamics in these communities.
- strengthening communication and conflict resolution. These can possible be more effective if delivered to couples.
- transformative masculinities-type interventions with men and boys, where existing gender norms are engaged and transformed to be non-violent and gender equitable. Such interventions will need to carefully engage with the predominantly negative views on 'equal rights'.
- programmes for adolescents, and especially adolescent girls and young women, to keep them in school, reduce vulnerability, delinquency and early marriage.
- considering the role alcohol in all the different forms of GBV, substance abuse/alcohol reduction programmes could also be a potential avenue of engagement.
- targeted intervention with women and girls with disabilities, taking their unique needs into consideration.
- targeted engagement with sex workers, identified as a particularly vulnerable group of women, especially in urban areas.

These interventions need to be designed and implemented keeping the ecological model in mind, especially noting the importance of community mobilisation and the need for broader economic and structural reforms within society.

# Appendix A

## FGD 1 (DECISION-MAKING FGD)

1 group with men (18-25 years)

1 group with women (18-25 years)

1 group with men (26+ years)

1 group with women (26+ years)

1. Today we are going to talk quite a bit want to talk about the food and money situation in our families. So can we start off by each of you telling me:
  - a. Where do you get your food?
  - b. What kind of challenges do you have about getting/having enough food?
  - c. How has your food situation been in these times of COVID-19?
  
2. And if you think about your household's income, is that a steady income? Is it money that you KNOW you will get, or is it unsure? Why do you say so?
  - a. If you don't get all of it, where do you make cuts? Who is most affected if you get less than expected?

**Thank you so much for explaining to me a bit more about how your households work. Now I'm going to tell you about a household, the household of Fungisai and Tafara. They are a couple I've made up, but I want you to imagine that they live in your community. They are a typical couple in your community. I will tell you part of their story and then I would like you to help me to complete the story and to answer a few questions about what you think happens next. There are no wrong answers. I am just interested in understanding your perspectives. I would encourage you all to share your views even if you don't agree with others in the group.**

**Fungisai and Tafara are married and have two children, 8-year old Farai and 6 -year old Tsitsi. With them in their house is also Tafara's mother, Chiedza, as well as a niece of Fungisai, a 15-year-old called Yeukai. Tafara does piece jobs in the village, while Fungisai sells vegetables that she grows in her garden, at the bus-stop. Aside from this, they have a small plot of land. Some of it, the vegetables from this plot is sold by Fungai, but the majority of what the household eats is grown here.**

3. Does this sound like a typical family in your community? Why do you say so?
4. Do all of you live in a family like this one, or do some of you have a husband that works in another country or who is not living at home, but comes to visit sometimes? (non-traditional families)
5. How are responsibilities and chores divided and assigned around your house?
6. If Fungisai and Tafara lived in your village, can you tell me who is most like to make the decision about what is done with the money that Tafara makes from piece jobs?
  - a. And what about the income that Fungisai gets from selling vegetables – who decides on that?
  - b. And who is it that makes the decisions about which fruits and vegetables must be sold, and what must be kept for the family to eat?
  - c. Do Fungisai and Tafara ever decide together on what is done with the money that they earn? Why do you say so?
  - d. What do you think women feel by earning money from their vegetable stalls?
    - i. *Probes: How does earning some money make women feel in their households? How does earning money change their position in the household? What about their ability to decide about household things?*
  - e. *(only ask if more than one participant is from non-traditional family):* Is this the same or different for families where the husband works in another country? How do they make decisions in such families?

7. If you think about what you were taught as a child, who should make the decisions about money and other resources in the household?
  - a. Is this what is generally taught in the wider community, too?
  - b. Are you doing things in your home according to how you were taught as a child, or have you made changes in your household?
8. If you think about the COVID-19 pandemic, how has it impacted on being able to work and earn income in your households?
  - a. If so, in what ways? Has it changed responsibilities and how you divide chores around the house?
  - b. *(only ask if more than one participant is from non-traditional family)*: Is this the same or different for families where the husband works in another country?

**Things are getting tough in Fungisai and Tafara's home. Tafara does not often find work and is earning less money than needed, and there is also a drought and the plot of land is not even giving all the food the household needs. Now if you remember, there are four female members of the household – Fungisai, her mother-in-law Chiedzai, her daughter Tsitsi, and her 15-year old niece Yeukai. There are two male members of the household – Tafara and 8-year old Farai.**

9. How do you think the children, Tsitsi, Yeukai and Farai, are affected by the household having so little money and food? Why do you say so?
10. How is it affecting the adults?
  - a. The older mother-in-law, Chiedzai?
  - b. Fungisai?
  - c. Tafara?
11. If there is less money and food than needed, what types of things will the household be doing to try and address these challenges?
12. In your community, what is expected of the women in the household in times when there is too little food and money?
13. And the men? Are the same things expected of men as is expected of women when times are tough?
14. Has COVID-19 at all impacted these expectations of men and women? Why do you say so?

**You have explained that, in your community, women are generally expected to \_\_\_\_\_ and men are expected to \_\_\_\_\_. I'm wondering what happens to men and women in your community if they do not behave in the ways that people expect them to.**

15. What would happen to Fungisai if she does not do what is generally expected of women?
  - a. How will other people react? How will they treat her?
16. What would happen to Tafara if he does not do what is generally expected of men?
  - a. How will other people react? How will they treat him?



## Appendix B

### FGD 2 (VIOLENCE FGD)

*With one group of men (aged 18-40 years)*

*With one group of women (aged 18-40 years)*

**I'm going to tell you about a household, the household of Fungisai and Tafara. They are a couple I've made up, but I want you to imagine that they live in your community. They are a typical couple in your community. I will tell you part of their story and then I would like you to help me to complete the story and to answer a few questions about what you think happens next. There are no wrong answers. I am just interested in understanding your perspectives. I would encourage you all to share your views even if you don't agree with others in the group.**

**Fungisai and Tafara are married and have two children, 8-year old Farai and 6-year old Tsitsi. With them in their house is also Tafara's mother, Chiedza, as well as a niece of Fungisai, a 15-year-old called Yeukai. Tafara does piece jobs in the village, while Fungisai sells vegetables that she grows in her garden, at the bus-stop. Aside from this, they have a small plot of land. Some of the vegetables from this plot is sold by Fungai, but the majority of what the household eats is grown here.**

17. Does this sound like a typical family in your community? Why do you say so?
  - a. Is it a bit like your family? Why do you say so?
  - b. Do all of you live in a family like this one, or do some of you have a husband that works in another country, but comes to visit sometimes? (non-traditional families)
  - c. Do you agree with this division of labour?

**Fungisai starts saving a little bit of money every week, so that she can buy new shoes for church. One day Tafara is searching for a missing shirt and finds the money Fungisai has been saving. He accuses her of stealing the household's money, and she complains that he doesn't provide for the family well enough.**

18. What do you think about this scenario and the quarrelling between the two?
19. How do you think they will resolve this disagreement?
20. Given what you know about Fungisai and Tafara, what else do you think they quarrel about? Why do you say so?
21. *(only ask if more than one participant is from non-traditional family)*: Is this the same or different for families where the husband works in another country? What do they quarrel about and how do they resolve arguments?

**One day Fungisai comes home. A car had run over her stock by the road and destroyed all the vegetables, so she didn't earn any money. And Tafara had been unable to find any piece jobs to do that day. He comes home tired, hungry and frustrated, just to find there is nothing to eat at home and Fungisai is crying. When he hears that the fruit and vegetables at her stall was destroyed, he shouts at her. When she tries to explain what happened, he becomes so angry that he slaps her in the face, shouting that she is a useless woman.**

22. Is this something that could happen between a couple in your community?
23. What forms of violence tend to occur when a household has too little money and food?
  - a. Which member of the household tends to be the victim of violence? Why do you think so?
  - b. Who usually perpetrates the violence? (include mother-in-laws in probes)
  - c. *(only ask if more than one participant is from non-traditional family)*: Is this the same or different for families where the husband works in another country? (probe a & b again, if needed)

**That evening Tafara goes out and comes home late and very drunk.**

24. Is this something that happens in your community?
  - a. Why do people drink?
  - b. Do men *and* women drink?
25. How is it that Tafara is drunk, yet there is no money for food in the home?
26. What happens when he comes home late and drunk?
27. Does drinking alcohol play a role in violence in the home? Why do you say so?
  
28. With COVID-19 in the past year, have you seen changes in the violence that happens in homes?
  - a. Is there more violence, or less?
  - b. Are different kinds of violence happening?
  - c. (only ask if more than one participant is from non-traditional family): Is this the same or different for families where the husband works in another country?

**Things do not get better and there is very little food and no money in the household. Tafara decides that Fungisai's 15-year-old niece, Yeukai, must get married. He arranges a marriage for Yeukai with a 38-year-old man. She gets married and moves away.**

29. Is this something that happens in your community? If so, why?
30. What is good and what is bad about marrying off Yeukai?
  - a. What do you think Yeukai thought about it? Do you think she will be happy?
  - b. Do you think such early marriages are violence?
31. What do you think was Tafara's reasons for arranging a marriage for Yeukai?
32. How do you think Fungisai reacted?

**Let's end off by not thinking about Tafara and Fungisai, but about a happy family in your community. (drop this question if probing around non-traditional families takes up too much time)**

33. What does a happy family look like? Probe: What does it do? How do its members relate to each other? Why?
  - a. What is the most important things to have for a family to be happy? Why do you say so?
34. In general, what can be done in your community to help make sure that families are happy?

## Appendix C

### FGD with women with disabilities

I'm going to tell you about a household, the household of Simbarashe and Rumbidzai. They are a couple I've made up, but I want you to imagine that they live in your community. They are a typical couple in your community. I will tell you part of their story and then I would like you to help me to complete the story and to answer a few questions about what you think happens next. There are no wrong answers. I am just interested in understanding your perspectives. I would encourage you all to share your views even if you don't agree with others in the group.

Simbarashe and Rumbidzai live with one child in the house, a 14-year old girl named Fadzai, who is Rumbidzai's daughter with another man. Since they have been married Simbarashe has always been impatient, he insults Rumbidzai, telling her she is lazy and stupid. With time his behaviour has gotten worse, and many times he pushes her and slaps her around. Rumbidzai sometimes fears for her life. Rumbidzai often has bruises and the neighbours often hear her cry at night when he beats her.

1. Does it happen in your community that husbands treat wives in the way Simbarashe treats Rumbidzai? Why do you say so?
2. Why do you think this is happening? Why is Simbarashe saying mean things to Rumbidzai? Why is he beating her?

**In this household that we've been talking about, it is a husband saying bad or unkind words and beating his wife. But other forms of violence also happen in homes.**

3. If you think about your community, can you tell us about other forms of violence that happen in homes?
  - a. What do you think are the causes of this violence in the family? Why does it happen?  
*Specific probe if not raised:* Does violence ever happen in homes because of disagreements about money, or too little money, or not enough food?

**So let's go back to Rumbidzai, who is constantly being abused by her husband, Simbarashe.**

4. Would Rumbidzai ask anyone for help? If so, who? If not, why not?
5. Is there an organisation or an institution in your community that she could be asking for help? If so, which organisation? Why do you say so?
  - a. Where else can she ask for help? Why do you say so?
6. Now it is one thing to ask for help, but it is another thing to actually get help. Do you think Rumbidzai will get help if she asks for it? Why do you say so?
7. If you think about Rumbidzai and other women in your community that experience abuse:
  - a. What stops survivors from seeking help?
  - b. What do you think should be done to encourage get survivors to seek out help?

**So apart from Fadzai, let's say they have a young son named Tichaona. Rumbidzai's mother, Chiedzai, is also staying with them, as well as Simbarashe's brother, Tendai.**

8. How do you think the children, Fadzai and Tichaona, are affected by the violence in their home? Why do you say so?
9. How do you think the Rumbidzai's mother, Chiedzai, and Tendai, Simbarashe's brother, are affected by the violence?

- a. What do you think they will do about the violence?
10. Why do you think Simbarashe is violent?

**Now I want you to imagine that Rumbidzai has a disability. Her one leg has a bad limp, so she has difficulty walking, and she has bad hearing.**

11. Would this make it harder or easier for her to get help? Or will it be the same? Why do you say so?
12. Would that make a difference in who she should ask for help? Why do you say so?
13. What is it like for women with disabilities to live in your community?
  - a. Are they treated the same as other women, or are they treated differently? Why do you say so?

**Let's end off by not thinking about Simbarashe and Rumbidzai, but about a happy family in your community**

14. What does a happy family look like?
  - a. What does it do? How do its members relate to each other? Why?
  - b. What are the most important things to have for a family to be happy? Why do you say so?
15. In general, what can be done in your community to help make sure that families are happy?

## Appendix D

### FGD with survivors

I'm going to tell you about a household, the household of Simbarashe and Rumbidzai. They are a couple I've made up, but I want you to imagine that they live in your community. They are a typical couple in your community. I will tell you part of their story and then I would like you to help me to complete the story and to answer a few questions about what you think happens next. There are no wrong answers. I am just interested in understanding your perspectives. I would encourage you all to share your views even if you don't agree with others in the group.

Simbarashe and Rumbidzai live with one child in the house, a 14-year old girl named Fadzai, who is Rumbidzai's daughter with another man. Since they have been married Simbarashe has always been impatient, he insults Rumbidzai, telling her she is lazy and stupid. With time his behaviour has gotten worse, and many times he pushes her and slaps her around. Rumbidzai sometimes fears for her life. Rumbidzai often has bruises and the neighbours often hear her cry at night when he beats her.

16. Does it happen in your community that husbands treat wives in the way Simbarashe treats Rumbidzai? Why do you say so?
17. Why do you think this is happening? Why is Simbarashe saying mean things to Rumbidzai? Why is he beating her?

**In this household that we've been talking about, it is a husband saying bad or unkind words and beating his wife. But other forms of violence also happen in homes.**

18. If you think about your community, can you tell us about other forms of violence that happen in homes?
  - a. What do you think are the causes of this violence in the family? Why does it happen?  
*Specific probe if not raised:* Does violence ever happen in homes because of disagreements about money, or too little money, or not enough food?

**So let's go back to Rumbidzai, who is constantly being abused by her husband, Simbarashe.**

19. Would Rumbidzai ask anyone for help? If so, who? If not, why not?
20. Is there an organisation or an institution in your community that she could be asking for help? If so, which organisation? Why do you say so?
  - a. Where else can she ask for help? Why do you say so?
21. Now it is one thing to ask for help, but it is another thing to actually get help. Do you think Rumbidzai will get help if she asks for it? Why do you say so?
22. If you think about Rumbidzai and other women in your community that experience abuse:
  - a. What stops survivors from seeking help?
  - b. What do you think should be done to encourage get survivors to seek out help?

**So apart from Fadzai, let's say they have a young son named Tichaona. Rumbidzai's mother, Chiedzai, is also staying with them, as well as Simbarashe's brother, Tendai.**

23. How do you think the children, Fadzai and Tichaona, are affected by the violence in their home? Why do you say so?
24. How do you think the Rumbidzai's mother, Chiedzai, and Tendai, Simbarashe's brother, are affected by the violence?



- a. What do you think they will do about the violence?
25. Why do you think Simbarashe is violent?

**Let's end off by not thinking about Simbarashe and Rumbidzai, but about a happy family in your community**

26. What does a happy family look like?
- a. What does it do? How do its members relate to each other? Why?
  - c. What are the most important things to have for a family to be happy? Why do you say so?
27. In general, what can be done in your community to help make sure that families are happy?

# Appendix E

## KII guide

1. In your community, what are the main sources of income for the majority of the households here?
2. If there are bad droughts, or people lose their jobs, and a household is under economic stress, who is most vulnerable?
  - a. Who is impacted the worst by the economic stresses? Why do you say so?
3. In your community, how do households cope in such times of drought/economic stress/having lost jobs or income?
  - a. What are the strategies that they employ to earn money and secure food?
4. One of the things we know sometimes happens when a household is under economic stress, is that there is increased conflict and/or violence, particularly between couples.
  - a. Does this happen in your community? Please explain
  - b. If so, what forms of intimate partner violence do you commonly see or hear? *Probe: sexual, physical, financial, emotional, child marriage*
  - c. What seems to trigger these forms of violence most often? *Probe for each mentioned above by informant*
  - d. What impact has COVID-19 had on relationships in families?
  - e. Would you say violence at household level increasing, decreasing, or is it the same during COVID-19? Why do you say so?
5. Aside from economic stressors, what do you think are the major drivers of violence at household level? Why do you say so?
6. Is alcohol abuse a problem in your community? Why do you say so?
7. We are interested in something very specific, namely child marriage.
  - a. Is this something that happens in your community?
  - b. Why does it happen? How does it happen?
  - c. Has COVID-19 impacted it at all? Is child marriage increasing, or decreasing, or is it the same? Why do you say so?
  - d. Do you think child marriage is a form of violence?
8. If you wanted to prevent IPV and child marriage in your community, who would be the people that you would ask to join you? Why them?
  - a. Are any people already speaking out against VAWG or supporting survivors?
  - b. Is there anybody that you think community members would listen to if they spoke out against VAWG?
9. In your community, are there households that are temporarily or permanently headed or led by women?

IF YES TO QUESTION 9, ask Q 10&11:

10. Why are women heading these households?
  - a. E.g. is it mostly due to husbands dying, or disappeared, or polygamous marriages, or husbands working in other countries?
  - b. In your community, are these non-traditional households more or less common than traditional ones?
  - c. Does migration of husbands to other countries or cities affect the leadership arrangements of their households?
11. *(Of each of the specific type of women-headed households identified in Question 10, ask the following)* Reflecting specifically on women-headed households where \_\_\_\_\_ (e.g. husbands work in other countries) \_\_\_\_\_, what type of violence do they experience?

- a. Who perpetrates violence against these women? (probe mother-in-laws)
- b. What triggers such violence?

IF NO TO QUESTION 9, ask Q12 & 13:

12. What forms of violence do women living with HIV experience?
  - a. Do you think they experience more, less, or the same violence as people who are not living with HIV? *Probe: ask about intensity, severity, frequency and type.* Why do you think so?
13. What forms of violence do women living with disabilities experience?
  - a. Do you think they experience more, less, or the same violence as people who are not living with HIV? *Probe: ask about intensity, severity, frequency and type.* Why do you think so?
14. Where do women in your community seek help if they experience violence in their households?
  - a. If they do receive help, what kind of help do they receive, and from whom?
15. What helps survivors in your community seek and access support?
16. What are the barriers to survivors in your community seeking and getting support?

# Appendix F



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## STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

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We are Drs Elisabet le Roux (Stellenbosch University), Mercilene Machisa (Meticulous Consulting) and Simukai Shamu (Meticulous Consulting), and we are researchers from South Africa and Zimbabwe. We would like to invite you to participate in research on exploring economic difficulties in the home and gender-based violence; how survivors respond to violence; and how women and girls are affected by different challenges. You were invited because you belong to this community.

Please take some time to read the information presented here, which will explain the details of this project and ask me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part. The information that has been collected from you up to that point will then be deleted.

We are asking you to take part in one of the following activities:

- An interview, where you will give your opinions on economic stresses within the household, violence within the community, and help-seeking behaviours. This will not take more than an hour.
- A focus group discussion focusing on social and gender norms, and economic stresses within the household and how this affects men and women in the household. This will last no longer than two hours.
- A focus group discussion focusing on exploring how those who experience violence seek and find help, and the barriers to such help-seeking. This will last no longer than two hours.
- A focus group discussion focusing on how those with disabilities seek and find support, also exploring how violence affects those with disabilities. This will last no longer than two hours.

You will remain anonymous: not your name, your position, nor identifying information will be included in any reporting. You will not receive any payment for taking part in this study. Confidentiality will be maintained by means of using codes instead of names and storing data on password-protected computers. Only the researchers will have access to any notes that are taken.

The session will be recorded. You will have the right to review/edit the recording after the session. These recordings may be transcribed. The transcriber will sign a confidentiality agreement.

This research has been commissioned by SAFE. Only de-identified data will be shared with SAFE – this means that everything that identifies you personally will be removed before it is shared with SAFE. De-identified data will include transcriptions. But as all of the data will be de-identified, it means that SAFE will not be able to identify you if they review it. The same is true of all reports, policy briefs, journal articles or presentations that may be prepared based on the data. You will remain anonymous in all such reporting.

You can choose whether to be part of this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may also withdraw you from this research, should the need arise. If you have any questions or concerns about the research, please feel free to contact the Lead Researcher, Elisabet le Roux (+27 21 808 9248), 171 Dorp Street, Stellenbosch, South Africa.

**RIGHTS OF RESEARCH PARTICIPANTS:** You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

You have right to receive a copy of the Information and Consent form.

**If you are willing to participate in this study please sign the attached Declaration of Consent and hand it to the researcher.**

**DECLARATION BY PARTICIPANT**

By signing below, I ..... agree to take part in a research study entitled..... and conducted by .....

I declare that:

- I have read the attached information leaflet and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- All issues related to privacy and the confidentiality and use of the information I provide have been explained to my satisfaction.

Signed on .....

.....

**Signature of participant**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_ [*name of the participant*] [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*English/ Shona*] and [*no translator was used/this conversation was translated into \_\_\_\_\_* by \_\_\_\_\_].

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_